<u>Final</u> ~~Draft~~ Scope of Work for a Draft Environmental Impact Statement for the Lenox Hill Hospital Redevelopment

CEQR No. 23DCP079M

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A. INTRODUCTION

~~This Draft Scope of Work (Draft Scope)~~ This is the Final Scope of Work (Final Scope) for the Lenox Hill Hospital Redevelopment Draft Environmental Impact Statement (DEIS). This Final Scope has been prepared to describe the Proposed Project, present the framework for the Environmental Impact Statement (EIS) analysis, and discuss the procedures to be followed in the preparation of the DEIS.

A Draft Scope of Work (Draft Scope) for what is now known as "Envelope 1" was prepared in accordance with the City Environmental Quality Review (CEQR) procedures and the 2021 *CEQR Technical Manual,* and was distributed for public review. A public scoping meeting took place on Thursday, March 2, 2023 at 2:00 PM. To continue to allow for broad public participation options, the New York City Department of City Planning (DCP) held the public scoping meeting remotely. Written comments were accepted through 5:00 PM on Monday, March 13, 2023, at which point the scope review process was closed. Subsequent to the close of the comment period, the lead agency (DCP, acting on behalf of the City Planning Commission [CPC]) reviewed and considered comments received during the public scoping process, and oversaw preparation of this Final Scope. In response to comments, Lenox Hill Hospital (LHH, the Applicant) added a second massing envelope, known as "Envelope 2," that would accommodate the Proposed Project. The DEIS will analyze the Proposed Project under both Envelope 1 and Envelope 2, and will be prepared in accordance with this Final Scope.

Appendix ~~B~~ A to this Final Scope identifies the comments made at the March 2, 2023 public scoping meeting and the written comments received, and provides responses. A transcript of the public scoping meeting and the written comments received are included in **Appendix B**. Revisions to the Draft Scope have been incorporated into this Final Scope, and are indicated by double-underlining new text and striking deleted text. **Attachment 1** has been created to provide additional information regarding the planning and design of the Proposed Project.

This Final Scope outlines the technical areas to be analyzed in the preparation of an ~~Environmental Impact Statement (~~EIS~~)~~ for the proposed ~~Lenox Hill Hospital~~LHH redevelopment. ~~Lenox Hill Hospital (LHH,~~ The Applicant~~)~~ is requesting a series of discretionary actions from the CPC, including a zoning map amendment to rezone from a C1-8X district to a C1-9 district and from an ~~R8A~~ R8B district to a C1-8 district; zoning text amendments; special permits; and a zoning authorization. ~~The Proposed Actions~~ These actions would facilitate the enlargement and modernization of the existing LHH ~~hospital~~ and the creation of a purpose-built hospital complex (the Proposed Project) ~~that would~~ to address critical infrastructure challenges and space needs ~~(the~~

~~Proposed Project)~~. The proposed hospital building would ~~allow~~ permit LHH to meet current standards of healthcare delivery, including single-bedded patient rooms, as well as address projected future needs for an expanded ~~a right-sized~~ emergency department (ED), new and larger state-of-the-art surgical suites~~,~~ (ORs), and other essential ~~larger~~ clinical and support spaces. The COVID-19 pandemic illustrated to LHH and other hospitals ~~confirmed~~ the need ~~for a~~ to have appropriate capacity, efficiency, and state-of-the-art ~~hospital~~ facilities. ~~It also provided~~ The additional knowledge gained during the pandemic ~~that~~ has been incorporated into the design to better address current pressing healthcare needs and respond to ~~seen and unforeseen~~ future crises.

The Proposed Project would be built on ~~LHH's existing campus, occupying~~ Block 1411, Lots 1 and 113 (Projected Development Site 1), bounded by Park and Lexington Avenues and East 76th and East 77th Streets in Manhattan (see **Figure 1**). The Proposed Project would include a new building on Lexington Avenue and additions and modifications to the existing hospital; the new building would include an ~~emergency department~~ED, operating suites~~,~~ (including ORs and support space), and patient rooms. Portions of the existing hospital complex would be renovated to accommodate connections to the new hospital building and create four new truck docks and a new ambulance bay for six ambulances inside the structure. The Proposed Project would also provide a new entrance and lobby for the Mother-Baby Hospital on Park Avenue, as well as a new emergency stairway on the Park Avenue frontage.

Two building envelopes are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000 gross square foot (gsf) building fronting on Lexington Avenue and 56,000 gsf of additions to the existing hospital~~; it would include an emergency department, operating suites, and thirteen floors of patient rooms. The Proposed Project would also include renovations to portions of the existing hospital complex to accommodate connections to the new hospital building, as well as new truck docks and parking for up to six ambulances inside the building. The Proposed Project would also provide a new lobby and emergency stairwell for the Mother-Baby Hospital on Park Avenue~~. Envelope 2 would include a new approximately 867,000-gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either Envelope 1 or Envelope 2.

Under Envelope 1, the portion of the new hospital building within 180 feet of Lexington Avenue would rise to a total height of up to 436 feet, inclusive of screened mechanical bulkheads (see **Figure 2**). This portion of the new hospital building would contain eight floors of patient rooms and several mechanical floors. Under Envelope 1, the portion of the new hospital building at the midblock (180 feet west of Lexington Avenue) could rise to a height of approximately 210 feet, consistent with the highest floors currently existing in the midblock portion of Projected Development Site 1.

Under Envelope 2, the height of the new hospital building would be reduced along the Lexington Avenue frontage, but the midblock portion would be taller than under Envelope 1. In particular, the portion of the new hospital building within 180 feet of Lexington Avenue would be reduced from the height of Envelope 1 by 41 feet, to a total height of up to 395 feet, inclusive of screened mechanical bulkheads (see **Figure 3**). Under Envelope 2, there would be six floors of patient rooms above the podium (the approximately 195-foot-tall base of the building), in addition to mechanical floors. To accommodate the hospital's programmatic needs, the midblock would be taller than in Envelope 1, rising to a height of 360 feet. With either envelope, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4

NOTE: this figure has been updated for the Final Scope

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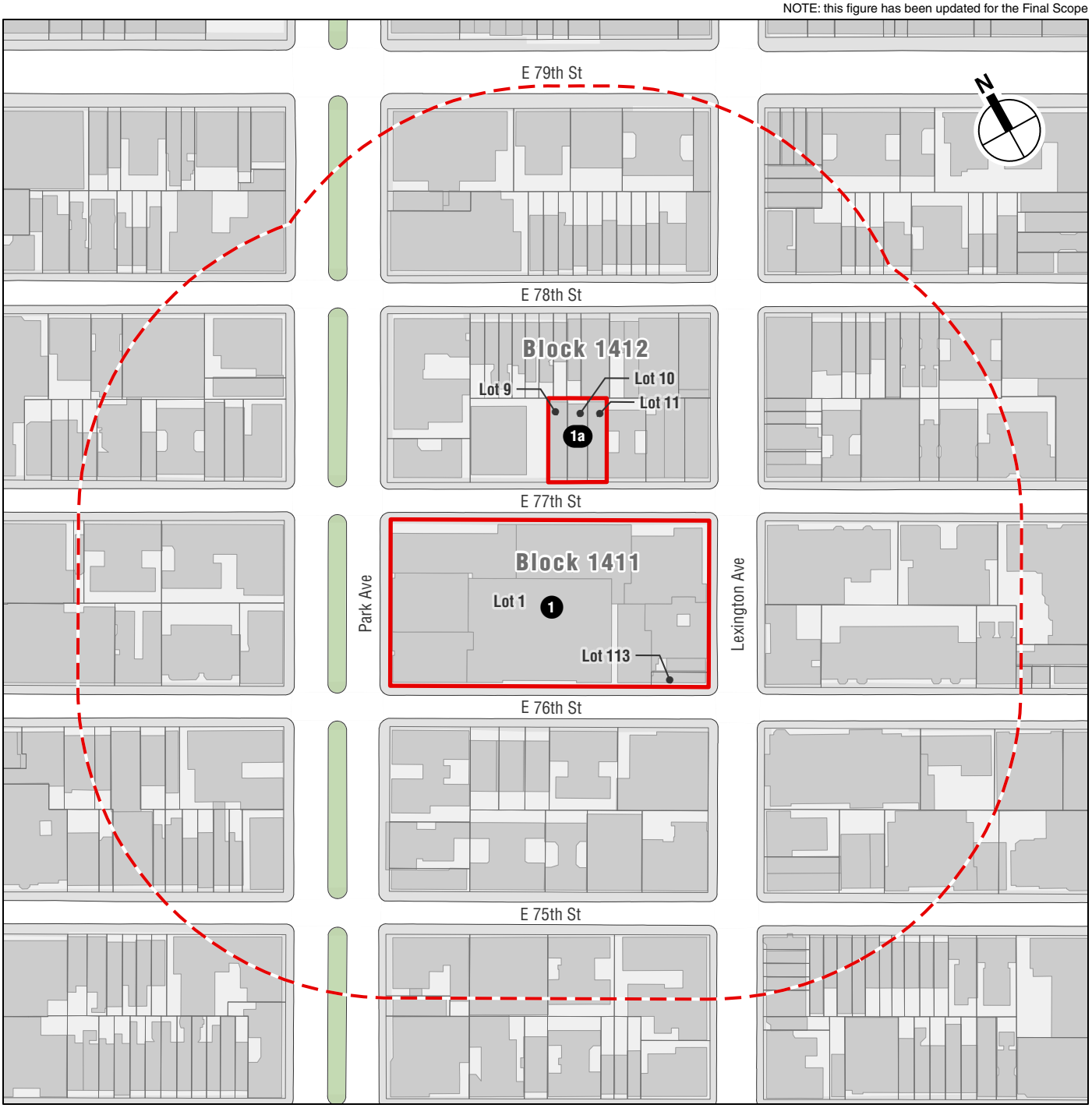

Project Site

1 *Projected Development Site*

Study Area (400-foot perimeter)

Lot Boundary

Building Footprint



Project Location

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1

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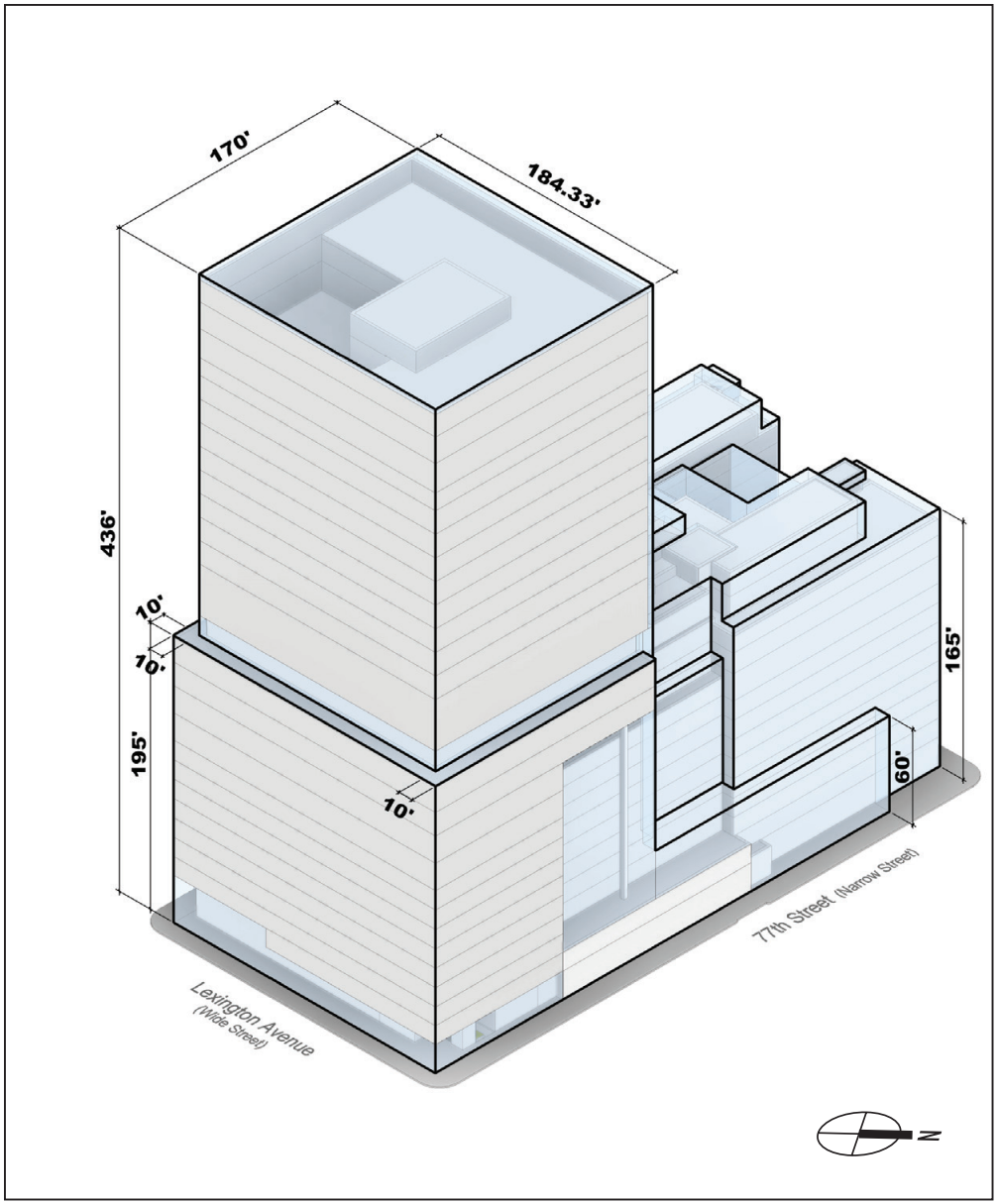
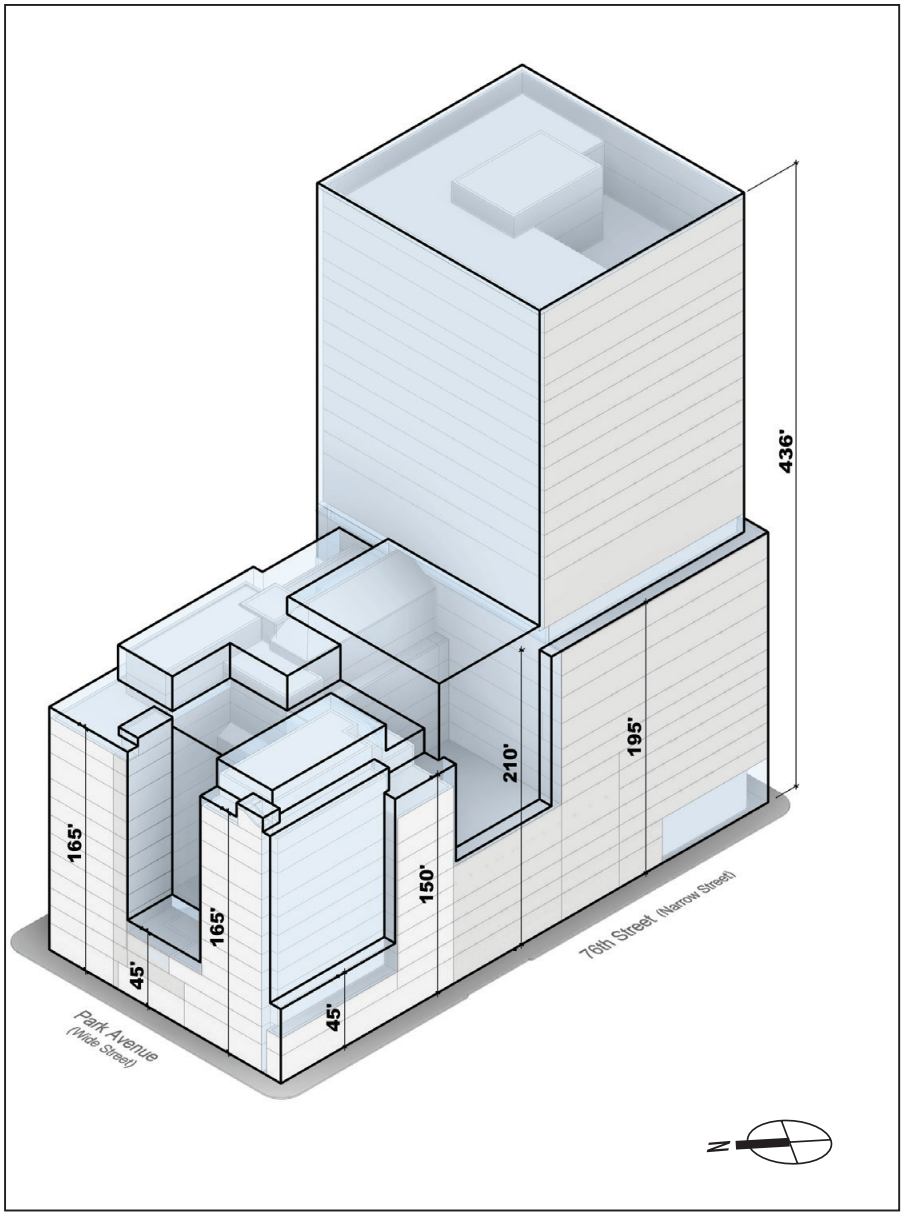




Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

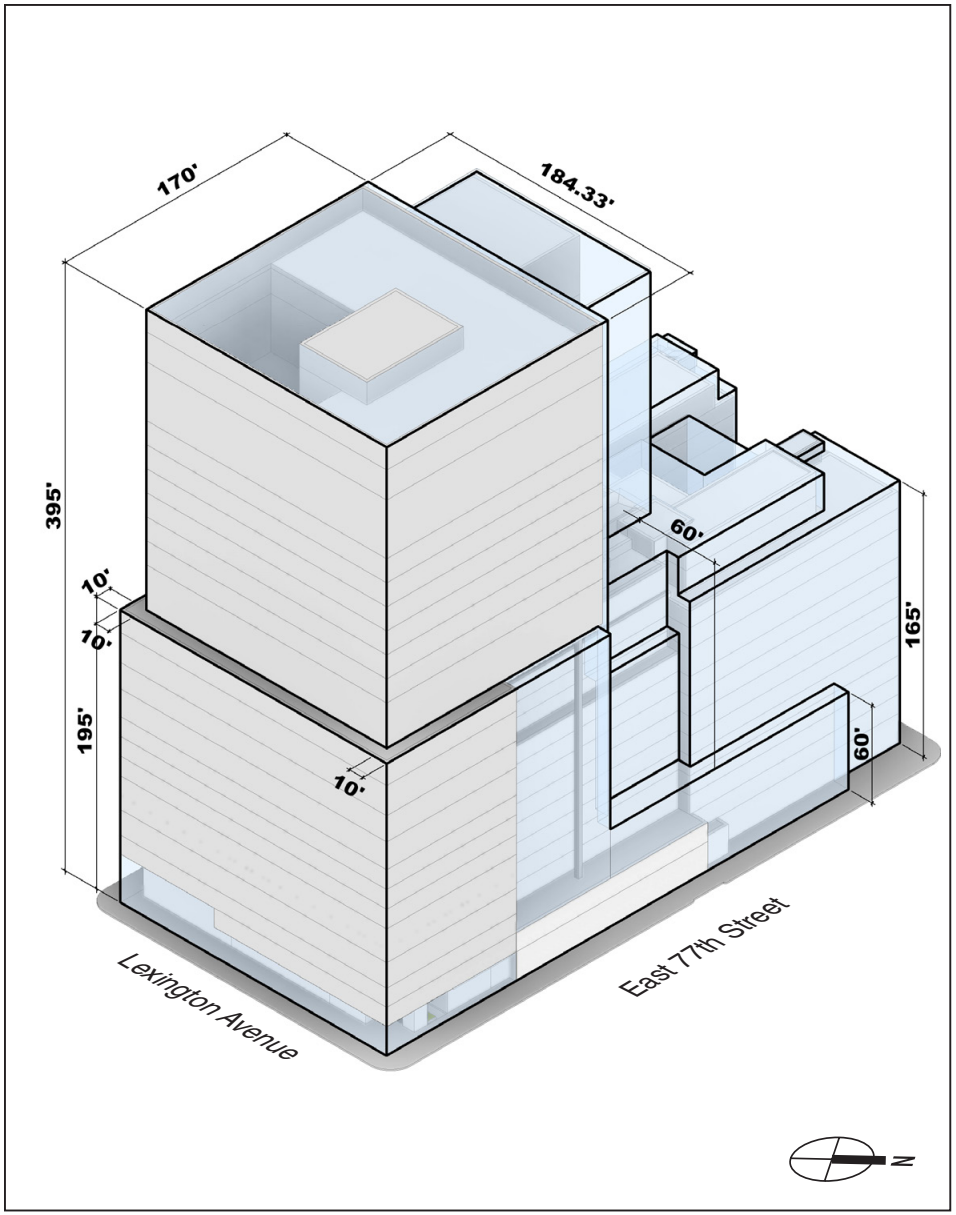
Maximum Zoning Envelope

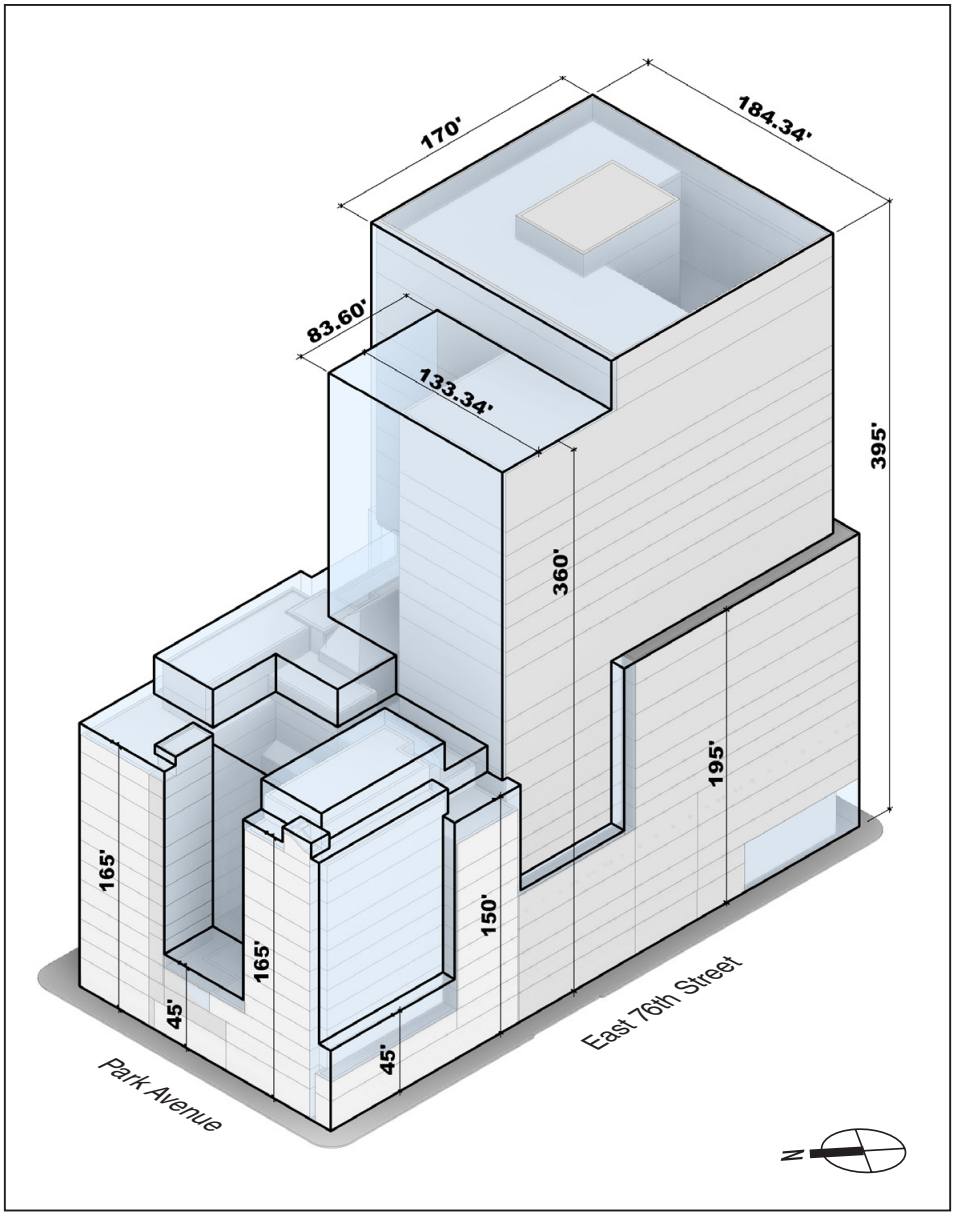
Proposed Maximum Zoning Envelope 1

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 2

NOTE: This figure is new for the Final Scope





Source: Ennead Architects

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Maximum Zoning Envelope

Proposed Maximum Zoning Envelope 2

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 3

million gsf. The program, project population (staff, patients, visitors), site access, zoning actions, and construction duration would be the same for both Envelope 1 and Envelope 2.

~~For the purpose of a conservative analysis,~~ The Reasonable Worst Case Development Scenario (RWCDS) for the EIS also considers the as-of-right development of 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, 75-foot-tall building to house hospital support functions. ~~There would be~~It would be connected to Projected Development Site 1 by a utility tunnel ~~containing a separate pedestrian/service corridor~~ under East 77th Street ~~connecting to the main hospital~~.

In addition, the Applicant proposes to provide ~~important~~ improvements to the 77th Street subway station of the Lexington Avenue (No. 6) line, ~~making~~ providing American with Disabilities Act (ADA) access to the downtown platform ~~ADA-compliant~~ and improving sidewalk conditions in the immediate area.

~~The New York City Department of City Planning (DCP), acting on behalf of City Planning Commission (CPC), will be the lead agency for environmental review. Based on the Environmental Assessment Statement (EAS) that has been prepared, the lead agency has determined that the Proposed Project have the potential to result in significant adverse environmental impacts, requiring that an EIS be prepared. Scoping is the first step in the preparation of the EIS; it provides an early opportunity for the public and other agencies to be involved in the EIS process. It is intended to determine the range of issues and considerations to be evaluated in the EIS.~~ This ~~Draft~~ Final Scope ~~of Work~~ describes the Proposed Project and the actions necessary for its implementation, presents the proposed framework for the EIS analysis, and discusses the procedures to be followed in the preparation of the ~~Draft EIS (~~DEIS~~)~~. The 2021 ~~*City Environmental Quality Review (CEQR)*~~*CEQR Technical Manual* will serve as a general guide on the methodologies and impact criteria for evaluating the Proposed Project's effects on the various areas of environmental analysis.

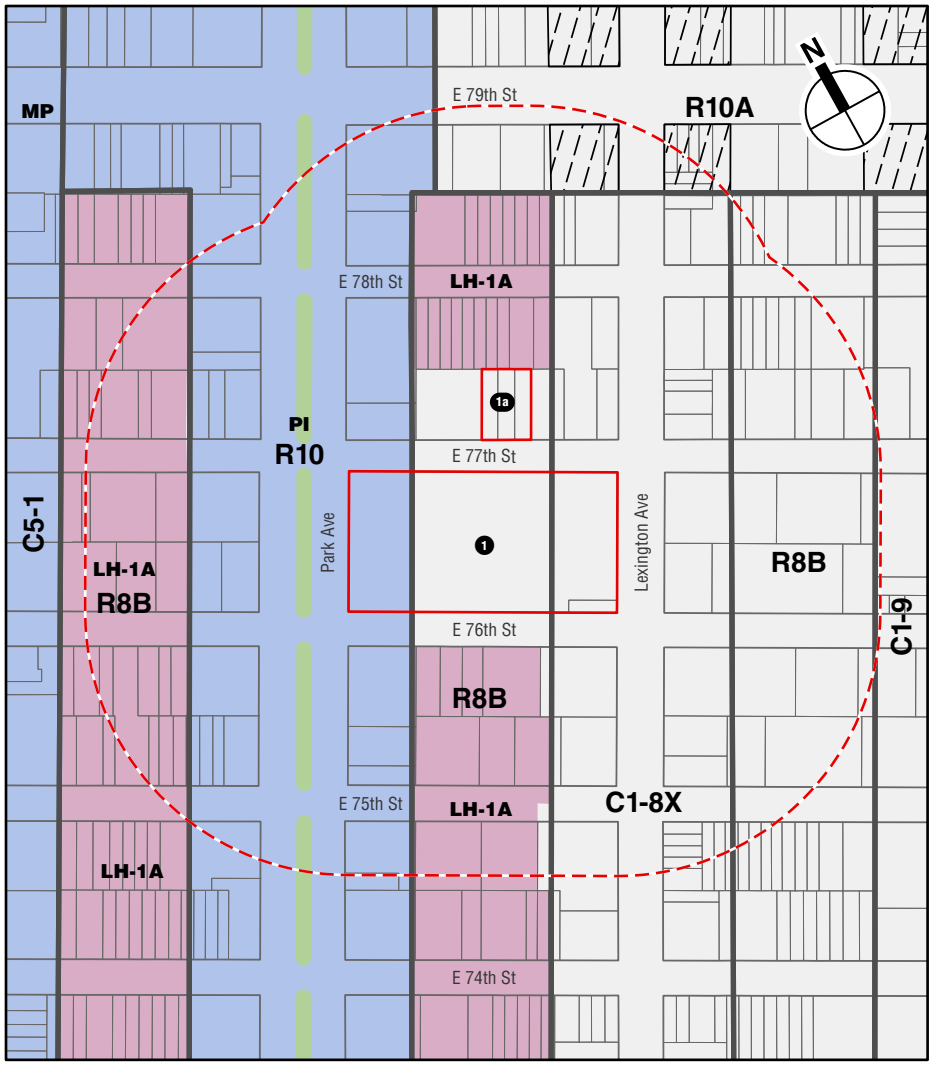
B. PROJECT DESCRIPTION

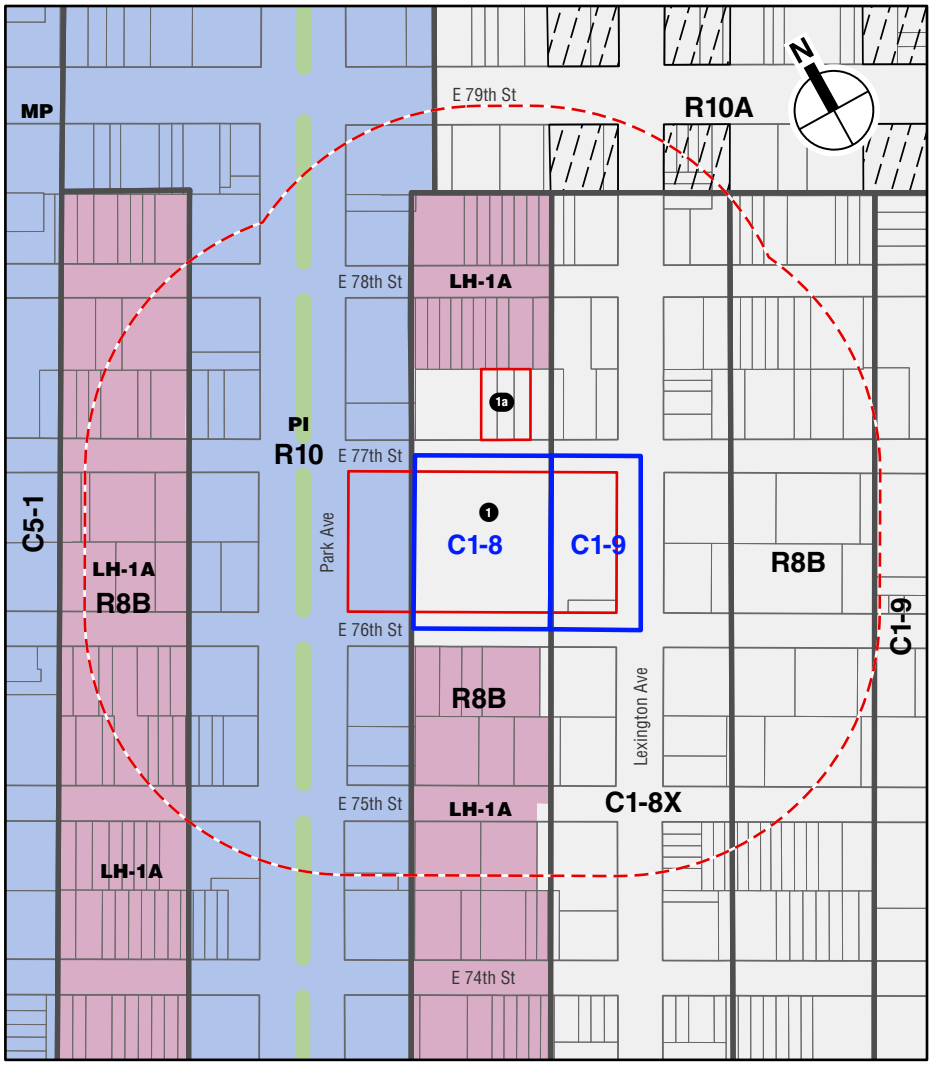
PROPOSED ACTIONS NECESSARY TO FACILITATE THE PROPOSED PROJECT

In order to accomplish the project, the Applicant is requesting the following zoning actions, which would be required for either massing envelope:

1. **Zoning Map Amendment** (see **Figure 4**)
    a. Rezone the Lexington Avenue frontage of Projected Development Site 1 from a C1-8X district to a C1-9 (R10 equivalent) district; and
    b. Rezone the midblock portion of Projected Development Site 1 from an R8B district to a C1-8 (R9 equivalent) district ~~(see **Figure 2**)~~.
2. **Zoning Text Amendments**
    a. Map a Mandatory Inclusionary Housing area over the rezoned portions of the Projected Development Site 1~~block~~;
    b. Modify Zoning Resolution (ZR) Section 66-513(a)(2) ~~(Additional rules, limitations, conditions, findings, and requirements)~~ to allow a floor area bonus for transit

NOTE: this figure has been updated for the Final Scope





0 400 FEET

Project Site

Projected Development Site

Study Area (400-foot perimeter)

Zoning District Boundaries

C1-5 Commercial Overlay District

Park Avenue Malls

Limited Height District (LH-1A)

Special Park Improvement District (PI)

Special Madison Avenue Preservation District (MP)

Proposed Zoning

LENOX HILL HOSPITAL REDEVELOPMENT

Existing and Proposed Zoning

Figure 4

improvements in ~~addition~~ combination with~~to~~ other floor area bonuses where explicitly permitted by a CPC special permit ~~of the City Planning Commission~~.

c. Modify the Special Park Improvement District regulations (ZR Section 92-~~04~~121) to allow for a community facility bonus pursuant to ZR Section 74-904.

d. Create a new special permit under ZR Section 74-904 to allow:

i. A floor area increase of up to 12.0 floor area ratio (FAR) for a project ~~with a substantial quantity of the zoning lot's floor area~~predominately dedicated to Use Group III(B) hospital use~~community facility uses~~;

ii. A further floor area increase in connection with an authorization or special permit pursuant to ZR Section 66-51 for transit improvements; and

iii. Modifications of applicable bulk regulations.

3. Special Permits

~~Special~~ Obtain a special permit~~s~~ pursuant to new ZR Section 74-904 to facilitate the proposed redevelopment by:

a. ~~Receiving~~ Permitting a floor area bonus of 2.0 FAR for a community facility project;

b. Incorporating a further floor area bonus of 0.5 FAR in connection with an authorization pursuant to ZR Section 66-511 for transit improvements; and

c. Modifying street wall, height, and setback and other bulk regulations.

4. Authorization

Obtain an authorization pursuant to ZR Section 66-511 to allow a floor area bonus of 0.5 FAR in connection with a major improvement to a mass transit station.

The maximum zoning envelopes allowed by these discretionary actions are~~is~~ shown in **Figures 2 and 3**.

In addition, the Applicant would seek a Chairperson's certification of a transit easement volume pursuant to ZR Section 66-21, a non-discretionary ministerial action through the CPC. The Applicant would ~~also~~ request a revocable consent from the New York City Department of Transportation (DOT)~~,~~ and any other permits required for the proposed tunnel under East 77th Street.

The Applicant would also seek a Certificate of Need from the New York State Department of Health (NYSDOH) and ~~would likely~~ may also seek tax-exempt financing of project costs to be issued through the Dormitory Authority of the State of New York~~, for which a coordinated review would be conducted~~. ~~The Applicant would also request a revocable consent from DOT, and any other permits required for the proposed tunnel under East 77th Street.~~

DESCRIPTION OF THE DEVELOPMENT SITE AND THE REZONING AREA

As shown in~~on~~ **Figure 1**, the Project Site includes the approximately 82,760-square-foot (sf) hospital block (Block 1411, Lots 1 and 113) (Projected Development Site 1) and one ancillary site (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a). The area affected by the

proposed rezoning and other approvals is limited to Projected Development Site 1. LHH occupies the Project Site, located in the Upper East Side neighborhood of Manhattan, Community District 8.

~~Projected Development Site 1 has a total area of 82,757.7 square feet and is improved with 1010~~Ten buildings ranging in height from 4 to 14 stories (40 to 200 feet high) and developed separately between the late 1800s and 1972 occupy Projected Development Site 1. Except for the ~~brownstones~~ rowhouses on the southeast corner of the site, the buildings have been renovated, improved, and ~~that have been~~ interconnected to function, to the extent possible, as a single hospital facility. ~~It~~In total, Projected Development Site 1 contains approximately 781,500 gsf of development and 620,500 zoning square feet (zsf) of floor area, for a ~~floor area ratio (~~FAR~~)~~ of approximately 7.5. The hospital complex currently contains 450 beds (about a third of which are in single-bedded rooms), 25 ~~operating room~~ORs, an ~~emergency department~~ED, and other diagnostic treatment facilities. ~~The buildings range in height from 4 to 14 stories (40 to 205 feet high). In total, Projected Development Site 1 contains approximately 781,500 gsf of development and 620,500 zoning square feet (zsf) of floor area, for a floor area ratio (FAR) of approximately 7.5.~~ There is one ~~are currently four~~ curb cut~~s~~ on East 76th Street that provides service access to the existing hospital~~Projected Development Site 1~~.

Projected Development Site 1 spans three zoning districts (see **Figure ~~2~~4**). The western portion of the block is in an R10 residential district, the middle portion is in an R8B residential district, and the eastern portion is in a C1-8X (R9X equivalent) commercial district. The R10 portion of Projected Development Site 1 is also in the Special Park Improvement District.

Projected Development Site 1a ~~site contains~~ is occupied by three three-story buildings (approximately 23,200 gsf total) with hospital support and clinical space. It is located in the R8B zoning district.

DESCRIPTION OF SURROUNDING AREA

The area surrounding LHH is a mix of ~~predominately~~ institutional, residential, and retail uses. Institutional uses include churches (e.g., Eglise St. Jean Baptiste, Eighth Church of Christ, Scientist), ~~and~~ schools (e.g., Allen-Stevenson, Ramaz Upper School, the Hewitt School, and St. Jean Baptiste High School), and LHH itself. There are also residential uses (including multifamily elevator buildings and ~~single-family~~ townhouses), and mixed-use commercial/community facility buildings in the area. Neighborhood retail uses line much of Lexington Avenue. ~~but it also has institutional uses such as hospital, churches, and schools.~~ In this area, Park Avenue is characterized by large multifamily apartment buildings rising without setback to heights of 120 to 150 feet, with heights ~~after setback ranging from 160 to 210 feet. The built character of Lexington Avenue is~~above the setback ranging from 160 to 210 feet. Lexington Avenue is characterized by a mix of both older and newer, large 11- to 16-story buildings that have large footprints and wide street frontages, with many buildings occupying wide portions of a single blockfront, and older 2- to 7-story buildings. Many of the larger and taller buildings have a 9- to 12-story base built to the sidewalk, with setbacks above the base. Older buildings with smaller footprints and narrower street frontages are also located on Lexington Avenue among larger buildings. Smaller buildings are generally located between East 77th Street and East 79th Streets and on the east side of Lexington Avenue. Buildings on Lexington Avenue are built to the sidewalk and faced in masonry; most buildings have ground floor retail. The east-west streets are developed with a variety of brick- and stone-clad buildings, including 7- to 15-story apartment buildings and institutional buildings located among low-rise, 3- to 7-story rowhouses and small apartment buildings, with larger high-

rise buildings at the block ends. Most buildings are built to the sidewalk or are slightly recessed from the sidewalk beyond planted and paved yard areas with metal railings. ~~more varied, including older townhomes and taller, more contemporary apartment buildings.~~ Public open space in the surrounding area ~~consists of~~includes Central Park, which is located two blocks west of the Project Site.

The area is zoned with high-density districts along the avenues and major cross-town thoroughfares: Fifth Avenue and Park Avenue are in R10 (10.0 FAR) districts within the Special Park Improvement District; Madison Avenue is in a C5-1 (10.0 FAR) district in the Special Madison Avenue Preservation District; Lexington Avenue is in a C1-8X (9.0 FAR) district; Third Avenue is in a C1-9 (up to 12.0 FAR) district; and East 72nd Street and East 79th Street are in R10A (up to 12.0 FAR) districts with the exception of East 79th Street between Park Avenue and Fifth Avenue, which is in either R10 or C5-1 districts (10.0 FAR in each). The midblocks in the area are generally mapped as R8B ~~districts~~ (5.1 FAR for community facility or 4.0 FAR for residential) districts. Portions of the surrounding area are also located within the Upper East Side Historic District, including portions or the entirety of the blocks immediately north, south, and west of the Project Site; the Project Site itself is not within a historic district.

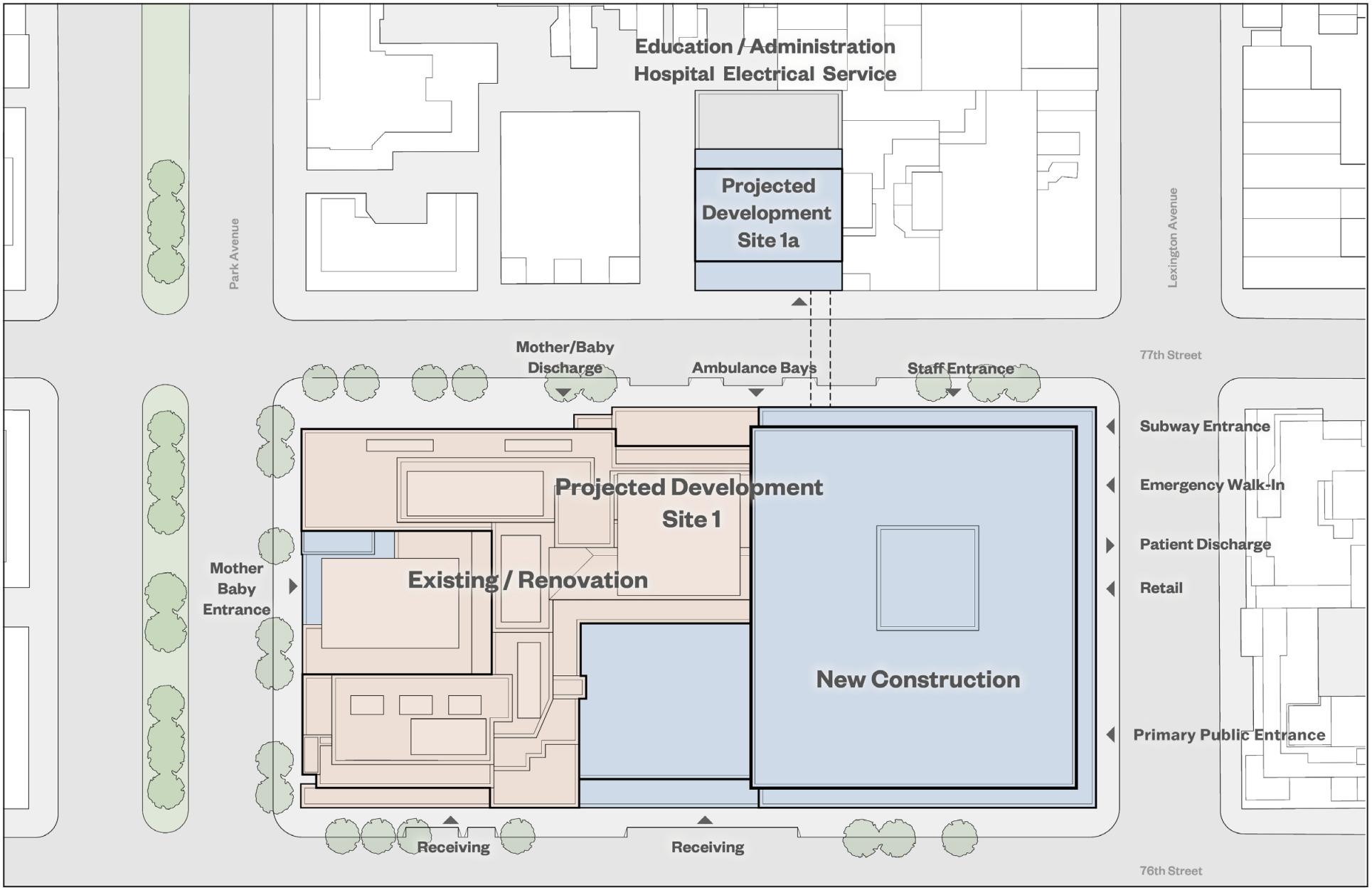
The study area is served by the Lexington Avenue subway line, which has a ~~Number~~ No. 6 train station adjacent to the Project Site at the intersection of Lexington Avenue and East 77th Street;~~,~~ Metropolitan Transportation Authority (MTA) bus service along Lexington Avenue (M101, M102, and M103), East 79th Street (M79-SBS), and East 72nd Street (M72);~~,~~ and Citi Bike, which has bike sharing stations at the southwest corner of the intersection of Park Avenue and East 76th Street and at the ~~southwest~~ northwest corner of the intersection of Third Avenue and East 77th Street.

DESCRIPTION OF THE PROPOSED PROJECT

The Applicant proposes to ~~redevelop~~construct ~~Projected Development Site 1 into~~ a 21st century, state-of-the-art hospital complex with single-bedded patient rooms, new and improved operating suites, and ~~right-sized and updated emergency department. The new approximately 771,000 gsf building would be constructed on Lexington Avenue and would include the emergency department, operating suites, and five floors of patient rooms in its podium, which would rise to a height of approximately 195 feet before a setback. Eight additional stories of patient rooms would be located above the podium reaching a total height of approximately 436 feet (26 stories including mechanical equipment). The ground floor of the new hospital building would have a primary public entrance and lobby at the Lexington Avenue frontage, which would include a small retail (pharmacy) space near the discharge area. (see **Figures 3 and 4**).~~a right-sized and ~~updated an~~ expanded ED on Projected Development Site 1. As noted above, two building envelopes are proposed, each of which would accommodate the Proposed Project's program.

Envelope 1 and Envelope 2 would have the same ground floor, entrances, and access points. They each would have a podium (base) containing the ED, operating suites, and patient rooms which would rise to a height of approximately 195 feet. The primary public entrance and lobby would be ~~at the~~ on Lexington Avenue with a small retail (pharmacy) space near the discharge area~~.~~ (see **Figures 5 and 6**). In addition to the new primary public entrance, the new hospital building would also provide an anticipated arcade and widened sidewalks on Lexington Avenue, glazing (glass façade) for transparency at the ground floor on Lexington Avenue and a portion of East 76th Street, and an improved ADA-accessible subway entrance at the corner of Lexington Avenue and East

NOTE: This figure has been updated for the Final Scope



Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

New Construction

Existing / Renovation

Proposed Site Plan—(Envelope 1 and Envelope 2)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 5

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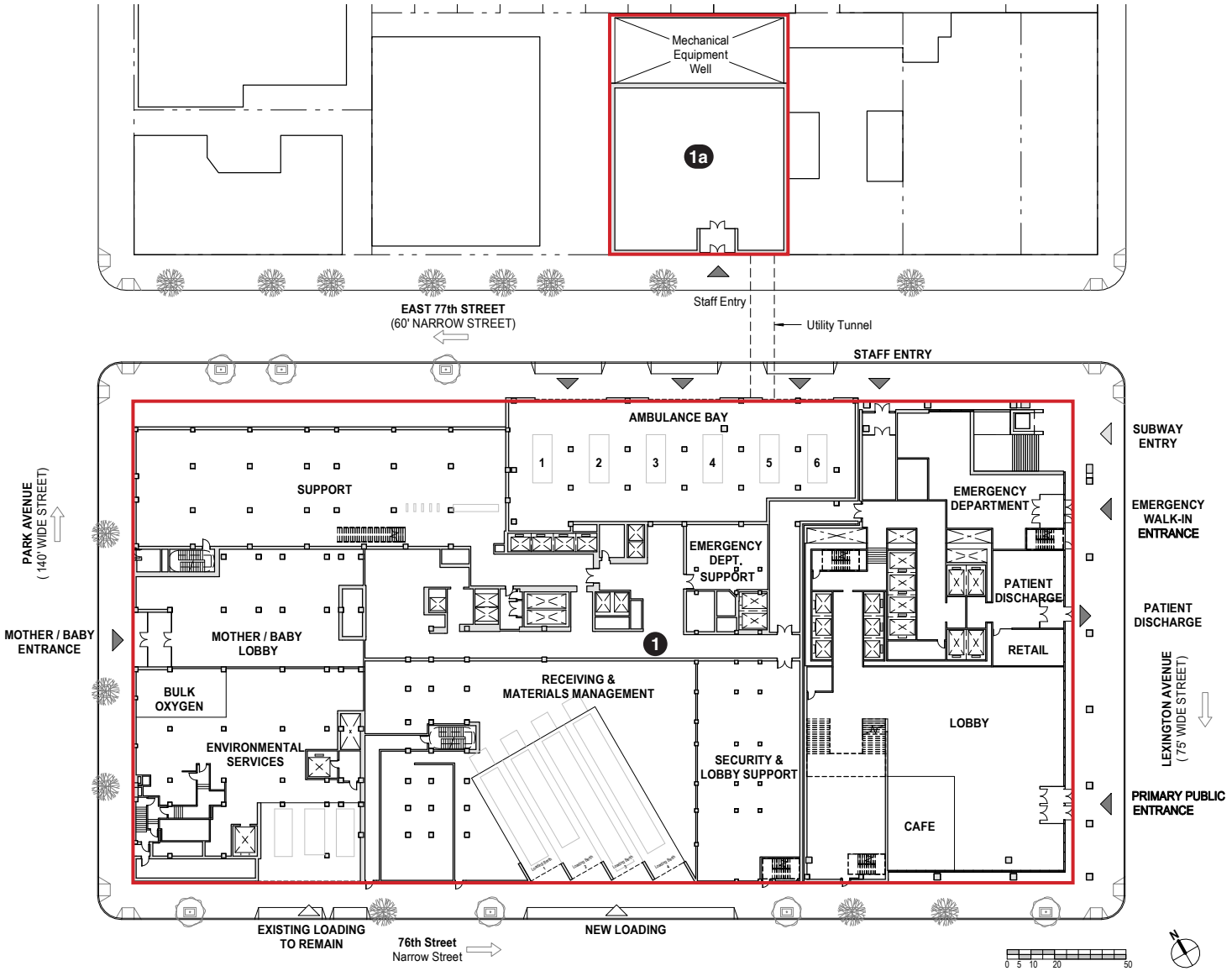


Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

1 *Projected Development Site*

Proposed Ground Floor Plan—(Envelope 1 and Envelope 2)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 6

77th Street. The ~~emergency department~~ED walk-in entrance would be located just south of the subway entrance along the Lexington Avenue sidewalk. The podium for Envelope 1 would contain five floors of inpatient beds, while the podium for Envelope 2 would contain three floors of inpatient beds (see **Figures 7a, 7b, 8a, and 8b**).

Above the podium, Envelope 1 would have eight additional stories of patient rooms and reach a total of 26 stories, including mechanical floors. The midblock portion of the new building under Envelope 1 could be approximately 210 feet tall, consistent with the highest floors currently existing in the midblock portion of Projected Development Site 1. The new building under Envelope 1 would create 771,000 gsf of new construction.

Envelope 2 would have six floors of patient rooms above the podium and would reach a total of 21 stories (395 feet). Envelope 2 would necessarily increase the bulk of new construction in the midblock in order to provide the same program as Envelope 1; its midblock height would reach 360 feet as compared to up to 210 feet for the maximum zoning envelope in the midblock with Envelope 1. The new building under Envelope 2 would create ~~876~~867,000 gsf of new construction.

The Proposed Project would also include additions and renovations to portions of the existing hospital complex on Projected Development Site 1 (56,000 gsf with Envelope 1 and 8,000 gsf with Envelope 2) and connections between ~~to~~ the new hospital building~~'s podium.~~ ~~The~~and the ~~existing adjacent~~renovated buildings.

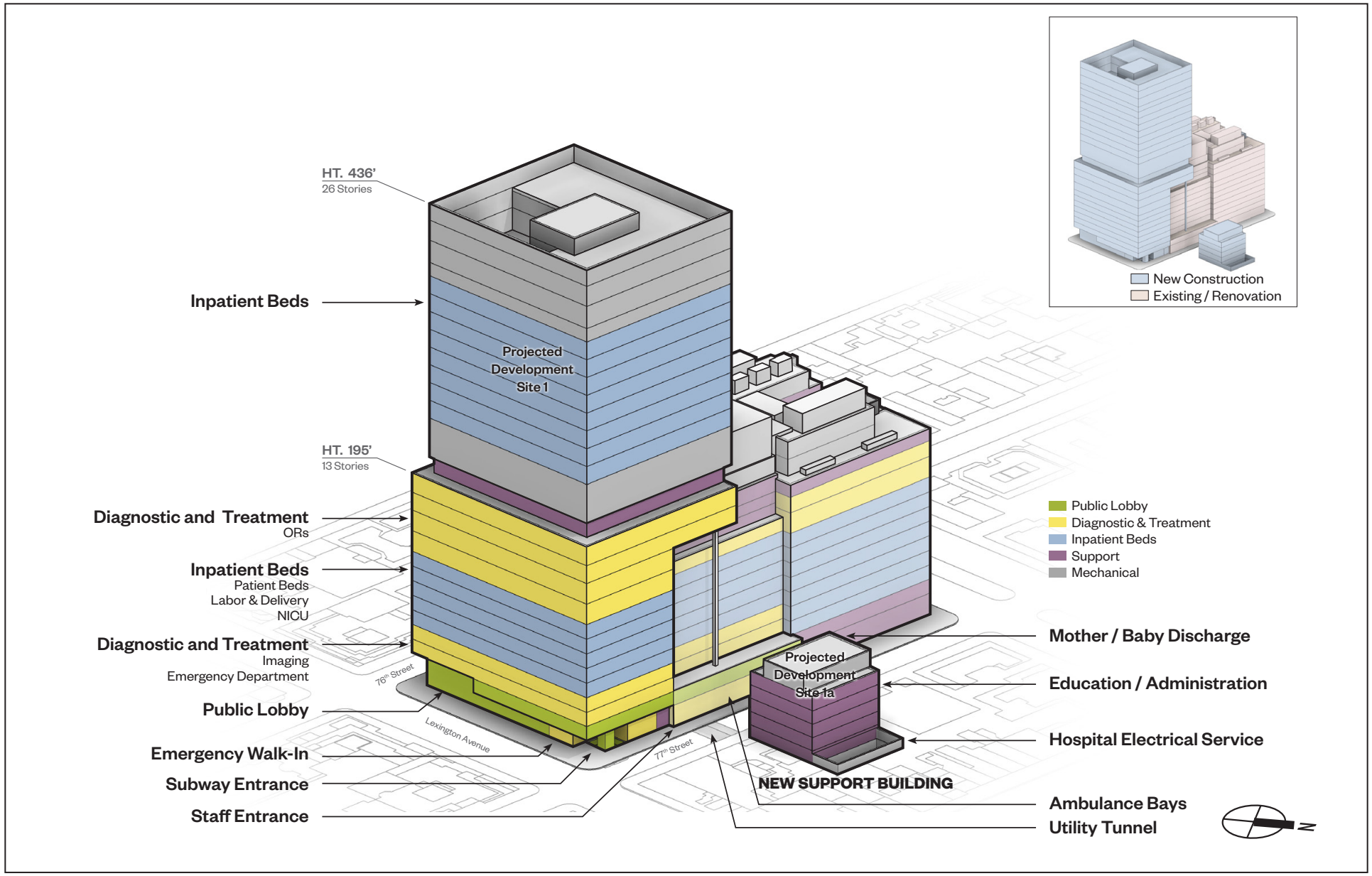
To satisfy the Proposed Project's purpose and need, the ~~new integrated facility~~ Proposed Project with either envelope would increase the total number of patient beds by approximately 25 beds (from 450 to 475), ~~all of which would be in~~and would convert all existing double-bedded rooms to single-bedded rooms. ~~It~~The Proposed Project would increase the number of ~~operating room~~ORs by 5 (from 25 to 30) and the number of ~~emergency department~~ED treatment positions by 14 (from 34 to 48~~),~~); all of these positions would be hard-walled rather than curtained positions.

~~, and it would provide an~~An additional labor and delivery room (increasing the total number from 12 to 13) would be provided in the proposed Mother-Baby Hospital. A new entrance and lobby ~~and emergency stairwell~~ for the Mother-Baby Hospital would be provided on Park Avenue, along with a new emergency stairway. ~~Off-street parking for up to six ambulances would be provided on East 77th Street to allow the enclosed transfer of patients into the hospital to improve patient safety and comfort. The proposed building would more than double the existing internal loading capacity (increasing from 3 bays to 7 bays). The new ambulance bays and the new loading docks would reduce sidewalk and street congestion on East 77th and East 76th Streets. Overall, the hospital complex on Projected Development Site 1 would have a gross floor area of approximately 1,398,000 sf and a zoning floor area of 1,034,471 sf for an FAR of 12.5.~~

An off-street ambulance bay with six berths would be provided off East 77th Street. Four new and longer truck loading bays would be provided on East 76th Street.

Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, 75-foot-tall building to house hospital support functions, including educational and administrative space and below grade utility/mechanical functions. ~~There would also be~~ A utility ~~and pedestrian/service~~ tunnel under East 77th Street ~~connecting~~would connect it to the main hospital on Projected Development Site 1. While the tunnel would require a revocable consent from the ~~New York City Department of Transportation (~~DOT~~)~~, the ~~development~~ building itself would be as-of-right under existing zoning. ~~and this~~ This related project may occur independent of the Proposed Project to

NOTE: This figure has been updated for the Final Scope



Source: Ennead Architects

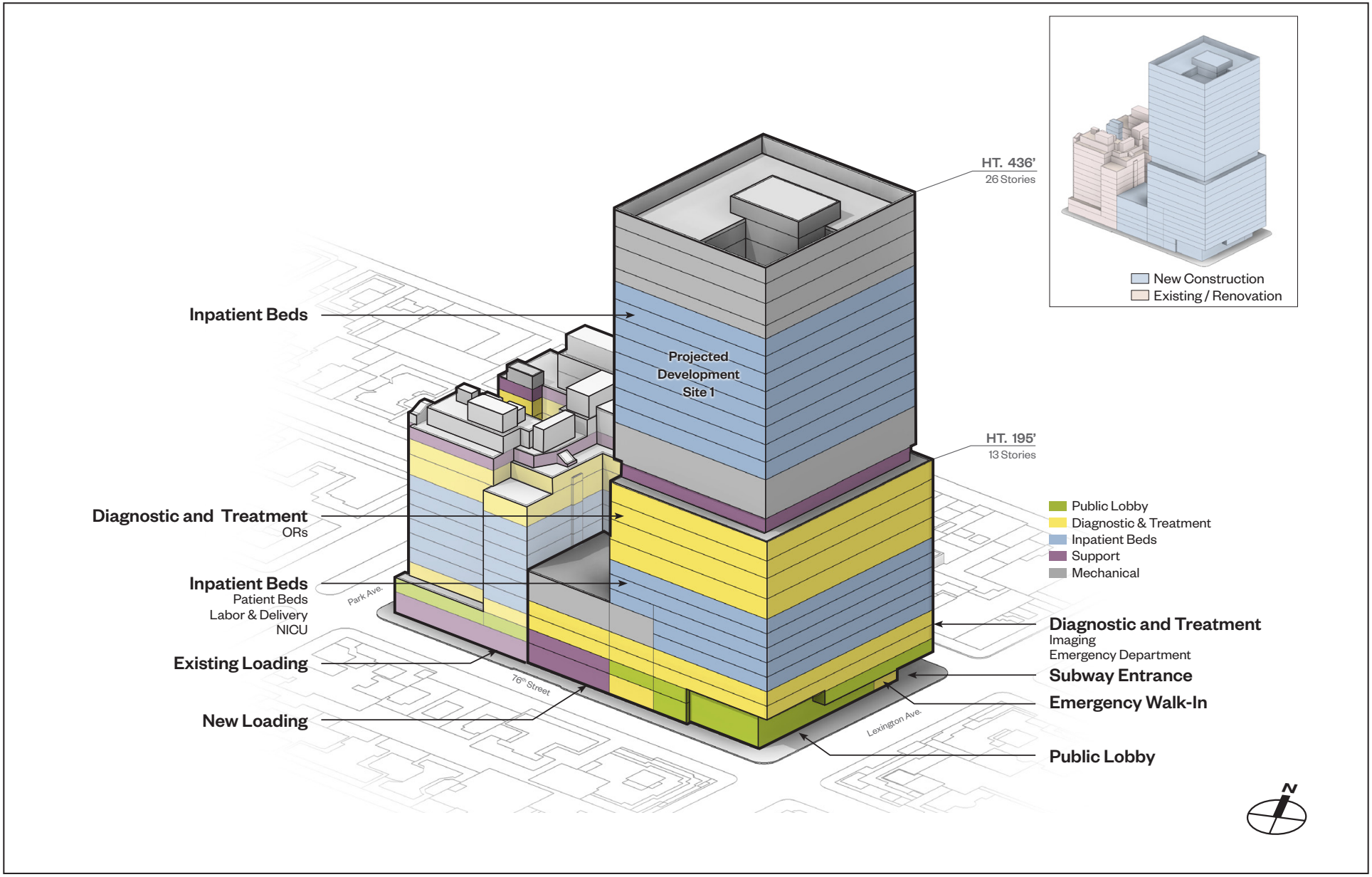
NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 1 Massing (stacking)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 7a

NOTE: This figure has been updated for the Final Scope



Source: Ennead Architects

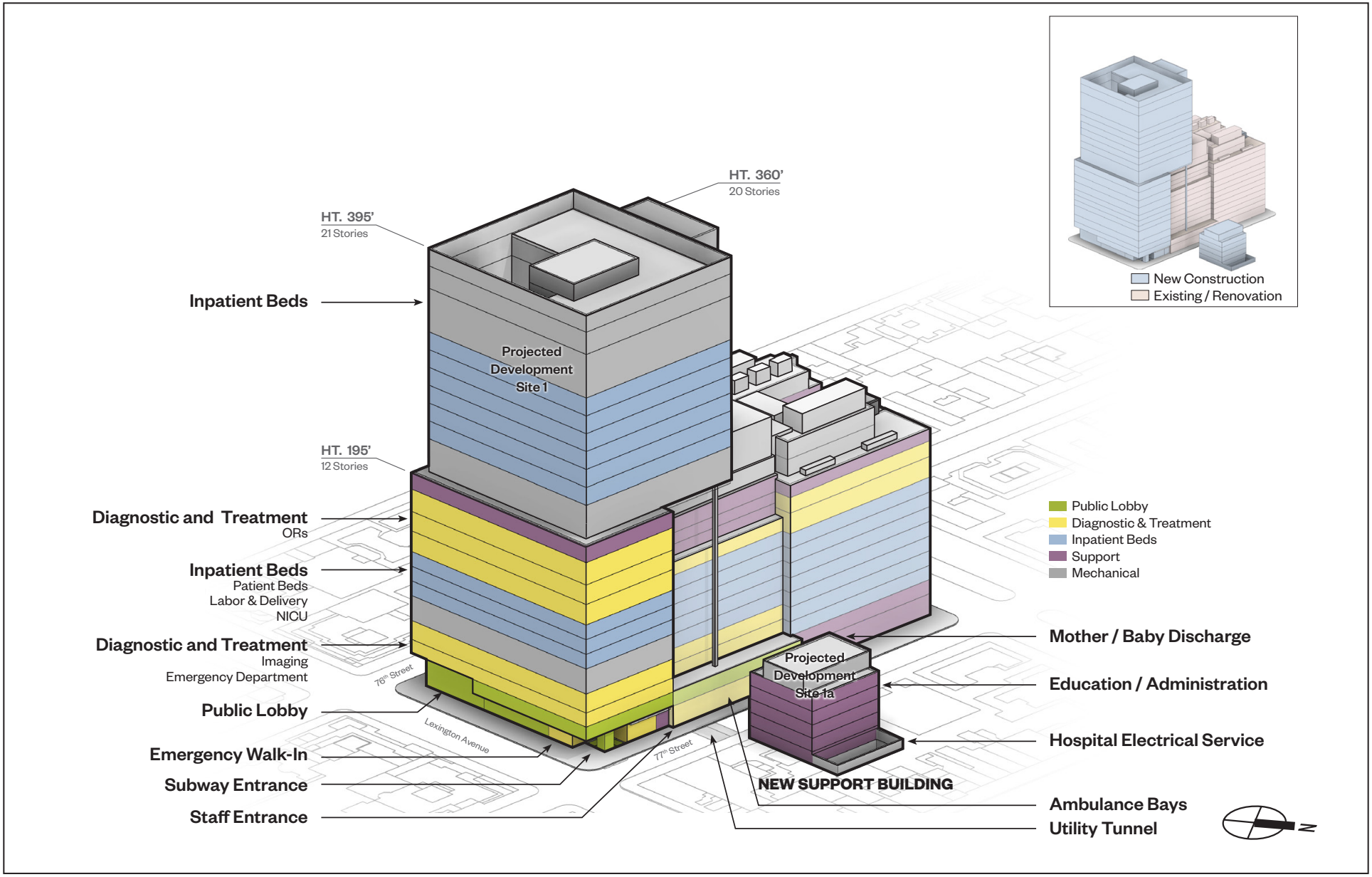
NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 1 Massing (view from south)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 7b

NOTE: This figure is new for the Final Scope



Source: Ennead Architects

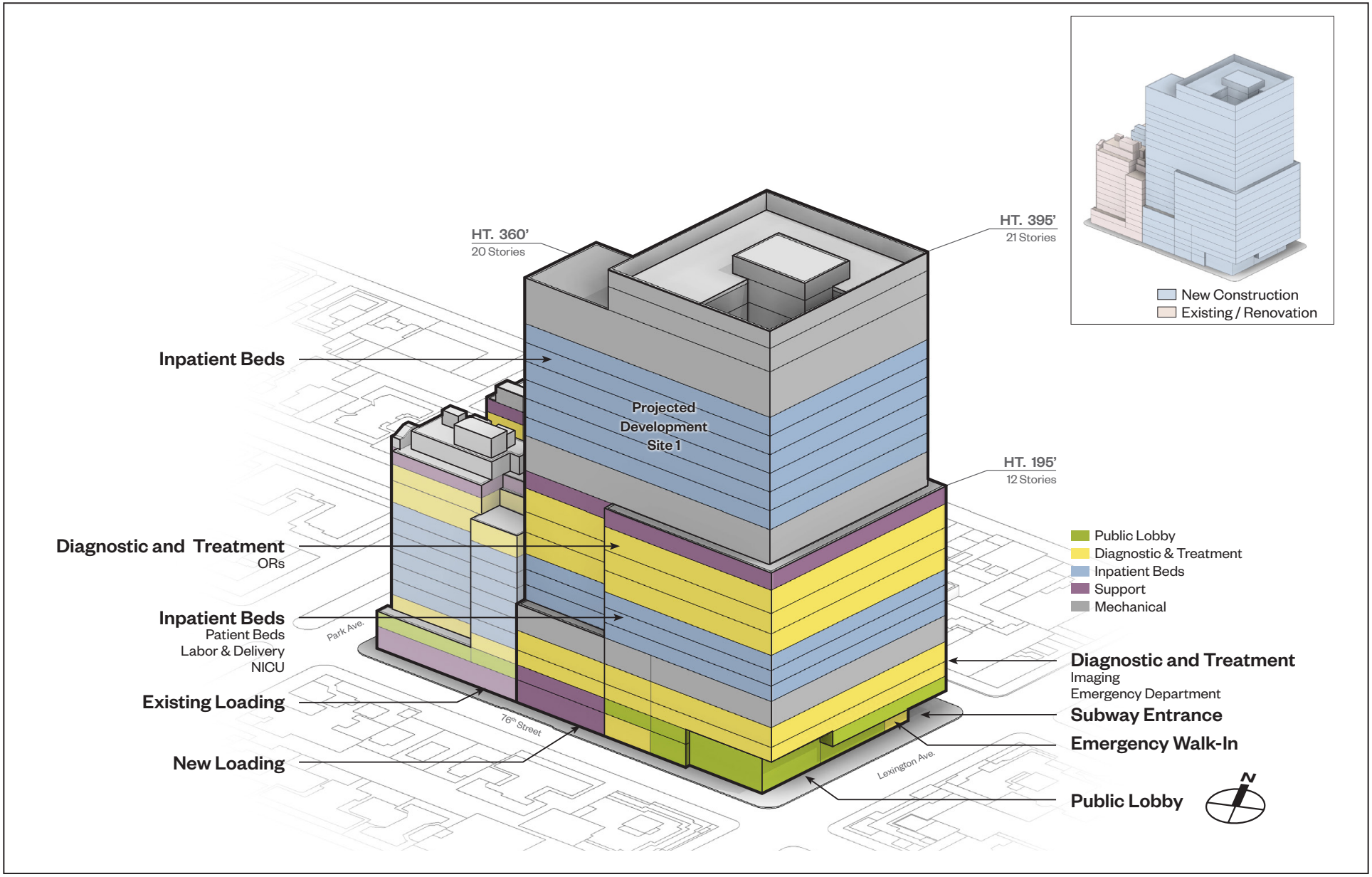
NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 2 Massing (stacking)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 8a

NOTE: This figure is new for the Final Scope



Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Envelope 2 Massing (view from south)

support overall LHH growth; however, ~~for a conservative analysis,~~ it is considered part of the Proposed Project.

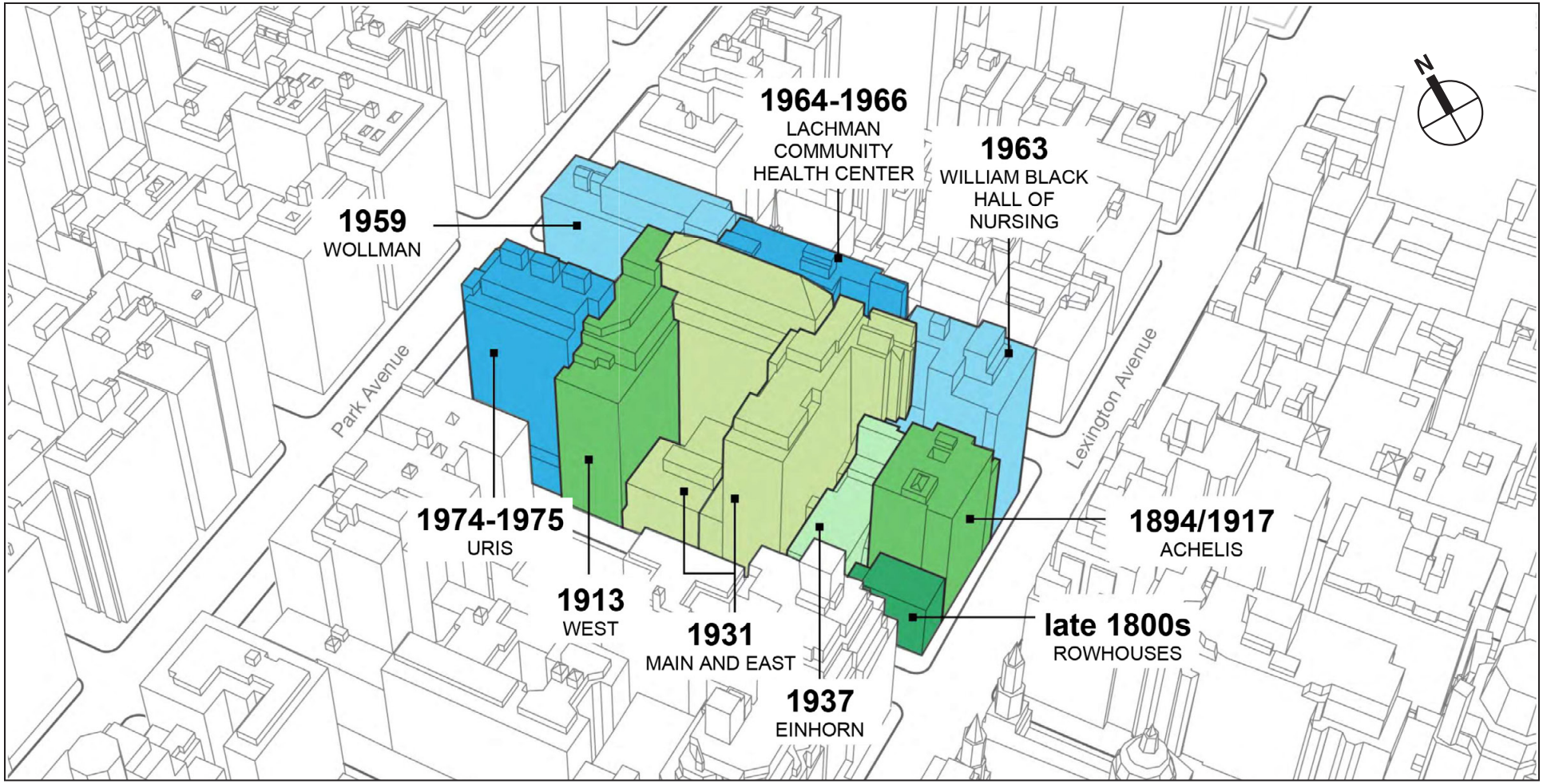
The Applicant also proposes ~~to provide~~ improvements to the Lexington Avenue 77th Street subway station, specifically improving access to the downtown side of the station on the southwest corner of Lexington Avenue and East 77th Street, ~~much~~by moving that access point into ~~Proposed~~ Projected Development Site 1~~much of which would be within LHH property~~. Working with the MTA, the Applicant would replace the two existing 5-foot-~~-~~wide stairways on the sidewalk adjacent to the Projected Development Site 1 with a new approximately 15-foot-~~-~~wide ~~widened~~ stairway located within the ~~Development Site~~Proposed ProjectProjected Development Site 1, increasing stair capacity by approximately 50 percent; install ~~two~~ an elevators~~s~~ to provide ADA-~~compliant~~ access between the street level~~,~~ and the mezzanine, and a ramp from the mezzanine to the southbound platform level~~s~~ of the subway station; ~~provide approximately 725 sf of open area at street level adjacent to the new stair and street elevator;~~ and improve lighting and security systems within the station. The setback of the proposed subway stairs and ADA elevator would increase the sidewalk area by approximately 725 sf of open area adjacent to the new stairway and elevator, and the removal of the existing stairway~~s~~ on the sidewalk would further increase the open area by approximately 175 sf. These improvements would ~~make the downtown side of the station fully ADA compliant~~provide ADA access to the downtown platform of the station and increase street level circulation space at the busy street corner adjacent to the station's nearest access point to LHH.

C. PURPOSE AND NEED

LHH was originally founded over 160 years ago, in 1857, as The German Dispensary of the City of New York. The first hospital building on Projected Development Site 1 opened in the late 1860s, and over the next century, the hospital complex grew to encompass the entire block. Between 1872 and 1972, the ~~ten~~ 10 existing buildings were built on the site (see **Figure 9**). Over the years, there were renovations, improvements, and interconnections among the buildings.

The current uses of the ~~ten~~ 10 buildings, listed in chronological order, are as follows: The rowhouses, on the corner of East 76th Street and Lexington Avenue, were built in the late 1800s and house ~~Lenox Hill Hospital~~LHH's Chaplaincy and Facilities Management departments; no inpatient care is provided in these areas. The West building, constructed in 1913, contains multiple medical and surgical inpatient units, maternal child health services, psychiatry services, pediatric services, radiology services, and ~~operating room~~ORs. The 1917 Achelis Building contains offices, administrative space, residency space, and call rooms; no inpatient care is provided in this building. Both the Main and East Buildings were constructed in 1931. The 76th Street hospital entrance is part of the Main building, in addition to radiology services and the cafeteria. The East building contains all the hospital's intensive care units, in addition to neonatal services, the nursery, post-anesthesia care units, and the ~~emergency department~~ED. The Einhorn Memorial Building was constructed in 1937 and contains an auditorium; no inpatient care is provided in this building. The main hospital entrance is in the 1959 Wollman pavilion, along with multiple medical, surgical, and telemetry inpatient units, ~~operating room~~ORs, labor and delivery rooms, and laboratory services. The William Black Hall of Nursing, constructed in 1963, contains ambulatory practices, medicine administration, and the entrance to the ~~emergency department~~ED. The 1966 Charles R. Lachman Community Health Center contains echocardiography services, nuclear stress services, maternal child health services, labor and delivery rooms, cardiothoracic

NOTE: This figure is new for the Final Scope



Source: Northwell Health

Existing Lenox Hill Hospital

Figure 9

surgery ~~operating room~~ORs, multiple telemetry units, the ~~emergency department~~ED, and the blood bank. The tenth building is the 1972 Percy and Harold D. Uris Building, which contains multiple medical and surgical inpatient units, maternal child health services, psychiatry services, ~~operating room~~ ORs, radiology services, and pediatric services.

In 2010, LHH became part of the Northwell Health network as its New York City (NYC) flagship to provide world-class service to patients of all income levels from the local Upper East Side community and from across the five boroughs. While more than $275 million have been invested in capital improvements at the hospital since 2010, many of LHH's older buildings (the newest hospital building housing patient rooms is ~~48~~ over 50 years old) are not structurally configured to accommodate current needs or to adapt to future anticipated requirements and innovations in healthcare delivery. Medical care and technology have evolved, requiring both changes in patient care areas to reduce the potential for transmission of infections and to improve patient satisfaction, ~~and~~ as well as changes to increase~~d~~ space for equipment for the monitoring and treatment of complex medical issues. These factors, coupled with the long-term piecemeal nature of the hospital's development, have meant that, even after costly and labor-intensive renovations, existing hospital facilities remain unable to accommodate necessary upgrades or future technologies~~.~~ and are expensive to maintain. For example, the four buildings to be demolished cannot currently be used for inpatient care because their structures cannot accommodate necessary heating, ventilation, and air conditioning (HVAC) infrastructure, sensitive modern imaging equipment, or patient transport between buildings. The six other buildings were designed independent of each other; they lack the appropriate space and structural elements needed to create the modern, Facility Guidelines Institute (FGI)-compliant hospital that LHH is seeking to provide with the Proposed Project. (For more information about the existing use of and constraints associated with the existing buildings, please see **Attachment 1** to the Final Scope of Work.)

In recent years, the national healthcare landscape has changed drastically, and the ongoing operations of many urban hospitals have become increasingly challenging. The purpose and need for the Proposed Project are grounded in improving health outcomes for patients and ensuring it will remain a resource for ~~New York City~~NYC for years to come. A revitalized hospital would allow LHH to continue providing top-tier care to all of its patients. The current facility is not sustainable for the clinical demands of future generations. ~~Recognizing these necessary changes, other Manhattan hospitals (i.e., New York Presbyterian Hospital; Hospital for Special Surgery, Memorial Sloan Kettering Cancer Center, and NYU Langone Health) have responded through major expansions.~~

LHH has served ~~New York City~~NYC residents for over 160 years and patients rely on this hospital and its care providers for a broad range of services. With more than 144,000 annual patient visits, including approximately 50,000 emergency room visits, LHH is a vital component of the healthcare delivery system in ~~New York City~~NYC. ~~LHH~~ and is dedicated to meeting the needs of patients who rely on the hospital for all levels of inpatient and emergency services. While LHH receives patients from throughout all five boroughs of ~~New York City~~NYC and beyond, its "service area" is comprised of Manhattan, Queens, and Brooklyn. This service area represents the geography from which the highest volume of the hospital's patients originates. There are currently 3.5 million people residing in this service area, and the average age of the population is expected to ~~age~~ increase over the next two decades. As the service area population gets older, higher volumes of chronic disease and complexity of hospitalized patients are expected. The patient

population is also expected to increase with programmatic growth; LHH continues to grow and invest in services including cardiac surgery, neurosurgery, orthopedics, and cancer services.

Further, the COVID-19 pandemic highlighted LHH's constraints and affirmed the need for upgrades to ~~LHH's~~ their physical plant to ensure that it can continue to provide world-class healthcare over the next century. Specifically, the pandemic highlighted the need to provide intensive care units, to have flexible facilities for multiple uses, and to isolate infectious patients in rooms separated by walls, rather than in curtained bays or in hallways.

LHH's specific needs are described in more detail below:

PATIENT ROOMS

There are currently 311 patient rooms, including 172 single-bedded rooms. Of ~~278 of~~ the current 450 patient beds, 278 are in 139 double-bedded rooms. In August 2019, NYSDOH announced its plans to adopt the 2018 *Facility Guidelines Institute's (FGI) Guidelines for Design and Construction of Health Care Facilities*, which generally require single-bedded rooms for all types of inpatient beds in new hospital buildings [~~(~~except for Neonatal Intensive Care Unit (NICU) patient rooms]~~)~~. The industry standard for patient rooms has changed to single-bedded rooms to reduce transmission of infectious diseases, to provide space for modern hospital equipment to be brought into the rooms when needed, to provide sufficient space for family members and other visitors, and to enhance patients' privacy. Single-bedded patient rooms have been the industry standard for over a decade. To the Applicant's knowledge, since 2010, all major hospital new construction projects in New York State, including several such projects in ~~New York City~~NYC, have contained all single-bedded patient rooms.

OPERATING ROOMS

The existing LHH campus does not have sufficient floor area or a configuration ~~to~~ that accommodates a transition to optimally sized operating suites. Since the 1970s, the nationwide standard size of surgical suites, including ORs as well as critical support space, has effectively tripled, both to support modern equipment needs and to ensure sterile movement of supplies.

At an average size of 400 sf, the existing ~~operating room~~ORs do not have adequate space for modern monitoring, imaging, and robotic equipment. Modern ~~operating rooms (~~ORs~~)~~ are sized universally so that multiple surgical specialties can operate interchangeably. The ~~2018~~ FGI Guidelines require a minimum OR size of 600 sf for specialty ORs.

Many of ~~the~~ LHH's existing ORs have ceiling heights of 9 feet 5 inches to 10 feet 5 inches, which limit~~s~~ the use of newer, larger equipment. Unlike walls that can be moved, ceiling heights are more difficult, if not impossible, to change.

EMERGENCY DEPARTMENT

The existing LHH complex has an ~~emergency department~~ED that, at approximately 14,000 sf, is undersized relative to the needs of the community and current demand. There are too few ED positions, ~~and~~ there is not adequate space to provide separate areas for infectious and non-infectious patients, and too little privacy is afforded to the patients. Of the 34 existing ED positions, 15 beds are located in the hallway. The patients positioned in the hallway bays are separated from one another by a curtain, offering minimal privacy, with little room to

accommodate support persons. Industry-standard practices for EDs, including individual patient rooms and adequate space for the clinical team to collaborate most effectively, are essential to meet the growing need for emergency services and deliver superior outcomes for the approximately 50,000 annual ED visits received at LHH.

MOTHER-BABY HOSPITAL

The existing mother-baby services at LHH are spread disparately across six different units throughout the hospital; there is no consolidated zone for mothers and newborns. Two postpartum units are adjacent to a regional medicine unit, and expectant mothers enter the hospital through the same lobby as all other patients. Over half of the postpartum rooms at LHH are currently double-bedded. At full capacity, 70 percent of mothers and newborns share a room. From a post-pandemic standpoint, there is an expectation for hospitals to provide contained, infection-free areas for healthy patients.

OTHER NEEDED IMPROVEMENTS

Ambulance Arrivals

Ambulances delivering patients to LHH must currently park along the sidewalk on East 77th Street. Arriving patients are taken across the sidewalk into the hospital, exposing patients to inclement weather and everyday street and sidewalk traffic. This results in an unpleasant experience for the patients, as well as pedestrian conflicts on the sidewalk. Further, the existing limitation in ambulance parking results in some ambulances having to be double-parked to deliver patients and consequently causing traffic congestion.

Truck Docks

On East 76th Street, the hospital's three existing loading bays are too short for many of the trucks that come to the hospital. As a result, trucks frequently park on or across the sidewalk, and sometimes reach into the street. Further, the current hospital configuration does not provide for the separation of clean and soiled materials. Loading activities taking place on the street and sidewalk interfere with pedestrian and vehicular movement.

Subway Station Access and Sidewalk Improvements

The 77th Street subway station of the Lexington Avenue No. 6 train is outdated, does not provide ADA access, and was originally designed ~~from its beginning~~ with the token booths on mezzanine levels multiple steps above the subway platforms. The existing subway access stairway~~s~~ takes up a significant amount of space (approximately 175 sf) from the sidewalk.

~~As stated above, the Proposed Project would create a new integrated healthcare facility that would increase the total number of patient beds by approximately 25 beds (from 450 to 475), all in single-bedded rooms, increase the number of operating rooms from 25 to 30 and the number of emergency department treatment positions from 34 to 48, and provide an additional labor and delivery room (increasing from 12 to 13). The proposed building's improved loading bays and internal ambulance bays are designed to reduce current traffic congestion along East 77th and East 76th Streets, in addition to improving patient safety and comfort. The Proposed Project would more than double the existing internal loading capacity (increasing from 3 bays to 7 bays) and would create six new internal ambulance bays which would also improve patient safety and~~

~~comfort. In addition, the Proposed Project would provide improvements to the 77th Street subway station. The national healthcare landscape has changed drastically, and the sustainability of many urban hospitals has become increasingly challenging; in New York City, 19 hospitals have closed since 2000. LHH believes that to remain sustainable and provide the best care for the next generation, it must adapt and replace its outdated physical plant, and that the only feasible way to achieve this is a redevelopment of the entire LHH property with a modern hospital complex.~~

BENEFITS OF THE PROPOSED PROJECT

As described above, the Proposed Project would create an enlarged and modernized healthcare facility. Buildings on the east end of the hospital block that are the oldest in the complex would be demolished and replaced by a new hospital building. To the west of the new building, other existing buildings would be demolished and reconstructed or renovated and upgraded to current standards and connected to the new structure.

PATIENT ROOMS

The current hospital operates 450 beds in 311 rooms, including 172 beds in single-bedded rooms and 278 beds in double-bedded rooms. The Proposed Project would provide a total of 475 single-bedded patient rooms, a net increase of 25 beds and 164 patient rooms.

As stated above, these single-bedded rooms would reduce transmission of infectious diseases, provide space for modern hospital equipment to be brought into the rooms when needed, provide sufficient space for family members and other visitors, and enhance patients' privacy. The proposed single-bedded rooms would be consistent with the FGI Guidelines and this industry standard.

The Proposed Project would provide an additional 25 beds compared to the existing hospital (6 percent increase). This incremental need is the result of multiple factors. While the New York Region, like the nation overall, has seen a shift to ambulatory settings for less acute cases, population growth and the aging population are driving the need for additional inpatient beds. Over the next five years alone, the 65+ population is projected to grow 8.5 percent; growth in this population is anticipated to continue over the next two decades. The Census Bureau projects that by 2030, all baby boomers will be 65 or older; by 2040 they will all be 75 or older. The aging of this significant population group will have a profound impact on healthcare. The older population is hospitalized at a significantly higher rate than the younger population~~,~~ due to increased incidence of diseases that are often exacerbated by chronic conditions such as heart disease, chronic obstructive pulmonary disease ~~(COPD)~~, diabetes, and dementia. In addition to an increase in the number of inpatient cases, average length of stay is also expected to increase. Inpatient discharges nationwide are projected to grow 2 percent over the next ~~ten~~ 10 years, and length of stay ~~will~~ is expected to grow 8 percent due to the increased complexity of cases ~~that will remain in the hospital~~.[1] Lastly, the increment of 25 beds assumes additional investment in cardiac and

[1] As part of the planning for the Proposed Project, the Applicant consulted with Sg2 on projected future trends in healthcare. Sg2 is a division of Vizient, a healthcare performance improvement company that specializes in providing healthcare intelligence and strategic advisory services by leveraging data, analytics, and industry expertise in making informed decisions about growth, innovation, and resource optimization.

neurosurgery programs, programs for which LHH is historically well known, which will result in continued inpatient growth.

OPERATING ROOMS

The Proposed Project would include a total of 30 ORs, the majority of which would be located in the new building. This would result in a net increase of 5 ORs compared to existing conditions.

The ORs would be sized for advanced equipment, technology, surgical procedures, and larger surgical teams. The ~~2018 and 2022~~ FGI Guidelines ~~specify~~ require a minimum OR size of 600 sf for specialty ORs. The Proposed Project would provide a variety of OR sizes based on the types of procedures to be performed. As surgical practices and healthcare delivery continue to advance, the OR environment has adapted to accommodate these developments. Accounting for sufficient space in the OR for the patient, larger surgical teams, mobile and image-guided equipment, ceiling booms, cameras, high-definition monitors, and at times robotic technology is critical in appropriately sizing the OR. Furthermore, each of these components ~~requires space in the room and~~ must be located in the appropriate zone proximal to the sterile field. In particular, the new ORs would have minimum ceiling heights of 10 feet with floor-to-floor heights of approximately 18 feet to accommodate newer and larger equipment.

State-of-the-art hospitals today allow for maximum flexibility across their surgical platforms.~~,~~ Using the specialty OR as the baseline design for the Proposed Project facilitates improved patient access to procedures, reduced turn-over time, and increased overall efficiency throughout the hospital. Hybrid ORs have also become commonplace in new hospitals as interoperative imaging is seen as a critical technology for many procedures today. This type of OR permanently integrates imaging technology (e.g., CT, MRI, or vascular imaging technologies) into the OR. ~~This can be CT, MRI, or vascular imaging technologies.~~ Often times, these technologies move in and out of the OR while the patient remains in the same place throughout the duration of the surgery. Hybrid ORs must be sized to accommodate in-room imaging and other equipment, which is driven by manufacturer requirements. These rooms typically range in size from 825 to 1,000 sf, require a dedicated control room, and also may require a systems component room outside of the Hybrid OR dependent on the imaging equipment to be used. The Proposed Project would create a mix of ORs ranging from 600 to 1,000 sf to accommodate state-of-the-art equipment.

EMERGENCY DEPARTMENT

The Proposed Project would increase the number of ~~emergency department~~ED treatment positions from 34 to 48; all of these 150-sf positions would be hard-walled rather than curtained positions. The proposed expansion of the ED would create space to isolate infectious or immuno-compromised patients and would offer patients more comfort and privacy. A walk-in entrance would be provided from the Lexington Avenue sidewalk just south of the subway entrance. Ambulance access is described below.

MOTHER-BABY HOSPITAL

The Proposed Project would create a Mother-Baby Hospital, designed to separate non-infectious patients from all other services provided at LHH and to improve the experience of expectant families. A new entrance on Park Avenue and a new lobby would be created specifically for the Mother-Baby Hospital. The Proposed Project would provide all mothers with ~~private~~ single-

bedded rooms, with the goal of improving the experience of the families that choose to give birth at LHH~~,~~ while continuing the clinical excellence of LHH's maternal child services. ~~The Proposed Project would provide all mothers with private rooms. Private~~Single-bedded rooms are required to provide adequate space for mothers to be joined by their families and ensure a better quality of sleep while recovering from childbirth. Additionally, the Proposed Project would provide an additional labor and delivery room ~~would be provided~~ (increasing that number from 12 to 13) and ~~.~~expand LHH's state of the art neonatal intensive care unit to comply with industry standards and afford families and neonates with adequate levels of privacy and quiet.

OTHER IMPROVEMENTS

Ambulance Arrivals

The new ambulance bay on East 77th Street would allow six ambulances to park and discharge patients under the building in a weather-protected space off the street. This would greatly improve both the patient experience arriving to the hospital and the flow of traffic on the street.

Truck Docks

The new truck docks would allow four additional trucks to be accommodated at the same time. The ~~new truck~~ docks would ~~also~~ be long enough and angled to allow all the trucks using them to be off the street and off the sidewalk such that loading activities would no longer interfere with pedestrian and vehicular movement on East 76th Street. The new docks would also provide for the separation of clean and soiled materials. ~~Loading activities would be off the street and sidewalk and would no longer interfere with pedestrian and vehicular movement on East 76th Street.~~

Subway Station Access and Sidewalk Improvements

As described above, the Proposed Project would replace the two existing 5-foot-wide stairways on the sidewalk adjacent to Projected Development Site 1 with a new approximately 15-foot-wide stairway located within Projected Development Site 1~~the Proposed Project~~, increasing space on the sidewalk by approximately 175 sf as well as increasing stair width by approximately 50 percent. ~~It~~ The Proposed Project would also install an elevator between the street level and the mezzanine and a ramp from the mezzanine to the southbound platform level of the subway station to provide ADA access. Further, it would improve lighting and security systems within the station. The proposed subway ~~stairs~~ stairway and elevator access would be set back from the property line, increasing the sidewalk ~~area~~ by approximately 725 sf of open area adjacent to the new stair and the ADA elevator (see **Figure 10**). These improvements would provide ADA access to the downtown side of the station and increase street level circulation space at the busy street corner adjacent to the station's nearest access point to LHH.

With the new building on the east end of the hospital block, the primary public entrance would be moved from the midpoint of the East 77th Street frontage to a more accessible location on Lexington Avenue near East 76th Street (see **Figure 11**) convenient to buses travelling on Lexington Avenue as well as the subway entrances. The setback of the ground floor of the building under an anticipated arcade would also provide pedestrians with more sidewalk space and more protection from inclement weather.

NOTE: This figure is new for the Final Scope



Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

Proposed Corner of Lexington Avenue and East 77th Street –Subway Entry
Envelope 1 or 2

NOTE: This figure is new for the Final Scope



Envelope 1



Envelope 2

Source: Ennead Architects

NOTES:
- For Illustrative Purposes Only
- Elevations are cropped from the overall elevations

Proposed Corner of Lexington Avenue and East 76th Street – New Entrance
Envelope 1 and Envelope 2

D. ANALYSIS FRAMEWORK

During a CEQR review, the lead agency is required to take a "hard look" at the environmental impacts of proposed actions and, to the maximum extent practicable, avoid or mitigate potentially significant adverse impacts on the environment. An EIS is a comprehensive document used to systematically consider environmental effects, evaluate reasonable alternatives, and identify and mitigate, to the maximum extent practicable, any potentially significant adverse environmental impacts. The EIS provides a means for the lead and involved agencies to consider environmental factors and choose among alternatives in their decision-making processes related to a proposed action.

The Draft Scope of Work for this EIS only considered the Proposed Project with what is now known as Envelope 1. As noted above in this chapter, in response to comments regarding the height of the new hospital building on Lexington Avenue, the Applicant has developed a second building massing (Envelope 2) that would reduce the height along the Lexington Avenue frontage to 395 feet and, to accommodate the program, would have a taller midblock that would rise to a height of 360 feet. The program, population, site access, zoning actions, and construction duration would be the same for both envelopes. Envelope 1 and Envelope 2 will be analyzed in the EIS.

This section outlines the conditions to be examined in the EIS.

BUILD YEAR

Construction is expected to commence in March 2027 when design of the facility is complete, NYSDOH approval has been ~~completed~~acquired, and most outpatient services have been relocated to other Manhattan-based Northwell facilities. The Proposed Project would then be constructed in a single phase ~~and would commence in 2025 ,with nine an~~over the course of approximately nine~~9~~ years, of which approximately ~~two~~ three years would be interior ~~renovations~~work only under Envelope 1 and two and a half years would be interior work only under Envelope 2. ~~of external construction followed by two years of internal fit-out and renovation to~~ The Proposed Project would be completed and fully operational by 2036.

LHH must maintain hospital operations during construction of the Proposed Project. Closing a hospital in New York State is a highly regulated process, would result in a significant disruption in care, and is only undertaken when there are significant financial strains.

As noted above, ~~Lenox Hill Hospital~~LHH has served ~~New York City~~NYC residents for over 160 years, and patients rely on this hospital and its care providers for a broad range of services. With more than 144,000 annual patient visits, including over 50,000 emergency room visits, ~~Lenox Hill~~ LHH is a vital component of the healthcare delivery system in ~~New York City~~NYC. The hospital employs over 4,000 team members~~,~~ who rely on the hospital for their livelihood. Further, many of the patients treated at ~~Lenox Hill~~LHH are part of a care continuum; they see primary care physicians and specialists that are in the LHH/Northwell network of care, and LHH is an important part of this ~~continuum~~system.

However, maintaining hospital operations affects the length of the construction period. While much of the construction period would ~~be for~~focus on the new tower, there would still be a large part of the work taking place west of the Lexington Avenue building, where existing hospital buildings would remain. This portion of the construction would have to be phased to allow hospital operations to continue, and the phasing takes more time.

REASONABLE WORST CASE DEVELOPMENT SCENARIO ~~(RWCDS)~~

In order to assess the possible effects of the Proposed Project, ~~a Reasonable Worst Case Development Scenario (~~an RWCDS~~)~~ was developed to ~~account for existing conditions,~~predict the ~~Future without the Proposed Project (No Action condition), and the Future~~greatest potential development associated with the Proposed Project (With Action condition). The incremental difference between the future No Action condition and future With Action condition serves as the basis for identifying potential environmental impacts, as described below.

IDENTIFICATION OF ~~DEVELOPMENT SITES~~THE PROJECT SITE

The first step in establishing the development scenario for the Proposed Project is to identify those sites where new development could be reasonably expected to occur. As identified above, the Project Site is larger than the proposed rezoning area. The rezoning area would cover only the portion of Block 1411 (Projected Development Site 1) from Lexington Avenue to 100 feet east of Park Avenue. The Park Avenue frontage of Block 1411 and Lots 9, 10, and 11 of Block 1412 would not be rezoned. Additionally, Block 1412, Lots 9, 10, and 11 (Projected Development Site 1a) ~~is~~ are considered part of the Project Site but would not be rezoned or subject to the other proposed discretionary actions other than the revocable consent for the tunnel under East 77th Street to connect with the main hospital on Projected Development Site 1.

THE FUTURE WITHOUT THE PROPOSED PROJECT (NO ACTION CONDITION)

Absent the Proposed Project, the main hospital complex on Projected Development Site 1 ~~would~~ will remain in its current form, with ~~selected~~ most ambulatory (outpatient) uses on the main hospital block relocating to other facilities (including Projected Development Site 1a). ~~The relocation~~Approximately 650 daily outpatients, 944 daily visitors (associated with those outpatients), and 257 staff members ~~would~~ will be relocated (see **Table 1**) to off-site facilities, including Northwell's as-of-right Third Avenue project, which is currently in construction. In the No Action condition, these relocations ~~of these uses would~~ will make ~~available~~ approximately 13,500 sf within the existing hospital available to convert a limited number of double-bedded rooms to single-bedded rooms without any effect on the total number of beds, and will allow for reconfiguration of certain suboptimal spaces. There are also a series of smaller renovation and space repurposing projects that are planned for the existing hospital that will occur independent of the Proposed Project.

Under the No Action condition, the Applicant may redevelop Projected Development Site 1a. However, the No Action condition conservatively assumes that it will continue to be used as ~~-~~is, other than the above-mentioned relocations from the main hospital complex on Projected Development Site 1.

Table 1
Project Population – Typical Average Weekday Daily Persons

Population	Existing	No Action	With Action	Project Increment
Projected Development Site 1 (Hospital Block)				
Staff*	**2,990**	**2,733**	**3,070**	**337**
Inpatient	*2,558*	*2,582*	*2,930*	*348*
Ambulatory	*432*	*151*	*140*	*-11*
Patients	**1,262**	**612**	**633**	**21**
Inpatient	*450*	*450*	*475*	*25*
Ambulatory	*812*	*162*	*158*	*-4*
Visitors	**2,191**	**1,247**	**1,298**	**51**
Inpatient	*1,013*	*1,012*	*1,069*	*57*
Ambulatory	*1,178*	*235*	*229*	*-6*
Projected Development Site 1a (East 77th Street Site)				
Staff*	**108**	**108**	**110**	**2**
Inpatient	*33*	*33*	*35*	*2*
Ambulatory	*75*	*75*	*75*	*0*
Patients	**4**	**4**	**0**	**-4**
Inpatient	*0*	*0*	*0*	*0*
Ambulatory	*4*	*4*	*0*	*-4*
Visitors	**6**	**6**	**0**	**-6**
Inpatient	*0*	*0*	*0*	*0*
Ambulatory	*6*	*6*	*0*	*-6*
Total – Projected Development Sites 1 and 1a				
Staff*	**3,098**	**2,841**	**3,180**	**339**
Inpatient	*2,591*	*2,615*	*2,965*	*350*
Ambulatory	*507*	*226*	*215*	*-11*
Patients	**1,266**	**616**	**633**	**17**
Inpatient	*450*	*450*	*475*	*25*
Ambulatory	*816*	*166*	*158*	*-8*
Visitors	**2,197**	**1,253**	**1,298**	**45**
Inpatient	*1,013*	*1,012*	*1,069*	*57*
Ambulatory	*1,184*	*241*	*229*	*-12*

Note: * Staff includes physicians (employed and voluntary), nurses, other clinical, administrative, and building operations employees, students, and volunteers.

THE FUTURE WITH THE PROPOSED PROJECT (WITH ACTION CONDITION)

~~The~~As described above, the Proposed Project would create a new state-of-the-art hospital complex on Projected Development Site 1 that would include 475 single-bedded patient rooms, 30 operating suites, and ~~right-sized~~an enlarged and updated ~~emergency department~~ ED. ~~The~~ As discussed above, a new building would be constructed ~~on Lexington Avenue with approximately 771,000 gsf~~ and would include an ~~emergency department~~ED, operating suites, and ~~five floors of~~ patient rooms in the podium, which would rise to a height of approximately 195 feet before a setback (see **~~Figure 4~~**). Eight**Figures 2 and 3**). Envelope 1 would have ~~eight~~ 8 additional stories of patient rooms ~~would be located in the building rising~~ above the podium and would rise to a height of ~~approximately~~ 26 stories (436 feet ~~(26 stories~~ including mechanical ~~equipment). The~~floors). The midblock section of the new building under Envelope 1 could be approximately 210 feet tall, consistent with the highest floors currently existing in the midblock portion of Projected Development Site 1. Envelope 2 would have ~~five~~6 stories of patient rooms above the podium and rise to a total of 21 floors (395 feet including mechanical floors). In order to accommodate the proposed program, the midblock section of Envelope 2 would rise to a height

of 360 feet. With either envelope, the ground floor of the new hospital building would have a primary public entrance and a public lobby at the Lexington Avenue frontage~~, which would include a small retail (pharmacy) space near the discharge area~~.

The Proposed Project would also include additions and ~~renovations~~modifications to portions of the existing hospital complex on Projected Development Site 1 to accommodate connections to the new hospital building's podium. A new lobby and emergency ~~stairwell~~ stairway to the Mother-Baby Hospital would be provided on Park Avenue. Off-street parking for up to six ambulances would be provided on East 77th Street to alleviate the existing street congestion and allow the enclosed transfer of patients into the hospital. The Proposed Project would also provide new, longer truck docks inside the building configured to reduce sidewalk and street congestion on East 76th Street, as shown in **Figure ~~3~~6**. ~~Overall, the hospital complex would have a gross floor area of approximately 1,398,000 sf and a zoning floor area of 1,034,471 sf for an FAR of 12.5.~~ As a result of the Proposed Project, there would be 17 additional patients, 45 additional visitors, and 339 additional workers (see **Table 1**). This change accounts for the relocation of the limited remaining ambulatory programs on the main hospital block to facilities outside of the Project Site.

The zoning approvals would allow for a slightly larger building envelope to provide flexibility in the building massing; therefore, to account for the ~~Reasonable Worst Case Development Scenario (~~RWCDS~~)~~ in terms of bulk and height, the maximum zoning envelope (under Envelope 1 and Envelope 2) will be used to represent the With Action condition in the environmental analysis. ~~As shown in **Figure 5**,~~As shown in **Figures ~~5~~, 2 and 3**, the Proposed Project's podium and building heights are slightly shorter than the maximum heights allowed in the ~~maximum~~ zoning envelope ~~is slightly larger than the proposed project to allow for some development flexibility~~; therefore, ~~the maximum zoning envelope is analyzed for the purpose of the EIS.~~above an approximately 195-foot (13-story) podium ~~(13-story)~~, Envelope 1 reaches a total height of 436 feet (26 stories), and Envelope 2 reaches a total height of 395 feet (21 stories). The zoning approvals would restrict the maximum floor area to 12.5 FAR regardless of the final building massing; therefore, the Proposed Project's gross and zoning floor areas represent the RWCDS for the With Action condition for either envelope.

Projected Development Site 1a, directly across East 77th Street, would be redeveloped with an approximately 46,000-gsf, 75-foot-tall (six-story) building, including support space for LHH. There would also be a utility ~~and pedestrian/service~~ tunnel under East 77th Street connecting to the main hospital. As noted, this related project may occur independently of the Proposed Project to support overall LHH growth; however, for a conservative analysis, it is being analyzed as part of the Proposed Project.

As shown in **Table ~~1~~2**, the Proposed Project would result in an overall development increment of approximately 631,300 gsf (Envelope 2) to 639,300 gsf (Envelope 1) of hospital/community facility uses and 25 additional hospital beds under the With Action condition as compared to the No Action condition.

Table ~~1~~2
Development Program Summary

Components	Existing/No Action Condition	With Action Condition (Envelope 1)	With Action Condition (Envelope 2)	Increment (Envelope 1)	Increment (Envelope 2)
Projected Development Site 1/ Hospital Block (gsf)	781,500	1,398,000	1,390,000	616,500	608,500
Projected Development Site 1/ Hospital Block (beds)	450	475	475	25	25
Projected Development Site 1a/ East 77th Street Site (gsf)	23,200	46,000	46,000	22,800	22,800
Project Site Total (gsf)	**804,700**	**1,444,000**	**1,436,000**	**639,300**	**631,300**

Notes: gsf = gross square feet; Square footages shown are approximate and include mechanical/utility space~~.~~ and below-grade space.
Source: Northwell/LHH

The Applicant also proposes to provide improved access to the Lexington Avenue 77th Street subway station, at the southwest corner of Lexington Avenue and East 77th Street ~~a portion of which would be~~ within the LHH property. The new stairway and elevator from the street level to the mezzanine would not only improve station access, but ~~also~~ would also increase sidewalk space for pedestrians. This improvement would provide ADA access to the downtown side of the station and increase street level circulation space at the street corner adjacent to the nearest access point to LHH.

~~Working with the MTA, the Applicant would replace the two existing 5-foot wide stairs on the sidewalk adjacent to the Development Site with a new 15-foot wide widened stair located within the Development Site; install two elevators to provide ADA-compliant access between the street level, mezzanine, and southbound platform levels of the subway station; provide approximately 725 sf of open area at street level adjacent to the new stair and street elevator; and improve lighting and security systems within the station. These improvements would make the downtown side of the station fully ADA compliant and increase street level circulation space at the busy street corner adjacent to the station's nearest access point to LHH.~~

The analysis of the impacts of the Proposed Project encompasses Envelope 1 and Envelope 2. Because the program, project population (staff, patients, visitors), site access, zoning actions, and construction duration would be the same for both Envelope 1 and Envelope 2, there would be no differences in ~~the assessment of~~ impacts for most CEQR technical areas, including Land Use, Zoning, and Public Policy, Community Facilities and Services, Historic and Cultural Resources, Hazardous Materials, Water and Sewer Infrastructure, Transportation, Greenhouse Gas Emissions and Climate Change, and Noise~~)~~. In other technical areas such as Shadows, Urban Design and Visual Resources, Air Quality, and Construction, both Envelope 1 and Envelope 2 will be analyzed in the EIS.

CITY ENVIRONMENTAL QUALITY REVIEW AND SCOPING

The Proposed Actions are classified as Type 1 as defined under 6 New York Codes, Rules, and Regulations (NYCRR) 617.4 and NYC Executive Order 91 ~~or~~ of 1977, as amended, and are subject to environmental review in accordance with CEQR ~~rules and the guidance set forth in the *Technical Manual*~~ guidance. An EAS was completed on Monday, January 30, 2023. The EAS

~~analyzes~~analyzed the Proposed Project's potential to generate significant adverse environmental impacts~~.~~ under what is now "Envelope 1," since there was no Envelope 2 at the time. A Positive Declaration, issued on Monday, January 30, 2023, established that the Proposed Project may have a significant adverse impact on the environment, thus warranting the preparation of an EIS.

The CEQR scoping process is intended to focus the EIS on those issues that are most pertinent to the Proposed Project. The process allows other agencies and the public a voice in framing the scope of the EIS. The scoping document sets forth the analyses and methodologies that will be utilized to prepare the EIS. During the period for scoping, those interested in reviewing the Draft Scope may do so and give their comments to the lead agency. The public, interested agencies, Manhattan Community ~~District~~ Board 8, and elected officials ~~are~~ were invited to comment on the Draft Scope, either in writing or orally, at a public scoping meeting ~~to be~~ held on Thursday, March 2, 2023. In support of the City's efforts to contain the spread of COVID-19, DCP ~~will hold~~ held the public scoping meeting remotely. Comments received during the Draft Scope's public meeting and written comments ~~were~~ received through 5:00 ~~pm~~PM on~~,~~ Monday March 13, 2023 ~~will be~~ and have been considered and incorporated as appropriate into ~~the~~ this Final Scope ~~of Work (the "Final Scope")~~. The lead agency ~~will oversee~~ oversaw preparation of the Final Scope, which ~~will incorporate~~incorporates all relevant comments on the Draft Scope and ~~revise~~revises the extent or methodologies of the studies, as appropriate, in response to comments made during scoping. In response to comments regarding the height of the new hospital building on Lexington Avenue, the Applicant has developed a second building massing (Envelope 2) that would reduce the height along the Lexington Avenue frontage and, to accommodate the program, would have a taller midblock. The program, population, site access, zoning actions, and construction duration would be the same for both envelopes. Envelope 1 and Envelope 2 will be analyzed in the EIS.

The DEIS will be prepared in accordance with the Final Scope and in conformance with ~~all~~ applicable laws and regulations, including the State Environmental Quality Review Act (SEQRA) (Article 8 of the New York State Environmental Conservation Law) and its implementing regulations found at 6 NYCRR Part 617, ~~New York City~~NYC Executive Order No. 91 of 1977, as amended, and the Rules of Procedure for CEQR, found at Title 62, Chapter 5, of the Rules of the City of New York.

Once the lead agency is satisfied that the DEIS is complete, the document will be made available for public review and comment. A public hearing will be held on the DEIS in conjunction with the CPC hearing on the land use applications to afford all interested parties the opportunity to submit oral and written comments. The record will remain open for 10 days after the public hearing to allow additional written comments on the DEIS. A Final EIS (FEIS) will be prepared that will respond to all substantive comments on the DEIS, along with any revisions to the technical analyses necessary to respond to those comments. The FEIS will then be used by decision makers to evaluate CEQR findings, which will address project impacts and proposed mitigation measures, and ~~in~~ decid~~ing~~ whether to approve the requested discretionary actions with or without modifications.

E. SCOPE OF WORK FOR THE EIS

The environmental review provides a means for decision-makers to systematically consider environmental effects along with other aspects of project planning and design, to evaluate reasonable alternatives, and to identify, and mitigate where practicable, any significant adverse environmental impacts.

The first step in preparing the EIS is the public scoping process. Scoping is the process of focusing the environmental impact analysis on the key issues that are to be studied in the EIS. The proposed scope of work for each technical area to be analyzed in the EIS is described in this section.

The EIS will include a detailed analysis in the technical areas where the Proposed Project would potentially result in significant adverse impacts, based on the findings of the EAS~~.~~, which pertained to what is now known as Envelope 1. Envelope 2 will also be analyzed in each chapter to the extent necessary to assess the potential for significant adverse impacts for Envelope 2 that would be different ~~than~~ from what was analyzed for Envelope 1. The EAS ~~indicates~~ indicated that the Proposed Project does not meet the criteria warranting analysis of socioeconomic conditions~~;~~, natural resources, solid waste and sanitation services, or energy, and no significant adverse impacts to these technical areas would occur with the Proposed Project. For the other technical areas, the scope of work for the EIS and the proposed impact assessment criteria set forth below are based on the methodologies and guidance set forth in the *CEQR Technical Manual*.

The EIS will contain the following:

- A description of the Proposed Project and its environmental setting;
- A statement of the environmental impacts of the Proposed Project, including short- and long-term effects and typical associated environmental effects;
- An identification of any adverse environmental effects that cannot be avoided if the Proposed Project is implemented;
- A discussion of reasonable alternatives to the Proposed Project;
- An identification of irreversible and irretrievable commitments of resources that would be involved if the Proposed Project is implemented; and
- A description of measures proposed to minimize or fully mitigate any significant adverse environmental impacts.

TASK 1: PROJECT DESCRIPTION

The Project Description will identify and explain the Proposed Actions and the purpose and need for the Proposed Actions. It will also describe the Proposed Project. It will contain a brief discussion of current conditions~~,~~ on the P~~p~~roject S~~s~~ite, in the ~~Rezoning~~ rezoning area, and in the surrounding area; the No Action (as-of-right) development; the proposed development program; a description of the proposed site plan and the height and bulk of the proposed buildings; and figures to depict the Proposed Project. It will also include a description of the approvals required and the approvals processes. The analytical framework, including the No Action condition and other planned projects in the study area, will also be included in this chapter. The figures will present key project elements, such as a site/ground floor plan, elevations, and views of the project in its neighborhood context.

The Project Description will include appropriate materials from the Uniform Land Use Review Procedure (ULURP) application. It will describe the role of the lead agency for CEQR as well as the environmental review and ULURP processes.

TASK 2: LAND USE, ZONING, AND PUBLIC POLICY

This analysis will consider the effects of the Proposed Project in terms of land use compatibility and trends in zoning and public policy. It will also provide a baseline for other analyses in the EIS. Specifically, the assessment will:

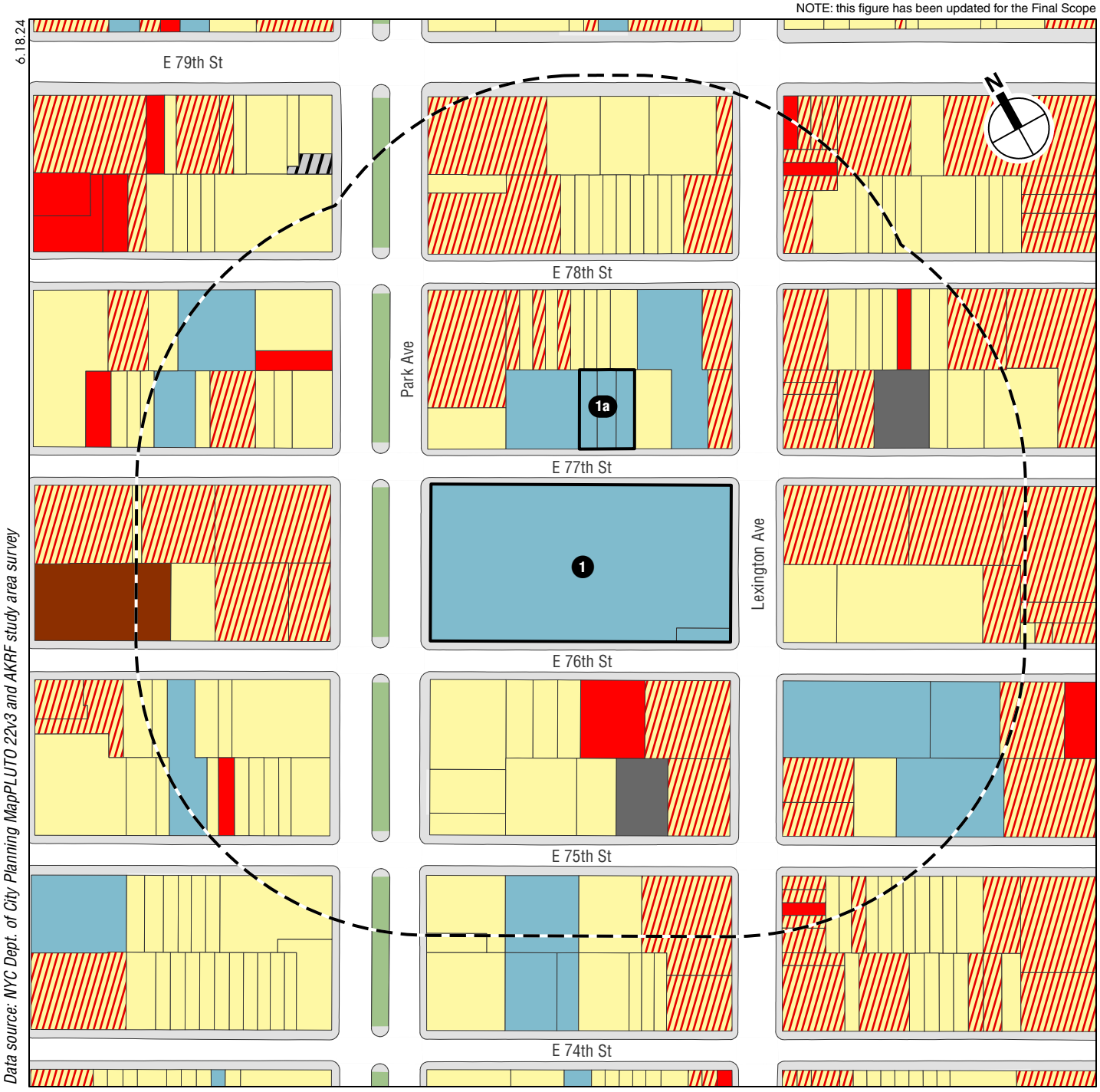
- Provide a brief development history of the site and the study area. The study area will include the site and the area within approximately 400 feet.
- Describe predominant land use patterns in the study area, including recent development trends for the 400-foot study area (see **Figure ~~6~~12**).
- Provide a zoning map and discuss existing zoning and any recent zoning actions in the study area.
- Summarize other public policies that may apply to the Project Site and study area, including any formal neighborhood or community plans and OneNYC.
- Describe conditions on the Project Site absent the Proposed Project. Prepare a list of other projects expected to be built in the study area that would be completed before or concurrent with the Proposed Project. Describe the effects of these projects on land use patterns and development trends. Also, describe any pending zoning actions or other public policy actions that could affect land use patterns and trends in the study area, including plans for public improvements.
- Describe the Proposed Project and provide an assessment of the impacts of the Proposed Actions and Proposed Project on land use and land use trends, zoning, and public policy. Consider the effects related to issues of compatibility with surrounding land use, consistency with zoning and other public policy initiatives, and the effect of the Proposed Project on development trends and conditions in the area.

TASK 3: COMMUNITY FACILITIES AND SERVICES

According to the *CEQR Technical Manual*, a community facilities and services assessment is warranted if a project has the potential to result in either direct or indirect effects on community facilities. Community facilities include public schools, libraries, publicly funded early childhood programs, and healthcare facilities, as well as fire and police protection. Direct effects occur when a proposed project physically alters or displaces a community facility. Indirect effects result from increases in population that place added demand on community facility service delivery, and CEQR guidance provides that an indirect effects assessment of healthcare facilities and fire and police protection are typically only warranted when the proposed project would result in the introduction of a new neighborhood where none existed before. The Proposed Project would have direct effects on a health-care facility, ~~Lenox Hill Hospital (~~LHH~~);~~; it would not have direct effects on other types of community facilities. Since no residential units are included in the project, which would increase population in the area, an indirect effects analysis of the Proposed Project is not needed. Therefore, the community facilities and services assessment will be limited to direct effects of the Proposed Project on health-care facilities.

The direct effects assessment will evaluate the potential impacts of the Proposed Project on community facilities (healthcare facilities in particular) as compared to the No Action condition and will determine whether the Proposed Project would disrupt the delivery of healthcare services, either permanently or temporarily. This assessment will consist of a description of existing

NOTE: this figure has been updated for the Final Scope



Land Use Study Area

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 12

conditions at LHH, including the physical conditions of the hospital complex, types of services provided, and the area(s) and population served. Any anticipated changes to services in the future No Action condition will also be identified. An evaluation of service delivery and conditions under the With Action condition as compared to the No Action condition will be provided and, based on how the Proposed Project would change the affected facility and delivery of services (including during construction), the extent to which services would be disrupted or precluded will be assessed. If the elimination or disruption of service caused by the Proposed Project would place an additional demand on other nearby facilities, an examination of indirect effects on those facilities caused by the initial direct impact may be warranted and would be conducted following CEQR guidance.

TASK 4: OPEN SPACE

The *CEQR Technical Manual* recommends performing an open space assessment if a project would have a direct effect on an area of open space or an indirect effect through increased population. As stated in the EAS, the Proposed Project would not generate over 500 employees, nor will it generate any residents. Therefore, an analysis of indirect impacts due to increased population is not warranted. However, shadows from the proposed new structures may reach publicly accessible open spaces such as the ~~publicly accessible~~ church garden at 103 East 77th Street (Eighth Church of Christ, ~~Scientist's~~Scientist)~~'s public garden~~ and the Park Avenue Malls. Therefore, an assessment of direct effects on open space will be prepared, if warranted based on the results of the Shadows analysis described below in Task 5~~.~~, "Shadows." If the results of the analysis identify a potential for significant adverse impacts, potential mitigation measures will be discussed.

TASK 5: SHADOWS

Under CEQR, a shadows assessment is required for proposed actions that would result in new structures greater than 50 feet in height, or of any height if the project site is adjacent to a sunlight-sensitive resource. According to the *CEQR Technical Manual*, sunlight-sensitive resources include publicly accessible parks and plazas, sunlight-dependent features of historic resources such as stained-glass windows, Greenstreets (planted areas in traffic islands), and natural resources such as water bodies and wetlands.

The With Action condition would reach a maximum building height of approximately 436 feet on Projected Development Site 1 and 75 feet on Projected Development Site 1a. In addition, the LHH campus is adjacent to ~~the Eighth Church of Christian Science public garden~~ a publicly accessible church garden at 103 East 77th Street (Eighth Church of Christ, Scientist), ~~and to~~ the Park Avenue Malls, St. Jean Baptiste Church, and the Upper East Side Historic District, which could potentially contain resources with sunlight-dependent historic architectural or landscape features. Therefore, a shadows assessment will be conducted to determine if and when project-generated shadows would reach these resources, Central Park (located further west), or any other nearby sunlight-sensitive resources, and how much of the resources would be affected by the Proposed Project.

The shadows assessment will follow the tiered methodology described in the *CEQR Technical Manual* and will include the following tasks:

- For the first tier of the screening assessment, develop a base map illustrating the P~~p~~roject S~~s~~ite in relation to publicly accessible open spaces, historic resources with sunlight-dependent

features, and natural features in the area. Determine a simple radius around the Proposed Project representing the longest shadow that could be cast.

- If there are sunlight-sensitive resources within this radius, the assessment proceeds to the second tier, which reduces the area that could be affected by project shadow by accounting for the fact that shadows can never be cast between a certain range of angles south of the Project Site due to the path of the sun through the sky at the latitude of ~~New York City~~NYC.
- If the second tier of assessment does not eliminate the possibility of new shadows on sunlight-sensitive resources, a third tier of screening assessment further refines the area that could be reached by project shadows by looking at specific representative days in each season and determining the maximum extent of shadow over the course of each representative day. For this tier, develop a three-dimensional computer model of the elements of the base map developed in the previous tiers, including the topography, existing streets and buildings, sunlight-sensitive resources, the proposed building, and the future No Action and With Action conditions.
- If the third tier of analysis does not eliminate the possibility of new shadows on sunlight-sensitive resources, conduct a detailed analysis~~: Use~~ using three-dimensional computer modeling software to determine the extent and duration of new shadows that would be cast on sunlight-sensitive resources as a result of the Proposed Project on four representative days of the year.
- Document the analysis with graphics comparing shadows resulting from the No Action condition with shadows resulting from the Proposed Project, with incremental shadows highlighted in a contrasting color. A summary table listing the entry and exit times and total duration of incremental shadow on each applicable representative day for each affected resource will be included.
- Assess the significance of any shadow impacts on sunlight-sensitive resources. If the results of the analysis identify a potential for significant adverse impacts, potential mitigation measures will be discussed.

TASK 6: HISTORIC AND CULTURAL RESOURCES

Historic and cultural resources include archaeological (buried) resources and architectural resources. According to the *CEQR Technical Manual*, a historic and cultural resources assessment is required if a project would have the potential to affect either archaeological or architectural resources.

ARCHAEOLOGICAL RESOURCES

The Proposed Project requires subsurface disturbance on the Project Site; however, as noted in the EAS, the New York City Landmarks Preservation Commission (LPC) determined in a letter dated January 27, 2022 that it has no archaeological concerns for the Project Site (see **Appendix ~~A~~C**). Therefore, no further archaeological analysis is required.

ARCHITECTURAL RESOURCES

There are no known architectural resources on the Projected Development Sites. In a comment letter dated May 6, 2022, LPC determined that it has no concerns for the buildings on the Projected Development Sites as they are not LPC-eligible properties (see **Appendix ~~A~~C**). However, there

are architectural resources in the surrounding area, including the Upper East Side Historic District (State and National Registers of Historic Places [S/NR]-listed and a designated New York City Historic District [NYCHD]) that is located to the west, south, and north of the LHH block and the St. Jean Baptiste Church and Rectory (S/NR-listed and a designated New York City Landmark [NYCL]) that is located to the southeast across the intersection of East 76th Street and Lexington Avenue from the LHH block. Therefore, consistent with the *CEQR Technical Manual*, the EIS will include an architectural resources analysis.

The following tasks will be undertaken as part of this analysis:

- Select the study area for architectural resources, which will be the area located within 400 feet from the borders of the Projected Development Sites.
- Map and briefly describe known architectural resources in the study area. Consistent with the guidance of the *CEQR Technical Manual*, designated architectural resources include: ~~New York City Landmarks~~NYCLs, Interior Landmarks, Scenic Landmarks, and ~~New York City Historic Districts~~NYCHDs; resources calendared for consideration as one of the above by LPC; resources listed on or formally determined eligible for inclusion on the ~~State and/or National Registers of Historic Places~~S/NR, or contained within a district listed on or formally determined eligible for listing on the Registers; resources recommended by the New York State Board for listing on the Registers; and National Historic Landmarks.
- Conduct a field survey by an architectural historian of the study area to determine whether there are any potential architectural resources that could be affected by the Proposed Project. Potential architectural resources comprise properties that appear to meet the eligibility criteria for NYCL designation and/or S/NR listing. The field survey will be supplemented, as necessary, with research at relevant repositories, online sources, and current sources prepared by LPC and the New York State Office of Parks, Recreation, and Historic Preservation (OPRHP). Determination~~s~~ of eligibility from LPC will be requested for any potential architectural resources.
- Assess the potential impacts of the Proposed Project on any identified architectural resources, including visual and contextual changes as well as any direct physical impacts. Potential impacts will be evaluated through a comparison of the future No Action condition and future With Action condition, and a determination will be made as to whether any change would alter or eliminate the significant characteristics of the resource that make it important.
- If the Proposed Project pursues state financing or other actions, a review pursuant to Section 14.09 of the New York State Historic Preservation Act or Section 106 of the National Historic Preservation Act will be conducted in consultation with OPRHP/State Historic Preservation Office (SHPO).

TASK 7: URBAN DESIGN AND VISUAL RESOURCES

According to the methodologies of the *CEQR Technical Manual*, if a project requires actions that would result in physical changes to a project site beyond those allowed by existing zoning and which could be observed by a pedestrian from street level, a preliminary assessment of urban design and visual resources should be prepared. The Proposed Project includes a zoning map amendment and zoning text amendments to allow additional floor area and special permits for height and setback and a transit improvement bonus. These zoning actions would change the urban design and visual character of the Project Site. Therefore, a preliminary assessment of urban

design and visual resources will be prepared to determine whether the Proposed Project, in comparison to the No Action condition, would create a change to the pedestrian experience that is sufficiently significant to require greater explanation and further study.

The analysis will be undertaken based on the *CEQR Technical Manual* methodologies, as follows:

- Following the guidelines of the *CEQR Technical Manual*, the study area for the preliminary assessment of urban design and visual resources will be consistent with that of the study area for the analysis of land use, zoning, and public policy. As necessary, the delineation of the study area will take into consideration any more distant views of the Proposed Project. A description of visual resources in the study area and view corridors, if any, will be provided.
- The preliminary assessment will include a concise narrative and graphics depicting the existing Project Site, the future No Action condition, and the future With Action condition. The assessment will present photographs of the Project Site and the study area, an aerial photograph of the study area, depictions of the Proposed Project~~,~~ (including project drawings and site plans), and view corridor assessments.
- The preliminary assessment will determine whether the Proposed Project, in comparison to the No Action condition, would create a change in the pedestrian experience that would result in significant adverse impacts to urban design and visual resources.

A detailed urban design and visual resources analysis would be prepared if warranted based on the findings of the preliminary assessment. The detailed analysis would describe the Proposed Project and the urban design and visual resources of the surrounding area. The analysis would describe the potential changes that could occur to urban design and visual resources in the With Action condition, in comparison to the No Action condition, focusing on the changes that could negatively affect a pedestrian's experience of the area.

If necessary, mitigation measures to avoid or reduce potential significant adverse impacts will be identified.

The *CEQR Technical Manual* recommends an analysis of pedestrian wind conditions for projects that would result in the construction of large buildings at locations that experience high wind conditions (such as along the waterfront, or other locations where winds from the waterfront are not attenuated by buildings or natural features), which may result in an exacerbation of wind conditions due to "channelization" or "downwash" effects that may affect pedestrian safety. The Proposed Project would not result in the construction of a large building at a location that would experience high wind conditions. Therefore, a pedestrian wind analysis is not warranted.

TASK 8: HAZARDOUS MATERIALS

This chapter will address the potential presence of hazardous materials, petroleum products, and/or other environmental concerns on the property, as well as necessary measures that would be required, either prior to or during construction and/or operation of the Proposed Project, to avoid significant adverse effects. A Phase I Environmental Site Assessment (ESA) will be prepared and used to summarize the potential for hazardous materials at the site. Based on the results of the Phase I ESA, the lead agency~~,~~ and the New York City Department of Environmental Protection (DEP) may require ~~preparation~~ implementation of a Phase II Subsurface Investigation (laboratory analysis of soil, groundwater, and soil vapor samples) during the CEQR process. In advance of conducting the testing, a Work Plan for the investigation will need to be submitted to the agencies

for approval. ~~Regardless of~~Based on the results of the testing, DEP will require preparation of a Remedial Action Plan (RAP) and associated Construction Health and Safety Plan (CHASP) for implementation during construction. The plans would be based on the results of the environmental assessments and proposed development plans. If necessary, an (E) Designation, in accordance with the *CEQR Technical Manual*, Section 11-15 (Environmental Requirements) of the Zoning Resolution of the City of New York and Chapter 24, Title 15, of the Rules of the City of New York governing the placement of (E) Designations, will be placed on the property.

TASK 9: WATER AND SEWER INFRASTRUCTURE

According to the *CEQR Technical Manual*, an analysis of an action's impact on the water supply system should be conducted only for actions that would have exceptionally large demand for water, such as power plants, very large cooling systems, or large developments. In addition, analysis should be conducted if the project is located in an area that experiences low water pressure (e.g., areas at the end of the water supply distribution system such as the Rockaway Peninsula and Coney Island). The Proposed Project does not meet any of these criteria, and therefore, as concluded in the EAS, an analysis of water supply is not warranted.

According to the guidelines of the *CEQR Technical Manual*, a preliminary analysis of wastewater and stormwater conveyance and treatment is warranted if a project is located in a combined sewer area and would have an incremental increase above the No Action condition of 1,000 residential units or 250,000 sf of commercial, public facility, institution, and/or community facility space in Manhattan. Since the Proposed Project would produce a building exceeding this threshold, with an incremental increase of ~~629,300~~–639,300 gsf of institutional floor area, an analysis of wastewater and stormwater conveyance and treatment will be performed.

Additionally, coordination with DEP's Bureau of Water and Sewer Operations will be made regarding the proposed utility tunnel under 77th Street and the potential need to relocate water or sewer lines. Any necessary commitments or known measures needed to avoid impacts or disruptions from the tunnel construction will be included in the EIS.

TASK 10: TRANSPORTATION

Based on the *CEQR Technical Manual*, further transportation analyses may be warranted if a proposed action is anticipated to result in an incremental increase of at least 50 peak hour vehicle trips, 50 or more bus trips in a single direction on a single route, 50 Citywide Ferry Service trips, and/or 200 subway/rail/pedestrian trips. An assessment and any required analysis will be provided in the Transportation chapter of the EIS and will be subject to review and approval by the lead agency and, potentially, involved expert agencies, such as DOT or MTA. The specific transportation analysis tasks to be undertaken as part of this environmental review are outlined below.

TRAVEL DEMAND PROJECTIONS AND SCREENING ASSESSMENTS

The transportation analyses ~~for~~will follow the ~~EIS will be included~~guidelines presented in the ~~Transportation chapter of the EIS~~*CEQR Technical Manual* and will assess potential impacts associated with trip increments that could occur as a result of the Proposed Project. Travel demand projections will be prepared for the Proposed Project using standard sources, such as the *CEQR Technical Manual*, U.S. census data, approved studies, and other references. The estimates will be used to prepare the Level 1 (trip generation) and Level 2 (trip assignment) screening assessments

prescribed in the *CEQR Technical Manual*. As part of this effort, an inventory of the area's existing parking supply and utilization (within ¼ mile from the Proposed Project) will be undertaken to determine likely locations where project-generated auto trips would be accommodated. The projected trips (by auto/taxi, transit, or walk/bike, and deliveries, etc.) will be assigned to the area's transportation network to identify specific transportation elements that would be subject to further detailed analyses. The Applicant has prepared a ~~Draft~~ Travel Demand Factors (TDF) memorandum (see **Appendix ~~B~~D**) preliminarily assessing the above thresholds. The findings of these assessments, along with relevant documentation and graphics, will then be summarized in the Transportation chapter of the EIS for review and concurrence by the lead agency and, potentially, involved expert agencies, such as DOT or MTA.

TRAFFIC

Per the *CEQR Technical Manual*, further traffic analyses may be warranted if a proposed action is anticipated to result in an incremental increase of 50 or more peak hour vehicle trips. Further traffic analyses will be conducted in the Transportation chapter of the EIS to identify the potential for any intersections to have significant adverse impacts resulting from the Proposed Project. If significant adverse impacts are identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant adverse impacts, if available.

TRANSIT

As stated by the *CEQR Technical Manual*, further transit analyses may be warranted if a proposed action is anticipated to result in an incremental increase of 200 or more peak hour subway/rail trips or 50 or more bus trips in a single direction on a single route, or 50 or more Citywide Ferry Service trips. Further transit analyses will be conducted in the Transportation chapter of the EIS to identify the potential for any transit elements~~,~~ (i.e., subway station elements, subway lines, or bus/Citywide Ferry Service routes)~~,~~ to have significant adverse impacts resulting from the Proposed Project. If significant adverse impacts are identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant adverse impacts, if available.

PEDESTRIANS

Consistent with the *CEQR Technical Manual*, further pedestrian analyses may be warranted if a proposed action is anticipated to result in an incremental increase of 200 or more peak hour pedestrian trips. Further pedestrian analyses will be conducted in the Transportation chapter of the EIS to identify the potential for any pedestrian elements~~,~~ (i.e., sidewalks, corner reservoir areas, or crosswalks)~~,~~ to have significant adverse impacts resulting from the Proposed Project. If significant adverse impacts are identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant adverse impacts, if available.

STREET USER SAFETY ASSESSMENT

Per the *CEQR Technical Manual*, a pedestrian, bicycle, and vehicular safety assessment is warranted at any intersection that also undergoes detailed traffic or pedestrian analysis, as well as any nearby Vision Zero intersections or corridors identified by DOT. The safety assessments will

include an analysis of historic crash data for pedestrian, bicycle, and vehicle crashes; identification of any high pedestrian/bicycle crash locations, as prescribed by the *CEQR Technical Manual*; and ~~include~~ an inventory of existing safety treatments and identification of safety countermeasures at high crash locations. The safety assessments will identify any intersections that have the potential for significant adverse safety impacts resulting from the Proposed Project. If significant impacts are identified in the Transportation chapter, the Mitigation chapter of the EIS will identify transportation improvement measures to mitigate the significant ~~impacts, if available.~~adverse impacts, consistent with the guidelines presented in the *CEQR Technical Manual*. ~~Site access for pedestrians and vehicles will be described, and a detailed site plan will be provided in the DEIS. The loading dock safety and operation plan will describe how the Proposed Project would manage safety for pedestrians on the sidewalk while trucks and other delivery vehicles access the proposed curb cut.~~

PARKING

Based on the *CEQR Technical Manual*, a parking study is warranted if detailed traffic analyses are conducted. The parking study will assess the parking demand of the Proposed Actions, compare it to on-site and off-site parking resources within ¼-mile of the Proposed Project, and identify and quantify any expected parking shortfalls. Since the Proposed Project is located in Manhattan south of 110th Street, it is in an area called Parking Zone 1 according to the *CEQR Technical Manual.* In Parking Zone 1, the inability of the on-site and off-site parking resources in the surrounding area to accommodate the Proposed Project's future parking demands is considered a parking shortfall but is generally not considered a significant adverse parking impact due to the magnitude of available alternative modes of transportation.

ACCESS MANAGEMENT

A detailed site plan will be developed consistent with access management guidance in the *CEQR Technical Manual*. The site plan will accommodate access safely and efficiently while balancing the operational and safety needs of all street users. The site plan will be included in the EIS for review and concurrence by the lead agency and, potentially, involved expert agencies, such as DOT or MTA.

TASK 11: AIR QUALITY

The projected number of project-generated vehicle trips is not expected to exceed the *CEQR Technical Manual* carbon monoxide (CO) or particulate matter (PM) analysis screening thresholds. Therefore, it is anticipated that the mobile source air quality analysis will only include a screening analysis; if any screening thresholds are exceeded, a microscale analysis of CO and/or PM mobile source emissions would be performed at the intersection(s) with the greatest number of project-generated vehicle trips. The Proposed Project would not include any off-street parking facilities other than the six ambulance bays and enlarged loading bays. Therefore, an air quality analysis of parking facilities is not warranted.

LHH currently utilizes steam from Con Edison to provide heating and hot water services~~. The Proposed Project is anticipated to~~, with the exception of certain kitchen equipment, which utilizes natural gas. Con Edison steam is also used currently for clinical needs, such as the sterilization of medical equipment or humidification of air within the HVAC system. The Proposed Project may include natural gas-fired ovens and grills for kitchen uses (hot water supplied to the proposed

kitchen would be provided by Con Edison steam as it is currently, or by electric-powered equipment). Therefore, an analysis of the potential use of this equipment for the hospital kitchen uses will be performed. The Proposed Project would utilize ~~either Con Edison steam or~~ electric-powered heating and hot water systems to provide heating and cooling, and Con Edison steam for clinical needs. As an emergency back-up, the Proposed Project may utilize an oil-fired boiler plant for heating and hot water systems, in addition to fossil-fuel emergency generators that would be used to provide electrical power. No fossil fuel-fired heating and hot water equipment would be utilized under normal operating conditions. Therefore, a stationary source analysis is not required to evaluate potential air quality associated with the Proposed Project's heating and hot water systems. An (E) Designation will be ~~provided for Projected Development Site 1 and Projected Development Site 1~~placed on the Project Site ~~ensuring~~ requiring that steam or electric-powered heating and hot water systems ~~would~~ be used to ensure there are no potential significant adverse air quality impacts from stationary sources.

~~To accommodate the new hospital building on Projected Development Site 1, it is anticipated that an existing laboratory would need to be relocated within the existing hospital complex. However, the Proposed Project would not include any new or expanded laboratories. Therefore, potential air quality effects from wet labs will be evaluated qualitatively.~~The Proposed Project would not require construction of new wet laboratories, and the types and quantities of materials that are used in the existing hospital would not be affected. However, any existing and/or relocated laboratory equipped with fume hoods within 400 feet of the proposed buildings will be evaluated to determine the potential air quality effects on the Proposed Project. An analysis will be performed to examine the estimated use of potentially hazardous materials in the laboratories, and the procedures and systems that are employed to ensure the safety of staff and the surrounding community in the event of a chemical spill. Information on chemicals and storage quantities that are used at the laboratories will be evaluated, along with information on the toxicity, volatility, and other relevant characteristics of the chemicals. Impacts from an accidental spill occurring in the laboratories will be evaluated using the information provided and the procedures and methodologies contained in the *CEQR Technical Manual*. Maximum concentrations will be compared with the Short-Term Exposure Levels (STELs) or ceiling levels recommended by the National Institute for Occupational Safety and Health (NIOSH) and the United States Occupational Safety and Health Administration (OSHA) for the chemicals examined. Where necessary, restrictions will be implemented via an (E) Designation to reduce any potential impacts below levels of concern.

As there are no known large and major sources of emissions within 1,000 feet of the Proposed Project, as defined in the *CEQR Technical Manual*, no air quality analysis of such sources is required.

A review of DEP and New York State Department of Environmental Conservation (NYSDEC) air permits will be performed to determine whether there are any permitted industrial sources of emissions within the 400-foot study area. If any permitted industrial sources are identified, an analysis will be performed following the procedures outlined in the *CEQR Technical Manual*.

See also **Appendix E**, "Air Quality Methodology Memorandum."

TASK 12: GREENHOUSE GASES AND CLIMATE CHANGE

Because the Proposed Project would exceed the 350,000-gsf threshold requiring analysis of greenhouse gas (GHG) emissions, in accordance with the *CEQR Technical Manual*, ~~greenhouse gas (~~GHG~~)~~ emissions generated by the Proposed Project will be quantified, and an assessment of

consistency with the City's established GHG reduction goal will be prepared. Emissions will be estimated for the analysis year and reported as carbon dioxide equivalent (CO_2e) metric tons per year. GHG emissions other than carbon dioxide (CO_2) will be included if they would account for a substantial portion of overall emissions, adjusted to account for the global warming potential.

In addition to GHG emissions, climate change has contributed to rising sea levels and increases in storm surge and coastal flooding. An analysis of climate change is deemed warranted for projects at sites located within the 100- or 500-year flood zone. A review of the City's flood hazard information was part of the EAS. The ~~proposed site~~Project Site was found to be located over 1,000 feet outside of the nearest potential end-of-century flood hazard zone identified by the New York City Panel on Climate Change (NPCC). Therefore, the Proposed Project is unlikely to be impacted by future climate conditions, and an assessment of the potential impacts of climate change on the Proposed Project (e.g., sea level rise, flooding, etc.) is not warranted.

Relevant measures to reduce energy consumption and GHG emissions that could be incorporated into the Proposed Project will be discussed, and the potential for those measures to reduce GHG emissions from the Proposed Project will be assessed to the extent practicable.

The GHG analysis will consist of the following subtasks:

- Direct Emissions—GHG emissions from on-site boilers used for steam, heat, and hot water; any natural gas; and fuel used for on-site electricity generation (if any) will be quantified. Emissions will be based on available project-specific information regarding the Proposed Project's expected fuel use, to be provided by the project team.
- Indirect Emissions—GHG emissions from purchased electricity and/or steam generated off-site and consumed on-site during the Proposed Project's operation will be estimated.
- Indirect Mobile Source Emissions—GHG emissions from vehicle trips to and from the P~~p~~roject S~~s~~ite will be quantified using the trip distances and vehicle emission factors provided in the *CEQR Technical Manual*.
- Direct Mobile Source Emissions—GHG emissions from the Proposed Project's vehicle fleet (e.g., ambulances) will be quantified using the projected trip distances and vehicle emission factors provided in the *CEQR Technical Manual* or other more specific information if better data is identified.
- Emissions from project construction and emissions associated with the extraction or production of construction materials will be qualitatively discussed. Opportunities for reducing GHG emissions associated with construction will be considered. Should a quantified assessment of construction GHG emissions be required by the lead agency, an analysis will be performed.
- Design features and operational measures to reduce the Proposed Project's energy use and GHG emissions will be discussed and quantified to the extent that information is available.
- Consistency with recently passed ~~New York City~~NYC and New York State climate legislation will be assessed. N~~ew York City~~YC's Climate Mobilization Act and New York State's Climate Leadership and Community Protection Act have established additional GHG reduction goals along with required GHG reduction measures (i.e., building emission intensities, and requirements for rooftop solar photovoltaic installation where practicable), and emissions will be quantified with implementation of these measures.

TASK 13: NOISE

The noise analysis will examine impacts of existing noise sources (e.g., vehicular traffic from adjacent roadways and surrounding playgrounds) on the proposed noise-sensitive medical uses and the impacts of project-generated traffic on noise-sensitive land uses nearby. This will include noise monitoring to determine existing ambient noise levels. For CEQR purposes, it is assumed that a detailed analysis of the proposed development's mechanical equipment will not be required, because any ~~heating, ventilation, and air conditioning (~~HVAC~~)~~ equipment would be designed to meet applicable regulations. Consequently, the noise analysis will examine existing noise levels in the project area and the window/wall attenuation that would be required to provide acceptable interior noise levels at the Proposed Project. The subtasks are as follows:

- Select appropriate noise descriptors. Based upon CEQR criteria, the noise analysis will examine the 1-hour equivalent (L_{eq}) and the L_{10} noise levels.
- Perform a screening analysis to determine whether there are any locations where there is the potential for the Proposed Actions to result in significant noise impacts ~~(~~[e.g., doubling of n~~N~~oise passenger car equivalent (PCE)] due to project-generated traffic. If the existing noise ~~passenger car equivalent (~~PCE~~)~~ would double in the With Action condition, a detailed mobile source noise analysis would be performed.
- Select receptor locations. Receptor sites analyzed will include locations where high existing ambient noise levels could adversely affect new residential and other sensitive uses associated with the Proposed Project.
- Determine existing noise levels. If current traffic conditions are deemed representative of typical conditions, field measurements will be used to determine existing noise levels. The specific methodology and technical approach for the establishment of existing condition noise levels has been described in a memorandum submitted to the lead agency for comment and approval (see also **Appendix F**, "Noise Methodology Memorandum").
- Determine future noise levels without the Proposed Actions. At each of the receptor locations identified above, determine noise levels without the Proposed Actions using existing noise levels, acoustical fundamentals, and mathematical models.
- Determine future noise levels with the Proposed Actions. At all of the receptor locations identified above, determine noise levels with the Proposed Actions using existing noise levels, acoustical fundamentals, and mathematical models.
- Determine the amount of building attenuation required. The level of building attenuation necessary to satisfy CEQR requirements is a function of the exterior noise levels and will be determined. Projected future noise levels will be compared to appropriate standards and guideline levels. As necessary, general noise attenuation measures needed for the project building to achieve compliance with standards and guideline levels will be recommended.

~~See also **Appendix F**, "Noise Methodology Memorandum."~~

TASK 14: PUBLIC HEALTH

According to the *CEQR Technical Manual*, a public health analysis is warranted if a project would result in a significant unmitigated adverse impact in other CEQR analysis areas, such as air quality, water quality, hazardous materials, or noise. If unmitigated significant adverse impacts are identified in any of these technical areas, and the lead agency determines that a public health

assessment is warranted, an analysis will be provided for the specific technical area or areas, in accordance with *CEQR Technical Manual* guidelines.

TASK 15: NEIGHBORHOOD CHARACTER

Neighborhood character is determined by a number of factors, such as land use, urban design, visual resources, historic resources, socioeconomic conditions, traffic, and noise. Methodologies outlined in the *CEQR Technical Manual* will be used to provide a preliminary assessment of neighborhood character. This assessment would involve the following tasks:

- Based on other technical analyses, describe the predominant factors that contribute to defining the character of the neighborhood surrounding the Rezoning Area.
- Based on planned development projects, public policy initiatives, and planned public improvements, summarize changes that can be expected in the character of the area in the Future Without the Proposed Project.
- Evaluate whether the Proposed Project ~~have~~ has the potential to affect these defining features, either through the potential for a significant adverse impact or a combination of moderate effects in the relevant technical areas.

If required based on the preliminary assessment, a detailed assessment of the Proposed Project's effects on neighborhood character will be prepared.

TASK 16: CONSTRUCTION

Construction impacts, though temporary, can have a disruptive and noticeable effect on the adjacent community, as well as people passing through the area. The construction impact assessment will evaluate the duration and severity of the disruption and inconvenience to nearby areas. The construction assessment will focus on areas where construction activities may pose specific environmental problems. This assessment will describe the anticipated construction schedule and logistics, discuss on-site activities, and provide estimates of construction workers and truck deliveries.

Because the construction duration of the Proposed Project will be greater than two years, and because construction activities would occur in proximity to sensitive receptors including LHH itself and nearby residences, the Proposed Project could have substantial and extended construction effects. Large-scale projects near sensitive receptor locations with a construction duration longer than two years typically require a quantitative assessment of the potential impacts of construction activities on air quality and noise.

Technical areas to be assessed include the following:

- ***Transportation Systems.*** This assessment will consider losses in lanes, sidewalks, off-street parking, and effects on other transportation services (i.e., transit and pedestrian circulation) during the construction periods, and identify the increase in vehicle trips from construction workers and trucks. Issues concerning construction worker parking, truck staging, and potential conflicts with school buses will also be addressed. Based on the trip projections of activities associated with peak construction for the Proposed Project, an assessment of potential transportation impacts during construction will be provided. The steps identified in "Task 10: Transportation," will be followed to present this transportation screening assessment and detailed analyses. ~~The assessment will include Level 1 (Trip Generation) and~~

~~Level 2 (Trip Assignment) analyses to determine if the *CEQR Technical Manual* quantified transportation analyses thresholds (50 or more vehicle trips and/or 200 or more transit/pedestrian trips during a given peak hour) are exceeded. A separate~~ In addition to the steps in the screening assessment, a detailed analysis will be undertaken ~~if this effort identifies such a need or~~ if the project's construction activities ~~would~~ require closing, narrowing, or otherwise impeding moving lanes, roadways, key pedestrian facilities (e.g., sidewalks, crosswalks, corners/corner reservoirs), parking lanes and/or parking spaces in on-site or nearby parking lots and garages, bicycle routes and facilities, bus lanes or routes, or access points to transit in such a manner that determines that detailed analyses are ~~needed~~ warranted. ~~The Applicant is preparing a Draft Construction Travel Demand Factors (TDF) memorandum preliminarily assessing the above thresholds and geometric effects.~~ The findings of these assessments, along with relevant documentation and graphics, will then be summarized in the Construction chapter of the EIS. If detailed transportation analyses are conducted and significant impacts are identified in the Construction chapter, the Mitigation chapter of the EIS will identify construction period transportation improvement measures to mitigate the significant ~~impacts, if available~~adverse impacts, consistent with the guidelines presented in the *CEQR Technical Manual*.

- ***Air Quality.*** A detailed dispersion analysis of construction sources will be performed to determine the potential for air quality impacts on sensitive receptor locations. Air pollutant sources would include combustion exhaust associated with non-road construction engines (e.g., cranes, excavators) and trucks operating on-site, construction-generated traffic on local roadways, ~~as well as~~and on-site activities (e.g., excavation, demolition) that generate dust. The pollutants of concern include CO, PM, and nitrogen dioxide (NO_2). The potential for significant impacts will be determined by a comparison of the model predicted concentrations to the National Ambient Air Quality Standards (NAAQS), or by comparison of the predicted increase in concentrations to applicable ~~New York City~~NYC *de minimis* criteria. The air quality analysis will also include a discussion of the strategies to reduce project-related air pollutant emissions associated with construction activities.
- ***Noise and Vibration.*** This section will contain a quantitative (modeling) analysis of noise from the Proposed Project's construction activity. Appropriate recommendations will be made to comply with DEP Rules for Citywide Construction Noise Mitigation and the ~~New York City~~NYC Noise Control Code. The detailed analysis will estimate construction noise levels based on projected activity and equipment usage for various phases of construction on the Project Site~~s~~. The projected construction noise levels will be compared to existing noise levels as determined using a combination of noise level measurements and an existing conditions model validated or calibrated based on traffic counts. The noise analysis will identify potential construction noise impacts based on the intensity, duration, and location of emissions relative to nearby sensitive locations. As necessary, feasible and practicable project-specific control measures to further reduce construction noise disruption to the surrounding community will be considered.
- In addition, construction activities have the potential to result in vibration levels that may result in structural or architectural damage, and/or annoyance or interference with vibration-sensitive activities. A construction vibration assessment will be performed. This assessment will determine critical distances at which various pieces of equipment may cause damage or annoyance to nearby buildings based on the type of equipment, the building construction, and applicable vibration level criteria. Should it be necessary for certain construction equipment

to be located closer to a building than its critical distance, vibration mitigation options will be proposed.

- ***Community Facilities.*** As appropriate, ~~discuss~~ the distribution of LHH functions to other locations during construction will be discussed.
- ***Other Technical Areas.*** As appropriate, ~~discuss~~ other areas of environmental assessment will be reviewed for potential construction-related impacts, including but not limited to: historic and cultural resources, hazardous materials, open space, socioeconomic conditions, ~~community facilities, and~~ land use, and neighborhood character.

See also **Appendix G**, "Construction Methodology Memoranda."

TASK 17: ALTERNATIVES

The purpose of an Alternatives analysis in an EIS is to examine reasonable and feasible options that avoid or reduce project-related significant adverse impacts, while achieving the goals and objectives of the Proposed Project. The alternatives are usually defined once the full extent of the Proposed Project's impacts have been identified. However, the alternatives analyzed must include a No Action Alternative, as required by CEQR. The chapter may also include an alternative(s) that reduces any significant adverse impacts identified in the EIS analyses.

This chapter will assess the impacts of both envelopes as compared to the alternatives. If the Proposed Project results in unmitigated significant adverse impacts, the EIS would also include a No Unmitigated Impacts Alternative. The alternatives analyses will be qualitative, except where significant adverse impacts of the Proposed Project have been identified, or if an alternative with fewer overall impacts would nevertheless have new significant adverse impacts.

TASK 18: MITIGATION

Where significant impacts have been identified in the analyses discussed above, measures will be described to mitigate those impacts. This chapter will describe the practicable measures that could mitigate those impacts. These measures will be developed and coordinated with the responsible City and/or State agencies, as necessary. Where impacts cannot be fully mitigated, they will be disclosed as unavoidable adverse impacts.

TASK 19: EIS SUMMARY CHAPTERS

In accordance with the *CEQR Technical Manual*, the EIS would include the following summary chapters, where appropriate to the Proposed Project:

Unavoidable Adverse Impacts: which summarizes any significant adverse impacts that are unavoidable if a proposed action is implemented regardless of the mitigation employed (or if mitigation is impossible).

Growth-Inducing Aspects of the Proposed Project: which generally refer to "secondary" impacts of a proposed action that trigger further development.

Irreversible and Irretrievable Commitments of Resources: which summarizes a proposed action and its impacts in terms of the loss of environmental resources (loss of vegetation, use of fossil fuels and materials for construction, etc.) both in the immediate future and long term.

~~Any significant impacts for which no mitigation can be implemented will be presented as Unavoidable Adverse Impacts. In addition to discussions of Growth Inducing Aspects of the Proposed Project and Irreversible and Irretrievable Commitment of Resources.~~

TASK 20: EXECUTIVE SUMMARY

The EIS will include an Executive Summary, which will summarize relevant material from the body of the EIS to describe the Proposed Project, its environmental impacts, measures to mitigate those impacts, and alternatives to the Proposed Project. ✷

Attachment 1: Supplemental Project Information

Attachment 1 has been created to provide additional information regarding the planning and design of the Proposed Project. It is important to note that both massings of the Proposed Project, Envelope 1 and Envelope 2, would satisfy the purpose and need of the Proposed Project. They would provide the same number of inpatient rooms, operating rooms (ORs), and emergency department (ED) positions. They would have the same ground floor plan, entrances, loading docks, and a new bay for six ambulances. They would have the same population of patients, staff, and visitors.

A. INTRODUCTION

PURPOSE AND NEED

Lenox Hill Hospital (LHH) is an academic medical center. The Proposed Project has been designed to modernize the existing LHH and create a purpose-built hospital complex to address critical infrastructure challenges and space needs. The Proposed Project would allow LHH to meet current standards of healthcare delivery, including single-bedded patient rooms, as well as address projected future needs for an expanded ED, new and larger state-of-the-art surgical suites, and other essential clinical and support spaces.

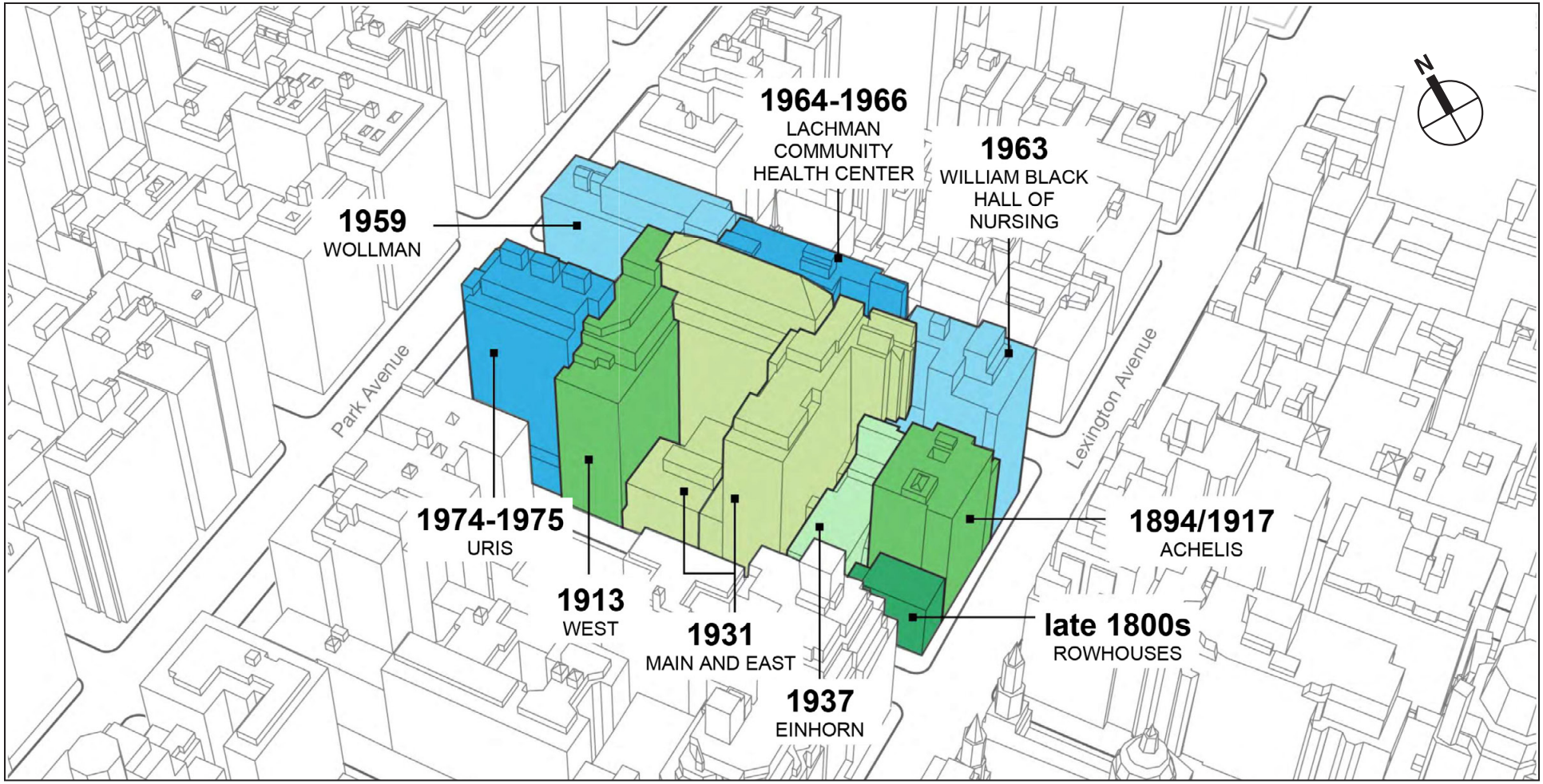
Northwell has taken into account the shift of surgery to outpatient settings and other changes in delivery of care by moving ambulatory services to outpatient settings, including the Northwell Medical Pavilion-77th Street in construction on Third Avenue, and has focused on the main campus to address the services that do require inpatient care.

The combination of projected growth in admissions and projected increases in average length of stay results in an increased need for inpatient beds over the next ten years. Therefore, LHH proposes to increase the number of beds from 450 to 475, while also transferring all of those beds into single-bedded rooms. Further, with the Proposed Project, the size and configuration of the patient rooms would be designed to provide flexibility to address the evolving nature of medical technology and patient needs as well as to assist LHH in addressing potential unanticipated events such as another public health emergency.

HOSPITAL BUILDINGS: EXISTING USES AND LIMITATIONS

Ten buildings ranging in height from 4 to 14 stories (40 to 200 feet high) and developed separately between the late 1880s and 1972 currently occupy Projected Development Site 1 (see **Figure 1-1**). The four buildings that are being demolished are not currently used to provide inpatient care and cannot be used to provide inpatient care in the future (see **Table 1-1**). The rowhouses on the corner of East 76th Street and Lexington Avenue were built in the late 1800s and house LHH's Chaplaincy and Facilities Management departments. The 1917 Achelis Building contains offices, administrative space, residency space, and on-call rooms. The Einhorn Memorial Building was constructed in 1937 and contains an auditorium. The William Black Hall of Nursing was built in

NOTE: This figure is new for the Final Scope



Source: Northwell Health

Existing Lenox Hill Hospital

1963 and houses ambulatory practices, medicine administration, and the entrance to the ED. These buildings cannot be used to provide inpatient care, now or in the future, for the following reasons: building floor-to-floor heights are inadequate for the mechanical (HVAC) infrastructure required to serve inpatient care spaces; the existing structural system(s) of the buildings is not suitable for modern imaging equipment, which is heavy and requires limited vibration in the floor to operate properly; the buildings' floors do not align with each other vertically, which has resulted in connections via stairs and prevents patient transport to and from the primary elevator core in the Main Building; a tight column grid spacing does not accommodate modern industry-standard patient rooms, imaging rooms, or ORs with appropriately sized corridor widths; and the buildings have elevators and courtyards in the center of them, which limits their use to medical offices and support rooms. The six other buildings, which serve various purposes (as outlined in **Table 1-2**) including patient care, were constructed between 1913 and 1972. The structures of these buildings pose the following challenges, which necessitate the Proposed Project: narrow building widths and the existing column grid spacing are not suitable for right-sized ORs, imaging, or procedure spaces; each building supports only a single double-loaded corridor, which prevents the separation of patients, staff, and service circulations, which is best practice in healthcare delivery and patient safety; and the buildings were designed independent of each another, which curtails flexibility and hospital growth.

Table 1-1
Existing Buildings to be Demolished

Building	Existing Uses	Constraints/Challenges
Rowhouses (late 1800s)	Chaplaincy and Facilities Management departments	Floor to floor height, narrow building width, construction type, structural capacity/vibration, inadequate means of egress, severed from all other buildings on campus, misalignment of floors to adjacent buildings
Achelis Building (1894/1917)	Offices, administrative space, residency space, and call rooms	Floor to floor height, column grid spacing, narrow building width, non-compliant means of egress, courtyard and building core elements limit floorplate efficiency, limited connection to Main Building elevators, structural capacity/vibration, misalignment of floors to adjacent buildings
Einhorn Memorial Building (1937)	Auditorium	Height (3 stories), occupancy (assembly auditorium), narrow building width, limited connection to Main Building elevators, structural capacity/vibration, misalignment of floors to adjacent buildings
William Black Hall of Nursing (1963)	Ambulatory practices, medicine administration, and the entrance to the ED	Floor to floor height, column grid spacing, narrow building width, building core elements limit floorplate efficiency, limited connection to Main Building elevators, structural capacity/vibration, misalignment of floors to adjacent buildings

Table 1-2
Existing Buildings to Remain

Building	Existing Uses
West Building (1913)	Medical/surgical inpatient units, maternal child health services, psychiatry services, pediatric services, radiology services, and ORs
Main Building (1931)	76th Street hospital entrance, radiology services, cafeteria
East Building (1931)	Intensive care units, neonatal services, nursery, post-anesthesia care units, and the ED
Wollman Pavilion (1959)	Main hospital entrance, medical/surgical/telemetry inpatient units, ORs, labor and delivery rooms, and laboratory services
Charles R. Lachman Community Health Center (1966)	Echocardiography services, nuclear stress services, maternal child health services, labor and delivery rooms, cardiothoracic surgery ORs, multiple telemetry units, the ED, and the blood bank
Percy & Harold D. Uris Building (1972)	Medical/surgical inpatient units, maternal child health services, psychiatry services, ORs, radiology services, and pediatric services

B. POPULATION FACTORS

PATIENT POPULATION, ORIGIN, AND ADMISSIONS

While LHH receives patients from all five boroughs of New York City (NYC) and beyond, its "service area," which generates the highest volume of its patients, consists of Manhattan, parts of western Queens, and parts of southern Brooklyn. These communities have a population of over 3.5 million people and have consistently shown a reliance on LHH for inpatient and ambulatory care. LHH currently treats and will continue to treat all patients regardless of their ability to pay. In the future the payer mix may shift slightly, with more Medicare patients as a result of the aging population.

Along with most hospitals in NYC, LHH experienced declining admissions over the past two decades, largely due to a shift of surgery to outpatient settings and changes in delivery of care. However, this decline is expected to change due to the aging population, programmatic growth, and increased length of stay, as discussed below. Together these trends are anticipated to result in an increased need for inpatient beds. The sizing of the future LHH is predicated on meeting the needs of the patients who rely on the hospital.

LHH's detailed analytics are based on the hospital's service area, trends in healthcare delivery, and industry-wide accepted facilities programming standards. Furthermore, LHH's sources and analytic approach have long been accepted by the New York State Department of Health (NYSDOH) for projecting statewide and regional bed need.

*EXPECTED GROWTH IN ADMISSIONS DUE TO **AGING POPULATION***

The Proposed Project focuses on the future needs and the anticipated growth in admissions due to an aging population. The population ages 65 and older (65+) is hospitalized at a significantly higher rate than the younger population due to increased incidence of diseases that are often exacerbated by chronic conditions such as heart disease, chronic obstructive pulmonary disease, diabetes, and dementia. The projected 8.5 percent growth in the 65+ population over just the next five years will result in a growth in admissions.

*INCREASE IN ADMISSIONS DUE TO **PROGRAMMATIC GROWTH***

Program development in clinical areas such as cardiac surgery and neurosurgery, which have an inpatient focus, is expected to continue to drive growth in patient volume at LHH. Programmatic growth would also include continued physician recruitment and growth in the specialty programs for which LHH is renowned such as cardiovascular, neurosciences, and women's health. Additional physicians in specialties such as cardiology, neurology, gynecology, general surgery, and cancer surgery would also drive the growth of inpatient volume.

*INCREASED INPATIENT POPULATION DUE TO **EXTENDED LENGTH OF STAY***

Concurrent with the growth in inpatient admissions is an even more significant projected increase: the average length of stay for older patients with chronic conditions and co-morbidities. According to Sg2/Vizient (a healthcare performance improvement company), inpatient days are expected to grow by 8 percent while inpatient admissions are projected to grow just 2 percent over the next 10 years. This is due to the increased complexity of cases that are expected to remain in the hospital. For tertiary services such as cancer, cardiac surgery, and neurosurgery, the inpatient days are expected to grow 17 percent.

*CHANGES IN **EMERGENCY DEPARTMENT VISITS***

NYSDOH SPARCS (Statewide Research and Planning Cooperative System)[1] admission data shows that LHH's ED volume has increased 54 percent since 2004.[2] In more recent years (2013–2023), the average annual ED volume is approximately 53,000 visits, with volume peaking in 2021 with more than 61,000 visits.

SPARCS data shows that LHH had 48,835 ED visits in 2022 and 61,058 ED visits in 2021 (17 percent higher than the 52,398 ED visits in 2011). While 2022 showed a decrease in the number of patients as compared to 2021, the overall trend over the past two decades has been an increase in ED visits of 54 percent from 2004 to 2023.

The Northwell Health Office of Strategic Planning has projected future ED needs based on national trends in ED visits and anticipated changes in the population of its service area. Specifically, there is an expectation that full-service EDs will see an increase in patient severity and complexity with the rise of retail clinics, tele-health, and other sources of care for non-emergent problems. As a result, while the number of visits may only modestly increase, the patients will require greater resources and time in the ED. Based on Northwell's population-based projection, by 2036, LHH will have approximately 62,000 ED visits. Applying industry guidance of 1,300 ED visits per patient space, the ED is expected to need 48 patient treatment spaces, as planned.

C. HOSPITAL PROGRAM FACTORS

The New York State regulations governing heath facility construction are set forth in Title 10 of the New York Codes, Rules, and Regulations (NYCRR) Subchapter C – State Hospital Code. These regulations incorporate by reference, standards and codes that have the same force and

[1] SPARCS is an all-payer data reporting system, accessed through NYSDOH, that collects information on hospital admissions.

[2] 2001–2003 SPARCS ED treat & release volume is not available.

effect as if fully set forth in the regulations. Section 712-2.4 of NYCRR Subchapter C states that general hospital construction projects constructed or approved after January 1, 2011 shall comply with Chapter 2.2, "Specific Requirements for General Hospitals," of Part 2, "Hospitals," of the 2010 edition of the Facility Guidelines Institute's (FGI's*) Guidelines for Design and Construction of Health Care Facilities* (FGI Guidelines), published by the American Society for Healthcare Engineering of the American Hospital Association, with assistance from the United States Department of Health and Human Services. This document is further referenced in 10 NYCRR § 711.2(b)(7). NYSDOH is responsible for administering these regulations and may amend them. In August 2019, NYSDOH announced that it planned to adopt the 2018 FGI Guidelines and is now conducting reviews under this edition. While there is a 2022 edition of the FGI Guidelines, NYSDOH has not announced a plan to adopt the 2022 edition, and it continues to review proposed projects under the 2018 FGI Guidelines. As a result, the Proposed Project is designed to comply with the 2018 FGI Guidelines, and any mention of "current FGI Guidelines" refers to the 2018 edition that NYSDOH currently uses to evaluate projects.

EXISTING PATIENT ROOMS

LHH currently has 311 patient rooms containing 450 beds (139 double-bedded rooms and 172 single-bedded rooms). The inpatient bed program currently occupies a total of 177,030 square feet (sf).[3] Many of the existing rooms do not comply with the current FGI Guidelines' requirements.

FGI GUIDELINES FOR PATIENT ROOMS

The FGI Guidelines provide minimum requirements for the space and contents of various types of patient rooms. The largest component of patient rooms is the "clear floor area," which is defined by the FGI Guidelines as "the floor area of a defined space that is available for functional use excluding toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, anterooms, and auxiliary work areas." In addition to clear floor area, the FGI Guidelines dictate how much clearance space is required between the bed and other elements of the room (e.g., walls, fixed obstructions) for circulation, patient transfer, and medical equipment. The FGI Guidelines also require that patient rooms contain toilet facilities, which must be accessible and Americans with Disabilities Act (ADA)-compliant in NYC, and other components such as cabinets for patient storage. In addition, where a hospital's functional program includes patient/family-centered care, the FGI Guidelines indicate that this space should include movable seating with a minimum of one seat for a family member or caregiver and one seat for the patient, and space for at least one chair that can be used for extended sitting and sleeping accommodations, such as a sleeper sofa for overnight stays. Further, critical care patient rooms must have space within or immediately outside of the room that is dedicated to that room for documentation, information review, observation, and other care-related uses.

[3] The inpatient bed program square footage refers to the total area inclusive of partitions, columns, department rooms, and department corridors. The rooms in the inpatient bed program include patient rooms, nurse/supervisor offices, nurse stations, multipurpose rooms, medication safety zones/rooms, nourishment spaces, clean supply rooms, soiled workrooms/storage, equipment storage rooms, environmental services rooms, nursing and care team locker rooms and lounges, and family lounges/support.

PROPOSED FLOOR-TO-FLOOR HEIGHTS

The floor-to-floor height of levels 1 to 10 match the height of the floors in the existing hospital to allow for seamless connection between the new and existing hospital buildings. The height of OR floors 11 to 13 is approximately 18 feet. This is inclusive of a minimum ceiling height of 10 feet plus the ceiling cavity. Eighteen feet is in line with industry standard OR floor-to-floor heights (17 to 18.5 feet) and is designed to accommodate increased mechanical ductwork, allowing for the appropriate air change rates in the ORs, building structural girders, ceiling-mounted equipment and lighting booms, and large fixed or mobile imaging equipment that requires clear ceiling dimension to function within the room. The floors above the ORs are composed of primarily patient rooms. Patient rooms require significant mechanical ductwork above a minimum ceiling height of 9 feet to accommodate bedside medical equipment and/or ceiling-mounted patient handling lifts. The height of these floors is 16 feet, which is consistent with industry standard patient room floor-to-floor heights (14 to 16 feet). The Proposed Project would be served by a 35-foot mid-level mechanical floor and upper-level mechanical floors totaling 50 feet in height. The mechanical equipment area and volume allocations are consistent with benchmarking for modern day hospitals. Coordination of equipment sizes, mechanical and electrical distribution, and building structure dictates the required floor-to-floor heights for mechanical equipment.

PROPOSED PATIENT ROOMS

The Proposed Project would provide 475 single-bedded rooms in a total of 412,214 sf (including dedicated support space). The existing rooms to continue in use would be brought into compliance with the current FGI Guidelines; the 139 double-bedded rooms would be converted to single-bedded rooms; and the size of all of the patient rooms would both meet the minimum requirements of the current FGI Guidelines and reflect industry standards. Single-bedded rooms are expected to reduce transmission of infectious diseases, provide space for modern hospital equipment to be brought into the rooms when needed, provide sufficient space for family members and other visitors, and enhance patients' privacy. These factors have been shown to improve patient outcomes relative to multiple-occupancy rooms.

The Proposed Project's patient rooms are designed to meet the current FGI Guidelines' specifications for critical care rooms to allow for future flexibility of room usage in anticipation of potential changes in the patient population's needs and acuity. With the Proposed Project, all patient rooms would have a clear floor area of approximately 215 sf.[4] This size complies with the 200 sf of clear floor area required for critical care rooms, and also accommodates family/caregiver space in support of LHH's functional program, which includes patient/family-centered care. The other room elements required by the FGI Guidelines, including the patient toilet room, clinical storage, handwash sink, and storage for patient belongings, account for approximately 65 sf. Together, these components of the interior of the patient room total 280 feet. In addition, approximately 60 sf immediately outside of each room would be dedicated care team space and used for observation, documentation, information review, personal protective equipment and

[4] Room square footages are "net" square footages, meaning they do not include the square footage occupied by walls.

supply storage, and access to the patient room door. This care team space is important for patient monitoring and rounding, as it ensures that doctors and nurses can quickly identify patients in distress or discomfort. Providing this space outside of the room is industry standard and is preferred because it reduces patient disruption by allowing the care team to monitor the patient without having to enter the room.

The Proposed Project's patient rooms, including the clear floor area, the additional elements described above (i.e., toilet, storage, family/caregiver space), and the adjacent, dedicated care team space that is outside of each patient room, total approximately 340 sf.

EXISTING OPERATING ROOMS

LHH has three types of ORs: general, image-guided/specialized, and hybrid ORs.

General ORs are used for procedures that do not require large or specialized equipment; they are not designed to accommodate specialty procedures or surgeries requiring large imaging equipment or advanced technologies.

Image-guided/specialized ORs are sized to accommodate mobile imaging equipment or procedures requiring additional personnel and/or large equipment such as orthopedic, neurological, and cardio-thoracic procedures. Mobile equipment can include C-arm imaging, robotics, perfusion machines, and additional sterile equipment carts as required for specialized or multidisciplinary procedures.

Hybrid ORs are sized to accommodate permanently installed imaging equipment. Equipment is sometimes designed to move in and out of the surgical field on a floor or ceiling track that allows the technology to be parked away from the surgical zone when not in use. Other hybrid ORs may be designed with fixed imaging equipment and two surgical fields within the same room. A separate systems component room and control room for the imaging equipment, with a view of the operating field, is required. Because the design of the room depends on the capabilities of the imaging equipment, these rooms have highly specialized spatial requirements and are larger than general and image-guided/specialized ORs.

Inpatient hospitals have been increasingly planning for larger ORs, including image-guided/specialized and hybrid ORs, as patient populations become sicker and have higher acuity. General ORs are now more prevalent in outpatient settings where surgeries are less complex, and patients are healthier. The majority of the existing LHH ORs and support spaces do not comply with the current FGI Guidelines.

LHH's 21 existing general ORs have an average size of 405 sf,[5] ranging in size from 305 to 480 sf. Eight are below the 400 sf minimum in the current FGI Guidelines.

The existing image guided ORs have an average size of 523 sf, ranging in size from 470 to 625 sf. Two of the three image guided ORs are below the 600 sf minimum in the current FGI Guidelines.

[5] Room square footages are "net" square footages, meaning they do not include the square footage occupied by walls, building façade, or columns.

The one existing hybrid OR is 830 sf, which is sufficient to accommodate the equipment currently used in that OR; however, it is not large enough to accommodate larger or varied equipment that is becoming available with medical advances.

Given the increasing reliance on imaging and other types of equipment during surgical procedures, the hospital needs more than one hybrid OR to be able to offer procedures using state-of-the-art equipment.

FGI GUIDELINES FOR OPERATING ROOMS

The FGI Guidelines set forth minimum sizes and specifications for different types of ORs and support spaces. As part of the Proposed Project, the existing ORs and support spaces would be brought into compliance with the current FGI Guidelines and would reflect industry standards. As a result, the surgical department would go from 25 ORs occupying a total of approximately 55,225 sf to 30 ORs occupying a total of approximately 131,835 sf.[6]

PROPOSED OPERATING ROOMS

The Proposed Project's surgical department is designed to meet the current FGI Guidelines' specifications for image-guided/specialized and hybrid ORs to allow for future flexibility of room usage in anticipation of changes in the patient population's needs and acuity. The Proposed Project would have 30 ORs ranging in size from approximately 630 to 1,000 sf, three of which would be hybrid ORs. The average size of the proposed image-guided/specialized ORs would be 700 sf, and the hybrid ORs would be approximately 1,000 sf to ensure that advancements in equipment and technology can be accommodated. In addition, the Proposed Project would include a right-sized pre- and post-operative patient care suite[7] that meets current FGI Guidelines and includes patient cubicles, patient toilet rooms, nursing support space, and clinical supply and storage rooms. The Proposed Project's surgical department would also have appropriately sized equipment storage, clean supply and sterile core storage, soiled holding and surgical case cart storage, and staff locker rooms and workspace.

The minimum ceiling heights of the new ORs would be 10 feet with floor-to-floor heights of approximately 18 feet to accommodate this newer and larger equipment.

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[6] The departmental square footage refers to the total area of a programmed department inclusive of partitions, columns, department rooms, and department corridors. Surgical department rooms include ORs, a pre- and postoperative patient care suite (see note 7 below), staff locker rooms and lounges, nurse control stations, hand-scrub facilities, emergency equipment storage, clean linen storage, wheelchair and small equipment storage, medical gas storage, large mobile equipment storage, human specimen storage (as required), environmental services rooms, soiled workrooms/holding, OR clean equipment and supply storage, patient belonging storage, and family/caregiver waiting areas/lounges.

[7] Support rooms and spaces associated with this suite include pre- and post-operative patient care cubicles, nurse stations with documentation space, clinical sink space, medication safety zones, nourishment areas, ice-making equipment space, soiled linen and waste holding, emergency equipment storage, equipment and clean supply storage rooms, toilet rooms, and family/caregiver seating accommodations.

D. CONSTRUCTION DURATION

LHH performed extensive analyses of varied construction phasing in order to minimize the duration of construction. The projected duration has already been reduced to approximately nine years. The Proposed Project's construction schedule assumes relocation of most outpatient services on the main hospital block to other facilities, including the Northwell Medical Pavillion-77th Street site. LHH will focus on providing inpatient care on Projected Development Site 1 during and after construction. Further relocation of patients and physicians during construction is logistically impractical. Inpatient clinical teams require proximity to other programs and services in order to provide optimal interdisciplinary care, and therefore cannot be relocated to other hospitals. Even temporarily, this relocation could impact the quality of patient care.

HOSPITAL OPERATIONS DURING CONSTRUCTION

It is not feasible for LHH to simply close for a period of time in order to shorten construction time. Closing a hospital in New York State is a highly regulated process, would result in a significant disruption in care, and is only undertaken when there are significant financial strains. In terms of the population served, many of the patients treated at LHH are part of a care continuum. They see primary care physicians and specialists that are in the Lenox/Northwell network of care, and LHH is an important part of this continuum. Physicians associated with LHH, many of whom have located their offices in proximity to LHH, cannot round on patients or perform emergent interventions in a timely manner if their patients are located in a hospital that is farther away or in another neighborhood—much less outside of Manhattan. Further, the hospital cannot simply tell its doctors, nurses, staff, and other employees to find other work during the years of construction; over 4,000 people would be out of a job during the construction. ✷

Appendix A
Response to Comments on the Final Scope of Work
All comments are grouped first by category, then by alphabetical order.

A. INTRODUCTION

This appendix to the Final Scope of Work (Final Scope) summarizes and responds to substantive comments received during the public comment period for the Draft Scope of Work (Draft Scope), issued on January 30, 2023, for the Draft Environmental Impact Statement (DEIS) for the proposed Lenox Hill Hospital (LHH) Redevelopment project (the Proposed Project).

City Environmental Quality Review (CEQR) requires a public scoping meeting as part of the environmental review process. A public scoping meeting was held on March 2, 2023; to continue to allow for broad public participation, the New York City Department of City Planning (DCP) conducted the public scoping meeting remotely. The comment period remained open until 5:00 PM on March 13, 2023.

Section B lists the organizations and individuals that provided comments relevant to the Draft Scope. Section C contains a summary of these relevant comments and a response to each. These summaries convey the substance of the comments made, but do not necessarily quote the comments verbatim. Comments are organized by subject matter and generally parallel the chapter structure of the Draft Scope. Where more than one commenter expressed similar views, those comments have been grouped and addressed together. All written comments are included in **Appendix B**, "Written Comments Received on the Draft Scope of Work."

Where relevant, in response to comments on the Draft Scope, changes have been made and are shown with double underlines in the Final Scope.

The Draft Scope only considered the Proposed Project with what is now known as Envelope 1. In response to comments regarding the height of the new hospital building on Lexington Avenue, the Applicant developed a second building massing (Envelope 2) that would reduce the height along the Lexington Avenue frontage. Therefore, two building envelopes are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000-gross-square-foot (gsf) building fronting on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000-gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either Envelope 1 or Envelope 2.

Under Envelope 1, the portion of the new hospital building within 180 feet of Lexington Avenue would rise to a total height of up to 436 feet, inclusive of screened mechanical bulkheads. Under Envelope 1, the portion of the new hospital building at the midblock (180 feet west of Lexington Avenue) could rise to a height of approximately 210 feet, consistent with the highest floors currently existing in the midblock portion of Projected Development Site 1.

Under Envelope 2, the new hospital building would be reduced in height along the Lexington Avenue frontage, but the midblock portion would be taller than under Envelope 1. In particular, the portion of the new hospital building within 180 feet of Lexington Avenue would be reduced

from the height of Envelope 1 by 41 feet, to a total height of up to 395 feet, inclusive of screened mechanical bulkheads. To accommodate the hospital's programmatic needs, the midblock would be taller than under Envelope 1, rising to a height of 360 feet.

The program, project population (staff, patients, visitors), site access, zoning actions, and construction duration would be the same for both Envelope 1 and Envelope 2. Envelope 1 and Envelope 2 are further described in the Final Scope and will be considered in the Environmental Impact Statement (EIS).

B. LIST OF COMMENTERS ON THE DRAFT SCOPE OF WORK

COMMUNITY BOARD

1. Russell Squire, Chair, Community Board 8, email dated March 13, 2023 (Squire_CB8_036)
2. Kevin Wu, Community Associate, Community Board 8, email dated March 13, 2023 (Wu_CB8_037)

ELECTED OFFICIALS

3. Jumaane D. Williams, Public Advocate, City of New York, email dated March 13, 2023 (Williams_PANY_078)

BUSINESSES AND ORGANIZATIONS

4. Dajaire Blunt, Local 79, oral comments delivered March 3, 2023 (Blunt_169)
5. Ruben Colon, New York District Council of Carpenters, oral comments delivered March 3, 2023 (Colon_177)
6. Kate Cunningham, Director, Government and External Affairs, New York Building Congress, email dated March 6, 2023 (Cunningham_NYBC_019)
7. Faith Daniel, Community Voices for Health Accountability, oral comments delivered March 3, 2023 (Daniel_174)
8. Vaseah Dupree, Local 79, oral comments delivered March 3, 2023 (Dupree_168)
9. Jill Ehrenberg, Nominating Committee Chair, The Auxiliary of Lenox Hill Hospital, email dated March 3, 2023 (Ehrenberg_ALHH_004)
10. Infinite George, Local 79, oral comments delivered March 3, 2023 (George_166)
11. Fred Hyde, Fred Hyde & Associates, Inc.; Committee to Protect Our Lenox Hill Neighborhood, oral comments delivered March 3, 2023, and email dated March 6, 2023 (Hyde_CPOLHN_041, Hyde_CPOLHN_158)
12. George M. Janes, AICP, George M. Janes & Associates, email dated March 13, 2023 and oral comments delivered March 3, 2023 (Janes_GMJA_042, Janes_GMJA_154)
13. Rachel Levy, Executive Director, FRIENDS of the Upper East Side Historic Districts, oral comments delivered March 3, 2023 and email dated March 13, 2023 (Levy_FRIENDS_082, Levy_FRIENDS_173)
14. Karen Meara, Partner, Carter Ledyard & Milburn LLP; Committee to Protect our Lenox Hill Neighborhood, oral comments delivered March 3, 2023 and email dated March 12, 2023 (Meara_CPOLHN_040, Meara_CPOLHN_150)
15. Calvert Saunders Moore, President and CEO, Ivor and Company, oral comments delivered March 3, 2023, email dated March 9, 2023, and letter dated March 9, 2023 (Saunders Moore_148, Saunders Moore_185, Saunders Moore_187)

16. Justin Pascone, Vice President, New York Building Congress, oral comments delivered March 3, 2023 (Pascone_NYBC_172)
17. Michael Picarillo, Carpenters Union, oral comments delivered March 3, 2023 (Picarillo_170)
18. Grace Polk, Clerk, Eighth Church of Christ, email dated March 12, 2023 (Polk_ECOC_060)
19. Sharon Pope-Marshall, CIVITAS, oral comments delivered March 3, 2023 and email dated March 13, 2023 (Pope-Marshall_CIVITAS_039, Pope-Marshall_CIVITAS_182)
20. Andrew Ravaschiere, Board Member, East Side Neighbors NYC Association, email dated March 13, 2023 (Ravaschiere_ESN_135)
21. James Robinson, Local 79, oral comments delivered March 3, 2023 (Robinson_167)
22. Nicholas Tappert, Committee to Protect Our Lenox Hill Neighborhood, oral comments delivered March 3, 2023 (Tappert_CPOLHN_152)
23. Miguel Torres, New York City Carpenters Union, oral comments delivered March 3, 2023 (Torres_179)
24. Lois J Uttley, Community Voices for Health System Accountability, email dated March 3, 2023 and oral comments delivered March 3, 2023 (Uttley_CVHSA_003, Uttley_CVHSA_157)
25. Lo van der Valk, Carnegie Hill Neighbors, oral comments delivered March 3, 2023 and email dated March 13, 2023 (van der Valk_CHN_093, van der Valk_CHN_181)

GENERAL PUBLIC

26. Court Anderson, email dated March 3, 2023 (Anderson_033)
27. Jennifer Anderson, email dated March 9, 2023 (Anderson_100)
28. Kenneth Anderson, email dated March 9, 2023 (Anderson_136)
29. David Arcara, email dated March 11, 2023 (Arcara_066)
30. Jackie Auerbach, email dated March 9, 2023 (Auerbach_086)
31. Frances Beatty, email dated March 13, 2023 (Beatty_111)
32. Ellen Bilgore, emails dated March 3, 2023, March 4, 2023, and March 11, 2023 (Bilgore_005, Bilgore_026, Bilgore_077)
33. Michael Bilgore, email dated March 13, 2023 (Bilgore_138)
34. Michele Birnbaum, email dated March 5, 2023, and oral comments delivered March 3, 2023 (Birnbaum_025, Birnbaum_163)
35. Elizabeth Botvin, email dated March 11, 2023 (Botvin_103)
36. Victoria Boyd, email dated March 8, 2023 (Boyd_002)
37. James H. Brandi, email dated March 10, 2023 (Brandi_119)
38. Peter Brereton, oral comments delivered March 3, 2023 (Brereton_176)
39. Katy Brodsky Falco, email dated March 9, 2023 (Brodsky_Falco_126)
40. Judith Burdy, oral comments delivered March 3, 2023 (Burdy_184)
41. Suzanne Byowitz, email dated March 13, 2023 (Byowitz_065)
42. Richard Campen, email dated March 13, 2023 (Campen_043)
43. Pinto Carole, email dated March 13, 2023 (Carole_068)
44. James Cohen, email dated March 12, 2023 (Cohen_121)
45. Holly Corbett, email dated March 13, 2023 (Corbett_096)
46. Dianne Crary, email dated March 3, 2023 (Crary_014)
47. Dana Creel, email dated March 13, 2023 (Creel_144)
48. Edgar M. Cullman, Jr, email dated March 3, 2023 (Cullman_022)
49. Chris Curtin Barnes, email dated March 13, 2023 (Curtin_Barnes_139)

50. Sarah Daly, email dated March 13, 2023 (Daly_044)
51. David Dangoor, email dated March 10, 2023 (Dangoor_046)
52. Walter L. Deane, email dated March 9, 2023 (Deane_049)
53. Maureen Dinger, email dated March 9, 2023 (Dinger_089)
54. Jane Droppa, email dated March 9, 2023 (Droppa_106)
55. Dion Ehrlich, email dated March 13, 2023 (Ehrlich_110)
56. Heywood Epstein, email dated March 13, 2023 (Epstein_051)
57. Evelyn Finster, email dated March 13, 2023 (Finster_099)
58. Patricia Garbutt, email dated March 13, 2023 (Garbutt_045)
59. Andrew Gaspar, oral comments delivered March 3, 2023 (Gaspar_159)
60. Simeon Gold, email dated March 4, 2023 (Gold_008)
61. Heide Gold, email dated March 13, 2023 (Gold_059)
62. Carole Goldfeld, email dated March 13, 2023 (Goldfeld_107)
63. Ann M. Goodbody, email dated March 11, 2023 (Goodbody_088)
64. Jay Grossman, email dated March 6, 2023 (Grossman_001)
65. Ursula Hautle-Striker, email dated March 13, 2023 (Hautle-Striker_072)
66. Jojo Herzig, email dated March 13, 2023 (Herzig_128)
67. Deegan Hockstein, email dated March 13, 2023 (Hockstein_118)
68. Robert Hoguet, email dated March 13, 2023 (Hoguet_104)
69. Susan Stat Holiday, email dated March 6, 2023 (Holiday_015)
70. Ruth Holzer, oral comments delivered March 3, 2023 and email dated March 12, 2023 (Holzer_064, Holzer_164)
71. Robert Houget, oral comments delivered March 3, 2023 (Houget_180)
72. Suzanna Hoyt, email dated March 7, 2023 (Hoyt_146)
73. Al Hurley, oral comments delivered March 3, 2023 (Hurley_156)
74. Brooke Janis, emails dated March 7, 2023 and March 9, 2023 (Janis_023, Janis_087)
75. Michele B. Jeffrey, email dated March 3, 2023 (Jeffrey_020)
76. Keith Jones, email dated March 13, 2023 (Jones_108)
77. Barry Kingham, email dated March 10, 2023 (Kingham_038)
78. Franziska Klebe, email dated March 13, 2023 (Klebe_073)
79. Sharon Korman, email dated March 4, 2023 (Korman_018)
80. Lewis J. Korman, emails dated March 4, 2023 and March 9, 2023 (Korman_027, Korman_105)
81. Sharon Korman, email dated March 10, 2023 (Korman_070)
82. Ellen and Albert Kruger, email dated March 9, 2023 (Kruger_081)
83. Stacy Krusch, email dated March 2, 2023 and oral comments delivered March 3, 2023 (Krusch_032, Krusch_155)
84. Barbara W. Kummel, email dated March 12, 2023 (Kummel_075)
85. Jane Kutnick, email dated March 13, 2023 (Kutnick_149)
86. Mimi Lamia, email dated March 10, 2023 (Lamia_120)
87. Donald Layton, email dated March 13, 2023 (Layton_095)
88. Anki Leeds, email dated March 11, 2023 (Leeds_145)
89. Richard D. Lester, email dated March 4, 2023 (Lester_009)
90. Anonymous, email dated March 13, 2023 (Anonymous_142)
91. Lisa Lippman, emails dated March 3, 2023 and March 9, 2023 (Lippman_031, Lippman_117)
92. Yvonne Logan, email dated March 9, 2023 (Logan_134)
93. Devon MacEachron, email dated March 3, 2023 (MacEachron_017)

94. Daniel MacEachron, email dated March 11, 2023 (MacEachron_097)
95. Elizabeth Maher, email dated March 13, 2023 (Maher_101)
96. Laurence Maisel, email dated March 13, 2023 (Maisel_140)
97. Auroni Majumdar, emails dated March 9, 2023 and March 10, 2023 (Majumdar_052, Majumdar_109)
98. Carol Malone, email dated March 12, 2023 (Malone_113)
99. Alan Manheimer, email dated March 13, 2023 (Manheimer_122)
100. Nancy Meyrich, email dated March 9, 2023 (Meyrich_115)
101. Len Morgan, email dated March 13, 2023 (Morgan_067)
102. Anne Namm, email dated March 3, 2023 (Namm_010)
103. Jamie Olken, emails dated March 4, 2023 and March 13, 2023 (Olken_034, Olken_047)
104. Steve Olken, email dated March 13, 2023 (Olken_054)
105. Ingrid Ongaro, email dated March 9, 2023 (Ongaro_076)
106. Brigitte Osborne, email dated March 3, 2023 (Osborne_016)
107. Peter Pfeffer, email dated March 11, 2023 (Pfeffer_061)
108. Carole Pinto, email dated March 4, 2023 (Pinto_007)
109. Katherine Post, emails dated March 4, 2023, March 9, 2023, and March 13, 2023 ((Post_012, Post_083, Post_084, Post_085)
110. Rachel Potasznik, emails dated March 3, 2023 and March 9, 2023 (Potasznik_011, Potasznik_050)
111. Adrienne Quirolo, email dated March 12, 2023 (Quirolo_143)
112. Patricia Raciti, email dated March 13, 2023 (Raciti_114)
113. Donna K. Ramer, email dated March 12, 2023 (Ramer_053)
114. Amy Rappoport McKenna, oral comments delivered March 3, 2023 and email dated March 8, 2023 (Rappoport McKenna_141, Rappoport McKenna_162)
115. Stephanie Reckler, oral comments delivered March 3, 2023 and email dated March 13, 2023 (Reckler_129, Reckler_161)
116. Nicholas Reece, email dated March 3, 2023 and oral comments delivered March 3, 2023 (Reece_028, Reece_160)
117. Gail Hunt Reeke, email dated March 13, 2023 (Reeke_062)
118. David Reid, email dated March 13, 2023 (Reid_071)
119. Shirley Romig, email dated March 13, 2023 (Romig_131)
120. Brandon Rose, email dated March 10, 2023 (Rose_125)
121. Susannah Rose, email dated March 13, 2023 (Rose_124)
122. Peggy Rosenblatt, oral comments delivered March 3, 2023 and email dated March 13, 2023 (Rosenblatt_130, Rosenblatt_175)
123. Paul K. Rowe, email dated March 13, 2023 (Rowe_092)
124. Patricia McAndrews Rung, email dated March 6, 2023 (Rung_029)
125. Alan E. Salz, email dated March 3, 2023 (Salz_013)
126. Martie Samek, emails dated March 13, 2023 (Samek_090, Samek_091)
127. Ed Samek, email dated March 13, 2023 (Samek_112)
128. Lara Santini, email dated March 3, 2023 (Santini_006)
129. Jordan Saunders, email dated March 10, 2023 (Saunders_098)
130. Lydie Shufro, email dated March 13, 2023 (Shufro_063)
131. Stephanie Sigler, email dated March 4, 2023 (Sigler_030)
132. Charles Silber, email dated March 10, 2023 (Silber_055)
133. Alexandra Silber, email dated March 12, 2023 (Silber_116)
134. William Silver, email dated March 9, 2023 (Silver_102)

135. Ruth Silverman, email dated March 9, 2023 (Silverman_058)
136. Tom Smajlaj, email dated March 13, 2023 (Smajlaj_074)
137. Sarah Smith, email dated March 13, 2023 (Smith_094)
138. Deborah Socolar, oral comments delivered March 3, 2023 and email dated March 13, 2023 (Socolar_048, Socolar_178)
139. Andrew Soussloff, email dated March 3, 2023 and oral comments delivered March 3, 2023 (Soussloff_024, Soussloff_153)
140. Steven Spiegel, email dated March 13, 2023 (Spiegel_069)
141. Susan Steiger, emails dated March 7, 2023 and March 9, 2023 (Steiger_021, Steiger_137)
142. Jacqueline Stein, email dated March 13, 2023 (Stein_080)
143. Marco Tamayo, oral comments delivered March 3, 2023 (Tamayo_171)
144. Warren and Nina Tannenbaum, email dated March 10, 2023 (Tannenbaum_056)
145. Daniel Tavakoli, oral comments delivered March 3, 2023 and email dated March 13, 2023 (Tavakoli_132, Tavakoli_165)
146. Nancy W Trowbridge, email dated March 9, 2023 (Trowbridge_147)
147. Bryan Verona, email dated March 7, 2023 (Verona_035)
148. Victoria Vought, email dated March 13, 2023 (Vought_079)
149. Gwendolen L. Wade, email dated March 13, 2023 (Wade_133)
150. Benjamin Weintraub, oral comments delivered March 3, 2023 and email dated March 13, 2023 (Weintraub_123, Weintraub_151)
151. Dede Wells, oral comments delivered March 3, 2023 (Wells_183)
152. Andrew Zarrilli, email dated March 13, 2023 (Zarrilli_127)
153. Karen Zukeman, email dated March 13, 2023 (Zukeman_057)

C. COMMENTS AND RESPONSES

PROJECT DESCRIPTION

PROPOSED ACTIONS NECESSARY TO FACILITATE THE PROPOSED PROJECT

Comment 1: The proposed rezoning of the eastern portion of the project block presents the appearance of "spot zoning." (CB8_036, CB8_037)

The EIS should include a discussion of why the requested rezoning action is not "spot zoning" as it benefits only one owner. While the hospital serves a public purpose, it is a private corporation, and this action benefits the officers of that private corporation. (Pope-Marshall_CIVITAS_039, Janes_CPOLHN_042)

Response: The hospital is a non-profit entity, and Projected Development Site 1 has been occupied for non-profit hospital use since prior to the enactment of the current Zoning Resolution in 1961. The current zoning districts at the eastern and midblock portions of Projected Development Site 1 were mapped following construction of the existing hospital buildings in these locations, and there are existing lawful non-compliances, particularly at the midblock where existing hospital buildings are not consistent with R8B height and other bulk limitations.

The proposed Zoning Map amendment with respect to the eastern and midblock portions of Projected Development Site 1 is part of a well-considered plan that

reflects the historical use of the site for non-profit hospital use and would facilitate modernization of the hospital, enabling it to better serve its patient population. The range of uses and bulk permitted by the proposed C1-9 and C1-8 districts is consistent with other zoning districts in the surrounding area, and the Zoning Map amendment would be appropriate given the historical development and ongoing use of Projected Development Site 1 as a single non-profit hospital. Projected Development Site 1 is a uniquely well-suited location for the Proposed Project because it already contains community facility uses, has a longstanding non-residential character, is part of LHH's existing hospital campus, and would not displace any residential or commercial uses.

As described in the Draft and Final Scopes, the Land Use, Zoning, and Public Policy chapter of the EIS will consider the Proposed Project's compliance with the City's public policy goals as well as the Proposed Project's potential for impact on land use and zoning.

Comment 2: The Applicant should not be permitted to break zoning laws. The Proposed Project is illegal under existing zoning. (Raciti_114, Zarrilli_127, Brodsky_Falco_126, Trowbridge_147)

Response: The Proposed Actions include a zoning map amendment, zoning text amendment, a special permit, zoning authorization, and zoning certifications, all of which are land use actions that are widely used throughout New York City (NYC) and are expressly permitted pursuant to the City Charter, the Rules of the City of New York, or the Zoning Resolution.

Comment 3: The Proposed Actions represent an extreme and unprecedented change to zoning controls. (Meara_CPOLHN_040, Meara_CPOLHN_150)

The Proposed Actions create a dangerous precedent for changes to zoning regulations. (Reeke_062, Majumdar_052, Majumdar_109, Tamayo_171, Levy_FRIENDS_173)

Response: As described in the Draft and Final Scopes, the EIS will provide an assessment of the impacts of the Proposed Project on zoning in the land Use, Zoning, and Public Policy chapter. As healthcare standards and medical technology have evolved since enactment of the Zoning Resolution in 1961, the City has repeatedly facilitated the modernization and expansion of these facilities through zoning map amendments and other discretionary zoning approvals, in recognition of the importance of these institutions within the neighborhood and to the City as a whole.

In 1962, the City Planning Commission (CPC) approved a zoning map amendment, which rezoned an R7-2 district to an R9 district, placing all of Mount Sinai Hospital's facilities along Madison Avenue between East 98th Street and East 102nd Street in a district permitting up to 10.0 floor area ratio (FAR) for

community facility uses (up to 12.0 FAR if a public plaza or arcade are provided). In 1972, CPC approved a City Map amendment to facilitate the eastward expansion of the institutions along the FDR Drive (including the Rockefeller University, New York Presbyterian Hospital, and the Hospital for Special Surgery) into volumes of space above the FDR Drive, stating in its report that "[t]he question is not whether the institutions should expand, but where." Subsequently, CPC has issued numerous approvals to allow construction of new hospital buildings within these volumes, as well as expansion on the blocks west of the FDR Drive, including zoning map amendments and special permits.

CPC has also approved significant midblock expansions for existing medical institutions, including, in 2001, a midblock upzoning between East 67th and East 69th Streets between York and First Avenues from an R8 district to an R9 district (10.0 FAR for community facility uses and 12.0 FAR with a bonus) to facilitate expansion of the Memorial Sloan Kettering Cancer Center campus, and Memorial Sloan Kettering's 2012 rezoning at East 74th Street. In 2021, CPC approved a series of actions to facilitate development of a new headquarters for the New York Blood Center with a commercial life science hub, including a midblock upzoning on the block bounded by East 66th and East 67th Streets and First and Second Avenues from an R8B to a C2-7 (R9 equivalent) district. Additionally, these projects included special permits that allowed for modifications and/or waivers to certain applicable bulk controls.

The Proposed Project would not set a new precedent, as the above examples make clear that the City has consistently approved zoning map amendments and other discretionary approvals to facilitate the growth and expansion of the City's medical institutions. The proposed zoning actions would be limited to the Project Site and would not affect the existing zoning on any other sites within the study area. Any other project proposing similar rezonings would be subject to the Uniform Land Use Review Procedure (ULURP), State Environmental Quality Review Act (SEQRA), and CEQR, and each would be reviewed on its own merit.

Comment 4: The proposed 436-foot-tall tower is 2.5 times the size of the tallest building permitted under current zoning. (CB8_036, CB8_037)

The Proposed Actions would allow a 436-foot-high tower that would be 6 times the adjacent midblock height limits and 2.5 times the Lexington Avenue height limits. (Meara_CPOLHN_040)

Response: Comments noted. The majority of the existing buildings on Projected Development Site 1 were constructed prior to the mapping of the current zoning districts at the eastern and midblock portions, and the heights or building envelopes of most of the existing buildings, including a height of up to approximately 200 feet at the midblock, are noncomplying with today's zoning. The Proposed Project would establish a land use framework on Projected

Development Site 1 that would allow for the Proposed Project to proceed with a density allowed by zoning in accordance with the special permits.

Comment 5: The massing for the Proposed Project presented in the Draft Scope (Envelope 1) would rise to a height of 436 feet on Lexington Avenue. In response to comments, the Applicant has developed a second building massing (Envelope 2) that would reduce the height along the Lexington Avenue frontage to 395 feet and, to accommodate the program, would have a taller midblock that would rise to a height of 360 feet. The Proposed Project should be reconsidered to fit within an as-of-right development. Some uses could be located to Northwell's parcel on Third Avenue between East 76th and East 77th Streets. (Campen_043, Olken_047, Olken_054, Levy_FRIENDS_082, Samek_090, Samek_091, Hurley_156, Levy_FRIENDS_173, Houget_180)

The Proposed Project should comply with existing zoning. (Deane_049, Morgan_067, Klebe_073, Goodbody_088, Layton_095, Corbett_096, Hoguet_104, Lippman_117, Hockstein_118, Tavakoli_132, Curtin Barnes_139, Rappoport McKenna_141, Tavakoli_165)

Response: Existing zoning does not accommodate the needs of a modern, first-class medical facility. As noted above, six of the existing buildings on Projected Development Site 1, which occupy the majority of the Lexington Avenue and East 76th Street frontages, were constructed prior to the enactment of the 1961 Zoning Resolution. None of the existing buildings on Projected Development Site 1 are consistent with the current zoning district designations, other than the small four-story brownstones at the corner of Lexington Avenue and East 76th Street. The Proposed Project's purpose and need will be discussed in the Project Description chapter of the EIS. See also **Attachment 1** to the Final Scope, "Supplemental Project Information."

Comment 6: The Proposed Actions would result in an imbalance of floor area distribution with bulk on Lexington Avenue; spreading the proposed floor area equally across the Project Site could produce a building approximately 210 feet tall. (CB8_036, CB8_037)

Response: The Applicant has stated that locating the mass of the Proposed Project along the eastern portion of the block provides more direct access to public transit (both subways and buses), and the new building would be among more varied land uses including local retail. In terms of the scale of the neighborhood, existing buildings have different massings, heights, and forms that together create the varied urban design of the study area, including the range of building scales, forms, and styles along Lexington Avenue. As described in the Draft and Final Scopes, the EIS will include an assessment of urban design and visual resources to determine whether the Proposed Project, in comparison to the No Action condition, would result in a significant adverse impact.

The Applicant has also stated that positioning the major new construction on the east end of the block would only displace older, outdated buildings that are not used—and in some cases cannot be used—for patient care. This would also allow LHH to maintain inpatient hospital operations throughout the construction period. Further, this positioning provides the exterior wall exposures necessary to satisfy the regulatory requirements for natural daylight in the patient rooms.

The proposed design incorporates courts or recesses within and between the existing buildings on the Park Avenue side of the campus and Lexington Avenue bulk exposures on the Lexington Avenue side, to provide natural light to patient rooms. The Lexington Avenue bulk alone includes over 200 patient rooms located on floors above the 210-foot datum. If the Lexington Avenue bulk were re-distributed across the site below the 210-foot datum, the extent of exterior wall area where windows could be located would be greatly reduced, as the courtyards would have to be infilled and the Lexington Avenue bulk façades would have to be reduced in height. This would in turn reduce the number of patient rooms that could be provided.

Comment 7: The proposed lot coverage would be more than double what C1-9 typically allows. The Proposed Actions would result in an unprecedented 100 percent lot coverage below a height of 195 feet and over 80 percent lot coverage above 195 feet. On nearby avenues with unlimited heights, Lexington Avenue bulk coverage cannot exceed 40 percent of the lot area within 100 feet of an avenue, and towers are not allowed on midblocks. (Meara_CPOLHN_040, Meara_CPOLHN_150)

Response: This comment is inaccurate. C1-9 zoning does not impose a lot coverage limitation for community facility buildings.

Comment 8: The Proposed Project requires a rezoning, but is also seeking modifications of height, setback, and other bulk controls to build even more. (CB8_036, CB8_037)

Response: Comment noted. As noted in response to Comment 3, many large-scale medical and life science projects have received land use approvals allowing for modifications of bulk controls in recognition of the particular needs of healthcare facilities.

Comment 9: The massive height and bulk of the Lexington Avenue building would severely damage the scale and character of the neighborhood. (CB8_036, CB8_037, Kingham_038, Stein_080)

The footprint of the proposed building would occupy the entire Lexington Avenue frontage at its full height, which is too massive and out of scale with the surrounding neighborhood. (CB8_036, CB8_037, Kingham_038)

The Lexington Avenue bulk will create a gorge on Lexington Avenue. (Malone_113, Tamayo_171)

The Proposed Project's Lexington Avenue frontage will greatly contribute to the impact of overwhelming mass; efforts to articulate the façade should be made. (Pfeffer_061)

The Proposed Project is too tall/too large. (Boyd_002, Gold_008, Salz_013, Crary_014, MacEachron_017, Cullman_022, Janis_023, Soussloff_024, Birnbaum_025, Rung_029, Krusch_032, Anderson_033, Campen_043, Garbutt_045, Olken_047, Potasznik_050, Olken_054, Gold_059, Reeke_062, Holzer_064, Arcara_066, Morgan_067, Reid_071, Klebe_073, Vought_079, Kruger_081, Auerbach_086, Janis_087, Dinger_089, Rowe_092, van der Valk_CHN_093, Corbett_096, Finster_099, Anderson_100, Silver_102, Droppa_106, Meyrich_115, Lippman_117, Manheimer_122, Brodsky_Falco_126, Reckler_129, Tavakoli_132, Logan_134, Ravaschiere_ESN_135, Anderson_136, Maisel_140, Creel_144, Saunders Moore_148, Kutnick_149, Weintraub_151, Soussloff_153, Krusch_155, Gaspar_159, Reckler_161, Rappoport McKenna_162, Birnbaum_163, Holzer_164, Tavakoli_165, Tamayo_171, Houget_180, van der Valk_CHN_181, Pop-Marshall_CIVITAS_182, Wells_183, Saunders Moore_185)

Response: In terms of the scale of the neighborhood, existing buildings in the neighborhood have different massings, heights, and forms that together create the varied urban design of the study area, including the range of building scales, forms, and styles along Lexington Avenue. As both taller and shorter buildings line Lexington Avenue, the Proposed Project located on a single block front would not create a gorge.

The size of the Proposed Project was determined by LHH to meet the needs of its community for a state-of-the-art inpatient hospital and emergency department (ED). LHH has already moved or is moving most of its outpatient services to Third Avenue, MEETH, and Lenox Hill Greenwich Village. Lenox Hill Greenwich Village also provides emergency services.

The EIS will consider the proposed building and location in the Land Use, Zoning, and Public Policy; Urban Design and Visual Resources; and Neighborhood Character chapters.

While the program requires that the base of the building (above the ground floor) occupy the entire site, the ground floor has been set back from Lexington Avenue to create an anticipated arcade to both widen the sidewalk and provide overhead protection from inclement weather. At the corner of East 77th Street, there would be an additional setback of 175 square feet for both physical and visual access to the elevator and a widened stairway to the East 77th Street Lexington Avenue subway station. Above the podium, the building would be set back again by 10 feet, and at the top of the building, the mechanical screen would be further set back. These setbacks and the articulation of the façades would provide visual breaks in the massing that would reduce the perceived height and bulk of the Proposed Project.

While the massing for the Proposed Project presented in the Draft Scope (Envelope 1) would rise to a height of 436 feet on Lexington Avenue, the Applicant has developed a second building massing (Envelope 2) in response to comments that would reduce the height along the Lexington Avenue frontage to 395 feet and, to accommodate the program, would have a taller midblock that would rise to a height of 360 feet.

PURPOSE AND NEED

Comment 10: LHH's mission can be accomplished with a more reasonable proposal. (Kingham_038)

LHH's expansion plans are unnecessary. The premise that the proposed expansion is motivated by industry standards and national and local trends lacks any significant, impartial corroborating data. (Pope-Marshall_CIVITAS_039)

The project is outsized compared to industry standards. LHH is not a Level 1 Trauma Center, nor is it an academic health center. The Proposed Project exceeds the requirements of Level 1 Trauma Centers and academic health centers and is much greater than the space needs of high-quality community hospitals. (Hyde_CPOLHN_041)

An explanation is needed of why, after two decades of declining inpatient admissions, an expansion is necessary. Anticipated patient volume should be provided for programmatic categories, including any projected increase in patients and payer mix, for both the Future Without and the Future With the Proposed Project. (Meara_CPOLHN_040, Meara_CPOLHN_150)

Declining inpatient census, secondary to declining length of stay, means LHH today needs 33 percent fewer beds than it did in 2002. Migration of inpatient surgical procedures to outpatient surgery will mean additional reduction in inpatient bed needs, due to a decline in admissions. A change from double to single beds will increase potential occupancy, providing more flexibility in managing the census. The hospital's daily census is down 40 percent in the last 20 years. LHH has not seen 55,000 emergency room visits for 10 years. (Hyde_CPOLHN_041, Hyde_CPOLHN_158)

The analysis framework downplays and undercounts the project's significant adverse impacts because the No Action condition assumes that the hospital will have 450 staffed beds in 2036. Acute care bed utilization has been shrinking for two decades. (Meara_CPOLHN_040, Tappert_CPOLHN_152)

Changes in recent years to the delivery of medical services indicate that fewer facilities offering services in a hospital setting are needed. The Proposed Project does not need rooms as large as those in luxury hotels. (Shufro_063)

In this era of technological changes in the medical world, it is impossible for Northwell to predict demand for hospital beds 11 years from now. (Weintraub_123)

The increasing use of telehealth has reduced the demand for hospitalizations; therefore, additional beds and the Proposed Project are not needed. (Ravaschiere_ESN_135)

There is already excess capacity at LHH; an expansion is not needed. (Reece_028)

The bed-to-population ratio on the Upper East Side is higher than anywhere else in the City. (Socolar_048)

The Applicant has not presented a valid reason for imposing adverse effects on the neighborhood to serve its own corporate goals. (Kingham_038)

Response: Comments noted. As described in the Draft and Final Scopes, the Project Description chapter will identify and explain the Proposed Project and its purpose and need. Additional information on the planning and design of the Proposed Project is included in **Attachment 1** to the Final Scope, "Supplemental Project Information."

Comment 11: It is unnecessary for LHH to remain fully open and functional throughout the construction process. The construction schedule could be reduced by at least a third if the Applicant were not determined to keep the hospital open during construction. (Birnbaum_025, CB8_036, CB8_037, MacEachron_097, Hoguet_104, Manheimer_122, Brodsky_Falco_126, Reckler_129, Gaspar_159, Birnbaum_163, Houget_180, van der Valk_181)

A phased construction process that involves temporarily relocating services, and perhaps utilizing Third Avenue as a satellite, could allow for a shorter construction period and a facility that spreads the bulk out more evenly across the Project Block. (Levy_FRIENDS_082, Levy_FRIENDS_173)

Northwell should admit patients to its other facilities while the project is being constructed, so that the construction duration can be shortened. (Birnbaum_025, Stein_080, Birnbaum_163)

The Proposed Project should be revised to redo the interior of the hospital section by section while keeping all operations. (Grossman_001)

Response: It is not feasible for LHH to simply close for a period of time in order to shorten construction time. Closing a hospital in New York State is a highly regulated process and would result in a significant disruption in care. Further information in this regard is provided in the Final Scope and in **Attachment 1** to the Final Scope, "Supplemental Project Information."

The Applicant has performed extensive analyses of varied construction staging in order to minimize the duration of construction. In doing so, the duration has been

reduced to approximately nine years, which includes relocation of most outpatient services on the main hospital block to other facilities, including the Northwell Medical Pavillion-77th Street site. Construction of the Proposed Project is expected to commence in March 2027 when design of the facility is complete, New York State Department of Health (NYSDOH) approval has been completed, and most outpatient services have been relocated to other Manhattan-based Northwell facilities. The Proposed Project would then be constructed in a single phase over the course of approximately nine years, of which approximately three years would be interior work only under Envelope 1 and approximately two and a half years would be interior work only under Envelope 2. The Proposed Project would be completed and fully operational by 2036. As described in the Draft and Final Scopes, the construction impact assessment in the EIS will be prepared according to CEQR guidelines and will evaluate the duration and severity of the disruption and inconvenience to nearby areas. The construction assessment will describe the anticipated construction schedule and logistics, discuss on-site activities and equipment usage, and provide estimates of construction workers and truck deliveries. Potential construction-related impacts—including but not limited to transportation, air quality, noise and vibration, community facilities, historic and cultural resources, hazardous materials, open space, socioeconomic conditions, and land use and neighborhood character—will be assessed.

Comment 12: The foundational premise of all single-occupancy rooms sized 40 percent larger than current double-occupancy rooms bloats the proposal. (CB8_036, CB8_037)

If the new patient rooms were the same size as the existing double-occupancy rooms (approximately 250 square feet), the Lexington Avenue bulk could be up to three floors/45 feet shorter without sacrificing the number of beds. (CB8_036, CB8_037)

The Proposed Project would result in 25 new beds, which is out of proportion to the scale of the increase in building density of nearly 80 percent gross square feet. (Levy_FRIENDS_082, Levy_FRIENDS_173)

The huge expansion for only 25 new beds is not warranted. (Gold_008, Janis_023, Mintz_034, Gold_059, Byowtiz_065, Carole_068, Janis_087, Manheimer_122, Curtin Barnes_139, Kutnick_149)

The need for all single-bedded rooms is unacceptable/makes no sense. Single occupancy rooms are only catering to a wealthy clientele. (Potasznik_011, Manheimer_122, Wells_183)

New York State requires all new hospital beds to be singles; for the Applicant to claim they are doing so gratuitously is just fluff and proof of their aggressive intent. (Samek_112)

The Proposed Project would result in the addition of 164 rooms, which is out of proportion. (Shufro_063)

The single-bedded room size is way above the minimum size for single rooms, probably because it leaves the Applicant the option to convert them to double rooms later on. (Raciti_114)

Large single bedrooms should not take precedent over the long-term health and living conditions of an entire community. (Quirolo_143)

The Applicant proposes a 40 percent increase in floor area, with only a 6 percent increase in the number of beds, a 20 percent increase in operating rooms (ORs), a 30 percent increase in emergency room treatment positions, and only an 8 percent increase in the number of labor, delivery, and recovery rooms. The applicant also proposes a decrease in imaging rooms of 15 percent, presumably relocating them to the new Third Avenue building. (CB8_036, CB8_037)

Space associated with each OR has been exaggerated; 600 square feet is an amply sized room for a well-equipped community hospital, whereas 1,000 square feet is generally associated with academic medical center teaching hospitals. (Hyde_CPOLHN_041)

Response: Comments noted. Please see response to Comment 10 regarding the comprehensive nature of the improvements that constitute the Proposed Project. LHH is an academic medical center. **Attachment 1** to the Final Scope, "Supplemental Project Information," provides additional information regarding LHH's existing and proposed patient room programs and ORs.

Comment 13: The EIS should include a description of the height of each floor and provide an explanation of the necessity for these ceiling heights. (Meara_CPOLHN_040, Meara_CPOLHN_150)

Response: **Attachment 1** to the Final Scope, "Supplemental Project Information," provides a description of the proposed floor-to-floor heights for the new hospital building and explains why these heights are necessary.

Comment 14: The EIS should explain the rationale for the expansion in a part of the City that is already well served by acute care hospitals and why Northwell isn't undertaking the expansion in a part of the City that is underserved. Northwell must be required to disclose its projections so that potential impacts on the availability of care in other parts of the City may be evaluated. (Meara_CPOLHN_040)

The EIS should include an explanation of why healthcare needs in Manhattan and NYC would be better served by the Proposed Project as compared to renovating LHH as-of-right and using the monies saved to improve and/or upgrade Northwell's other facilities in areas throughout the City that have a greater need. (Hoguet_104)

Response: As described in the Final Scope and **Attachment 1** to the Final Scope, "Supplemental Project Information," LHH has served its community for over 160 years, and the hospital's patients come from all five boroughs. The purpose of this

Proposed Project is to improve and modernize the existing hospital so that it will be able to continue to meet the needs of its patient population. SEQRA/CEQR does not require the applicant to analyze City-wide hospital needs.

The comment regarding an as-of-right development is addressed in response to Comment 5.

Comment 15: The highest number of ED visits per year at LHH was 55,926 ten years ago; in 2022, that number was 32,753. At 1,700 visits per treatment station per year (the standard employed in the recent Mount Sinai Beth Israel project), 20 stations would suffice, and neither the existing 34 nor the proposed 38 stations are necessary. (Hyde_CPOLHN_041)

Response: Comment noted. See **Attachment 1** to the Final Scope, "Supplemental Project Information," for information regarding the number of ED positions in the Proposed Project.

Comment 16: The EIS should include a detailed description of how the hospital uses its existing space by use (i.e., single vs. double occupancy rooms, ORs, emergency rooms), and the number of annual visits, including emergency room visits, average daily inpatients, average number of ambulatory surgeries, etc. Details which allow for a comparison of existing to proposed use of space and volume of service should be provided. (Meara_CPOLHN_040)

Response: The EIS will include all of the data relevant to the analyses to be conducted in accordance with the guidance presented in the *CEQR Technical Manual*.

PROPOSED PROJECT

Comment 17: No zoning bonus should be provided for the enhancement of the subway entrance. (Reckler_129)

The additional floor area bonus for transit improvements does not take into account the absence of accessible access to the northbound Interborough Rapid Transit Company (IRT) at 77th Street, which is an urgent need at this subway station. (CB8_036, CB8_037)

Response: The Applicant has elected to pursue a floor area bonus of 0.5 FAR (approximately 40,000 square feet) in exchange for the following transit improvements: 1) construction of a street-to-mezzanine Americans with Disabilities Act (ADA) elevator within an easement on Projected Development Site 1; 2) the expansion and relocation of the existing subway stairway into the easement; and 3) new ADA access from the mezzanine to the downtown platform. These improvements require relocation and replacement of an existing sewer, substantial modifications to the existing subway mezzanine and platform structures, and relocation of and upgrades to the station's electrical and communications infrastructure. The

Metropolitan Transit Authority (MTA) and CPC will determine if these transit improvements are commensurate with the bonus floor area requested. Transit bonuses are evaluated on the public benefit derived from the associated improvement(s). Based on existing precedents, the Applicant's proposed transit improvements could potentially generate as much as a 1.0 FAR (approximately 80,000 square feet) floor area bonus. It should also be noted that there is currently no funding for improvements at this station (77th Street Station) in the MTA Capital Program.

Comment 18: The Proposed Project does not include plans for an elevator for the northbound IRT at 77th Street, and no north-to-south transfer is possible before 125th Street. The lack of wheelchair access for subway riders coming to the station from downtown is unacceptable. (CB8_036, CB8_037)

The single, southbound elevator plan is inadequate. (CB7_036, CB8_037)

The uptown subway station should also be modified to provide ADA access. Nothing is being provided for uptown access. (Soussloff_024, Kutnick_149, Soussloff_153)

Response: As discussed in the Draft and Final Scopes, the subway improvements, devised in consultation with the MTA, are part of the Proposed Project because they support the floor area bonus and are reasonable because of the Applicant's ownership over that corner. The improvements to the downtown side of the station are facilitated by the Applicant's easement grant and coordinated with the hospital portion of the Proposed Project. The Applicant is proposing a nearly 2,300-square-foot volume easement that would physically expand the station to make room for the new improvements to the downtown side, nearly all of which would be performed directly in front of or within Projected Development Site 1. The Applicant has no such ownership or control of the properties on the east side of Lexington Avenue and therefore cannot provide the necessary easement nor manage a construction project that would facilitate practical and acceptable ADA improvements to the uptown platform. The potential for impacts to public transportation as a result of the Proposed Project will be examined in the DEIS. If any significant adverse impacts to public transportation requiring mitigation measures are identified, those will be disclosed in the DEIS.

Comment 19: A tunnel under Lexington Avenue should be provided to allow ADA access for people arriving and departing LHH by subway. (Crary_014)

Response: As described in the Draft and Final Scopes, potential transportation impacts will be analyzed in the EIS, and mitigation measures will be identified, if necessary.

Comment 20: The EIS should include a breakdown of the Proposed Project's different programmatic uses, including who will be served by the project, the payer mix, anticipated service volumes in each area, what is expected to remain of the

existing hospital, and how the services will relate to nearby Northwell facilities, including the new Third Avenue building, MEETH, and the Greenwich Village facility. (MEARA_CPOLHN_040, Meara_CPOLHN_150)

How will the Proposed Project relate to the new ambulatory care building on Third Avenue? (Brodsky_Falco_126)

Response: LHH serves patients from all five boroughs of NYC, with the majority of them residing in Manhattan, western Queens, and southern Brooklyn. The Applicant's planning process is also described in **Attachment 1** to the Final Scope, "Supplemental Project Information."

Payer mix and anticipated service volumes in each area as related to other Northwell facilities are beyond the scope of CEQR.

Comment 21: I do not believe that there is no extra cost for a single room, and some cannot afford it. (Steiger_021, Steiger_137)

We fear that the Proposed Project's single-bedded rooms could exclude Medicare patients, and hope that a sizeable proportion of rooms will feature double occupancy. (van der Valk_CHN_093, van der Valk_CHN_181)

Medicare will not pay for these single rooms. (Holzer_164)

Will costs for hospital services increase to pay for the Proposed Project? (Brodsky_Falco_126)

Response: The requested financial information is not within the bounds of CEQR.

Comment 22: Building the tallest hospital in New York State in a dense residential neighborhood will be expensive. Who will pay for it? Should the State approve DASNY Bonds for a project that is not needed? Can the funds instead be used to hire more nurses, pay them more, and improve the medical school? (Brodsky_Falco_126)

Response: This comment is outside the scope of SEQRA/CEQR. The hospital will be financed by a combination of sources, which may include bonded debt issued by the DASNY. DASNY bonds can be used for capital expenses such as construction, renovation, and equipment. They cannot be used for operational expenses such as salaries.

Comment 23: The EIS should include an aerial photograph of the project area. (Meara_CPOLHN_040)

Response: As described in the Final Scope, the Urban Design and Visual Resources chapter of the EIS will include an aerial figure of the study area.

Comment 24: Were other sites considered for the Proposed Project? Why were they rejected? (Brodsky_Falco_126)

Response: No alternative sites were considered for this project as this is an existing, well-established facility, not a new facility. As indicated in the Final Scope, LHH plans to continue serving the community that it has served for over 160 years at this location. While it does serve a large geography throughout NYC, 18 percent of its patients are from the area surrounding the hospital.

Comment 25: The Draft Scope fails to identify and require evaluation of cumulative impacts from the Proposed Project and projects expected to be built and policies expected to be implemented in the area [pursuant to 6 New York Codes, Rules, and Regulations (NYCRR) Section 617.9 and the 2020 DEC SEQR Handbook Section 80], including the Northwell building on Third Avenue and congestion pricing. A cumulative analysis of impacts to transportation, construction, health equity, and other analyses must be provided. (Meara_CPOLHN_040, Tappert_CPOLHN_152)

Consideration of impacts on the human environment, including adverse impacts on health inequities, is required. (Tappert_CPOLHN_152)

Response: An analysis of healthcare equity is beyond the scope of this review and not required under SEQRA/CEQR. As presented in the Draft and Final Scopes, the analysis of impacts will take into consideration the No Action condition, which includes other projects being completed in nearby locations at the same time as the Proposed Project, pursuant to the guidance of the *CEQR Technical Manual*. In other words, the DEIS will contain a cumulative impact analysis.

Comment 26: The Proposed Project has the potential to result in significant adverse impacts both in the neighboring area and Citywide. The standard process in the 2021 *CEQR Technical Manual* cannot and does not capture all the environmental impacts resulting from the Proposed Project. (Janes_CPOLHN_042)

The Proposed Project's negative impacts outweigh its benefits. (Potasznik_011, Potasznik_050, Spiegel_069, Smith_094, Logan_134, Anderson_136)

Response: The Draft and Final Scopes follow the *CEQR Technical Manual*, which is well-established guidance for evaluating the potential environmental impacts of a proposed project.

LAND USE, ZONING, AND PUBLIC POLICY

Comment 27: The land use, zoning, and public policy analysis should consider the effects of the Proposed Project's land use compatibility and trends in zoning and public policy. (Pope-Marshall_CIVITAS_039)

The EIS must thoroughly document the Proposed Actions' compatibility with land use and consistency with zoning and include a detailed discussion of relevant land use and other City policies. (Meara_CPOLHN_040)

The Final Scope must include how the Proposed Project is consistent with 100 years of development under the zoning, which has required shorter, lower density buildings on Lexington Avenue, which is the narrowest avenue on Manhattan's east side. Development of the scale of the Proposed Project has only been seen in the Central Business District, not in largely residential areas. Consistency with NYC's land use policy, as implemented through zoning, needs to be demonstrated, or if it is not consistent, an impact on zoning needs to be disclosed. (Janes_CPOLHN_042)

The Proposed Project is located in a residential area. (Boyd_002, Bilgore_005, Gold_008, MacEachron_017, Lippman_031, Krusch_032, Mintz_034, CB8_036, CB8_037, Gold_059, Bilgore_077, Auerbach_086, MacEachron_097, Anderson_100, Hoguet_104, Jones_108, Ehrlich_110, Silber_116, Lamia_120, Rose_124, Herzig_128, Quirolo_143)

The EIS should provide a detailed history of the midblock R8B zoning district and the C1-8X zoning district mapped along the neighborhood's north-south major avenues. It should disclose the purpose for mapping these districts in the area in the 1980s, and how the proposed rezoning is or is not consistent with the actions that changed the zoning in this area. It should discuss why Lexington Avenue was rezoned from C1-9 to C1-8A and then C1-8X, and how rezoning back to C1-9 is consistent with the previous rezonings. (Pope-Marshall_CIVITAS_039, Janes_CPOLHN_042)

The EIS should characterize the degree of compliance of existing building heights on Lexington Avenue and side streets in the surrounding area with applicable existing zoning. (Meara_CPOLHN_040)

The EIS should include a discussion of how the R8B district has an increased FAR for community facilities that are permitted only in this Community District, and how the increased FAR of 5.1 was determined, and why it is inadequate for LHH. (Janes_CPOLHN_042)

Response: As stated in the Draft and Final Scopes, the EIS will describe the Proposed Project and provide an assessment of land use, zoning, and public policy for existing, future conditions without the Proposed Project, and future conditions with the Proposed Project.

Comment 28: A discussion of standard setbacks, sky exposure planes, and the size of towers typically found in zoning; existing zoning districts that permit a building form like the Proposed Project; and a map of all other projects in NYC that have been permitted with Special Permits that contain zoning waivers of the same or larger magnitude should be provided in the EIS. (Janes_CPOLHN_042)

Response: This request is beyond the scope of SEQRA/CEQR. Analyzing the different types of height and setback regulations applicable within the City, cataloging other zoning districts within which the Proposed Project may be built, or providing a map of other projects permitted with equal or larger zoning waivers are not required. That said, examples of medical institutions located on the Upper East Side that have obtained (or are in the process of obtaining) discretionary zoning waivers will be presented in the Land Use, Zoning, and Public Policy chapter of the EIS. As described in the Draft and Final Scopes, the Land Use, Zoning, and Public Policy chapter will provide an assessment of the impacts of the Proposed Actions and Proposed Project on land use and land use trends, zoning, and public policy in accordance with *CEQR Technical Manual* guidelines.

Comment 29: LHH is part of critical Citywide infrastructure, and changes to land use on the Project Site could result in impacts to Citywide public policy. Therefore, the Draft Scope, which states that the EIS will "summarize other public policies that may apply to the Project Site and study area, including any formal neighborhood or community plans and OneNYC," is not adequate. An assessment of whether the Proposed Actions do or do not meet the comprehensive goals outlined in the City Council's Land Use Guidelines and Application Toolkit must be included in the EIS. (Janes_CPOLHN_042)

Response: The City Council's December 2022 Planning and Land Use Guidelines and Application Tool Kit[1] is largely aimed at the housing crisis and the provision of affordable housing. The guidelines and tool kit are seen as "a pathway to increase housing production, affordability and equity needed in our city." As the purpose and need of the Proposed Project is not housing but rather a state-of-the-art inpatient hospital and ED, this program is not relevant to the Proposed Project. Nevertheless, the Proposed Project would support several of the goals in the document. Specifically, the Proposed Project supports the goal of "adapting to climate change and transitioning to clean energy" by, among other things, reducing the hospital's greenhouse gas (GHG) emissions; in addition, the Proposed Project will be designed with fully electrified heating, cooling, and hot water systems for the new space (with the possible exception of kitchen equipment). It also supports the goal of "ensuring equitable access to healthcare, education, and essential services" by improving upon the existing hospital facility and enabling it to better serve its broad patient population.

SOCIOECONOMIC CONDITIONS

Comment 30: The Proposed Project would destroy residential property values. (Steiger_021, Dangoor_046, Tanenbaum_056, Vought_079, Samek_090, Samek_091,

[1] https://council.nyc.gov/planning-and-land-use-guidelines-application-toolkit/

Corbett_096, Finster_099, Goldfeld_107, Jones_108, Ehrlich_110, Wade_133, Steiger_137)

Property values in the neighborhood will decline during construction of the Proposed Project, and property values will decline permanently due to loss of light, view, and other factors. The EIS should include an analysis for the Proposed Project's impact on neighborhood property values, using a discounted present value approach to account for the lengthy construction period. (Hoguet_104)

Response: The requested analysis is outside the scope of SEQRA/CEQR and is not necessary to determine the potential for significant adverse environmental impacts.

Comment 31: The Proposed Project would result in adverse impacts to local businesses. (Daly_044, Rowe_092, Droppa_106)

The Proposed Project would affect conditions in a specific industry. A shift in the makeup of beds to all single-bedded rooms, likely excluding Medicaid patients from being treated there, has clear implications for who the hospital is meant to serve, and warrants a full socioeconomic analysis. (Levy_FRIENDS_082)

Response: As indicated in the January 2023 Environmental Assessment Statement (EAS) and described in the Draft Scope, the Proposed Project does not meet the criteria warranting analysis of socioeconomic conditions and no significant adverse impacts to local businesses or conditions in a specific industry would occur with the Proposed Project.

Comment 32: A predominant feature of the neighborhood is wealth. The Proposed Project would skew the neighborhood even farther towards the wealthy. (Socolar_048, Socolar_178)

The Proposed Project would serve an affluent international crowd and/or rich non-Medicare/Medicaid patients from elsewhere. Northwell is proposing a destination hospital. The neighborhood would be destroyed to serve non-New Yorkers. (MacEachron_017, Olken_047, Socolar_048, Olken_054, MacEachron_097, Raciti_114, Rose_124, Rose_125, Trowbridge_147, Socolar_178)

Response: The concern cited is outside the scope of SEQRA/CEQR. See the response to Comment 10 for a geographic description of LHH's patient population, which is not expected to change.

COMMUNITY FACILITIES AND SERVICES

Comment 33: The Proposed Project would result in adverse impacts to schools, children, and/or houses of worship. (Daly_044, Reid_071)

Response: Following the guidance of the *CEQR Technical Manual* and as noted in the EAS, an analysis of impacts to schools and houses of worship is not warranted for non-residential projects.

SHADOWS

Comment 34: In addition to an assessment of shadows, the EIS should include an analysis of the changes in solar radiation and the effects of shadows on residences and all public spaces in the study area. (Meara_CPOLHN_040)

The Proposed Project would result in shadows and/or block air, space, sky, sunlight, and/or views. (Carole_008, Post_012, MacEachron_017, Krusch_032, Garbutt_045, Deane_049, Potasznik_050, Kelbe_073, Vought_079, Kruger_081, Post_085, Rowe_092, Corbett_096, Saunders_098, Silver_102, Beatty_111, Silber_116, Brandi_119, Brodsky_Falco_126, Wade_133, Rappoport McKenna_141, Reece_160, Tamayo_171)

The massive Lexington Avenue bulk will create a "canyon" shadow effect along Lexington Avenue and both East 76th and East 77th Streets. (CB8_036, CB8_037)

The EIS should include a study of shadows from the Proposed Project, and the resulting effects of shadows on mental and other health. (Hoguet_104)

The Proposed Project will block air and sunlight, including to St. Catherine's Park. (Majumdar_052, Majumdar_109)

Response: As described in the Draft and Final Scopes, the EIS will include detailed shadow studies of Envelope 1 and Envelope 2 that will follow the methodology contained in the *CEQR Technical Manual*. St. Catherine's Park is well beyond the potential shadow impact area for the Proposed Project.

Comment 35: Shadows from the Proposed Project will directly affect the Eighth Church of Christ, Scientist and its public garden. (Polk_ECOC_060)

The Proposed Project will block sunlight to Central Park. (Meyrich_115)

Response: The shadows analysis in the EIS will consider sunlight-sensitive resources in the study area, including the publicly accessible garden of the Eighth Church of Christ, Scientist, and Central Park.

HISTORIC AND CULTURAL RESOURCES

Comment 36: Given that nearly all of the buildings within the Project Site are over 50 years old, including those on Lexington Avenue that would be demolished, the EIS must provide details on why the City has concluded that these buildings are not State and National Registers of Historic Places (S/NR)-eligible. (Meara_CPOLHN_040).

The Achelis and West buildings, built circa 1916 by I.E. Ditmars and Einhorn, built in 1937 by York & Sawyer, are historic buildings on the Project Site that would be demolished and therefore impacted by the Proposed Project. Northwell should incorporate elements of the remaining historic buildings into the Proposed Project. (Levy_FRIENDS_082, Levy_Friends_173)

Response: As described in the Draft and Final Scopes, the EIS will include an assessment of historic and cultural resources on the Project Site, which comprises Projected Development Site 1 and Projected Development Site 1a. In 2005, the New York State Office of Parks Recreation and Historic Preservation (OPRHP) did not include the LHH buildings as part of the expansion of the S/NR-listed Upper East Side Historic District. More recently, in 2015, OPRHP determined that the LHH buildings are not S/NR-eligible. In addition, the Landmarks Preservation Commission (LPC) issued a letter on May 6, 2022, commenting that "there are no concerns, and no LPC eligible properties" on the Project Site (see the Draft Scope, **Appendix A**, or Final Scope, **Appendix C**). Accordingly, there are no known or potential architectural resources on the Project Site.

Comment 37: Other facilities (such as Weill Cornell, NYU Langone, and Mount Sinai) are not located in a congested historic district. (Gold_008, Mintz_034, Gold_059, Korman_070)

LHH is in a historic landmarked area and any renovation should adhere to the principals of that designation. (Crary_014, Rappoport McKenna_141, Leeds_145)

The neighborhood is historic. (Auerbach_086, Goldfeld_107, Samek_112, Meyrich_115, Brodsky_Falco_126)

Response: The Project Site, which comprises Projected Development Site 1 and Projected Development Site 1a, is not located within the Upper East Side Historic District (S/NR, NYCHD) or the Upper East Side Historic District Expansion (S/NR, NYCHD).

URBAN DESIGN AND VISUAL RESOURCES

Comment 38: The proposed Lexington Avenue building is massive in height, scale, and bulk, and is not architecturally sympathetic. (Pope-Marshall_CIVITAS_039)

The proposed high-rise would interfere with Central Park. (Dangoor_046)

The Proposed Project will block views from my home. (Reid_071)

The Proposed Project is out of place visually. (Rowe_092)

Response: As described in the Draft and Final Scopes, in accordance with the *CEQR Technical Manual*, an assessment of urban design and visual resources will be provided in for the EIS because the Proposed Project requires actions that would

result in physical changes to the Project Site beyond those allowed by existing zoning, and which could be observed by a pedestrian from street level. Views from private homes are not considered in a CEQR analysis of urban design and visual resources. Central Park is located approximately 1,000 feet from the western boundary of the Project Site, beyond intervening buildings, and does not have a visual or contextual relationship to the Project Site.

As noted in response to Comment 9, the Applicant has developed a second building massing (Envelope 2) that would reduce the height along the Lexington Avenue frontage to 395 feet and, to accommodate the program, would have a taller midblock that would rise to a height of 360 feet. Envelope 1 (the Proposed Project in the Draft Scope) and Envelope 2 will be considered in the EIS.

Comment 39: The combination of the Proposed Project's size and placement is exceptional, and a detailed urban design analysis (rather than a preliminary analysis) should be required. (Janes_CPOLHN_042)

Response: See response to Comment 38 above. As described in the Draft and Final Scopes, the urban design and visual resources analysis in the EIS will follow the guidance presented in the *CEQR Technical Manual*.

Comment 40: The EIS should provide a quantified and detailed description of the heights of the buildings on Lexington Avenue and side streets in the surrounding area. (Meara_CPOLHN_040)

The EIS should include a description of the Proposed Project's consistency with height limits and include references to the 379-foot-high Siena and 337-foot-high Empire buildings on the west side of Third Avenue between East 76th and East 78th Streets. (Pfeffer_061)

Response: As described in the Draft and Final Scopes, the EIS will include an assessment of urban design and visual resources in accordance with the guidance presented in the *CEQR Technical Manual*.

Comment 41: The analysis presented in the EIS should also follow guidance provided in the New York State Department of Environmental Conservation (DEC)'s Assessing and Mitigating Visual and Aesthetic Impacts. The Proposed Project would be visible from many important visual resources that extend beyond the study area, including Sheep Meadow in Central Park. The EIS should use NYSDEC guidance in inventory, selecting and studying visual resources that may be affected, which will include expanding the study area to resources that have a view to the project up to five miles away. Alternatively, the lead agency should explain why the standard it uses for assessing visual impacts is less stringent than the standards used in New York State. (Janes_CPOLHN_042)

Response: The EIS will be prepared in accordance with the guidance of the *CEQR Technical Manual*, including the Urban Design and Visual Resources analysis. CEQR is the City's implementing regulations for SEQRA. As stated in the *CEQR Technical Manual*, "SEQR permits a local government to promulgate its own procedures provided they are no less protective of the environment, public participation, and judicial review than provided for by the state rules. See 6 NYCRR 617.14(b). The City of New York has exercised this prerogative by promulgating its own procedures, known as CEQR, in order to take into account the special circumstances of New York City's urban environment."

Comment 42: The Proposed Project would result in light and wind impacts. (Garbutt_045)

Response: The EIS will include a shadows analysis. The *CEQR Technical Manual* recommends an analysis of pedestrian wind conditions for projects that would result in the construction of large buildings at locations that experience high wind conditions (such as along the waterfront, or other location where winds from the waterfront are not attenuated by buildings or natural features), which may result in an exacerbation of wind conditions due to "channelization" or "downwash" effects that may affect pedestrian safety. As described in the Final Scope, the Proposed Project would not result in the construction of a large building at a location that would experience high wind conditions, and thus a pedestrian wind analysis is not warranted.

SOLID WASTE AND SANITATION

Comment 43: The Proposed Project would result in significantly increased trash. (Rose_124, Saunders Moore_185)

Response: As described in the EAS, the additional waste generated by the Proposed Project would not constitute a significant adverse impact. The total solid waste generation for the Proposed Project would be approximately 2.841 tons (5,682 pounds) per week, which is well below the 50 tons per week CEQR threshold requiring detailed analysis.

ENERGY

Comment 44: The potential effects of the Proposed Project's power generation, particularly electromagnetic and related emissions, should be assessed. (Verona_035)

The Proposed Project would result in elevated levels of electromagnetic fields. (Hoyt_146)

Response: The Proposed Project does not involve power generation; the hospital's power would continue to come from Con Edison. The Proposed Project would not present any unique circumstances regarding electromagnetic fields. Electrical equipment will conform to NYC requirements and industry standards.

TRANSPORTATION

Comment 45: The Travel Demand Factors Memorandum, Table 1, shows that while LHH would increase by nearly 80 percent in size, its staff would only increase by 12 percent (i.e., existing conditions 1 staff person per 283 square feet, vs. proposed 1 staff person per 454 square feet). This assumption is not conservative or credible. (Janes_CPOLNH_042)

A larger hospital will need more staff to run it, increasing traffic in the immediate area. (CB8_036, CB87_037)

The staff numbers in Travel Demand Factors Memorandum, Table 1, are inconsistent with the 2021 American Hospital Association Guide Issue, which reports on page A455 that LHH had 6,157 employees in 2020, 6,809 employees in 2021, and 8.901 employees in 2022. Even if these numbers include staff at Northwell's MEETH and the Greenwich Village facilities, those two facilities are small and cannot account for the difference. The EIS must analyze conservative assumptions. (Janes_CPOLHN_042)

The trip generation assumptions previewed in the Draft Scope are questionable. The sources include EISs from 2008 and 2013, which were based on even older analyses. The EIS should explain why projects from that era are reliable for a 2036 Build Year. (Meara_CPOLHN_040, Janes_CPOLHN_042, Tappert_CPOLHN_152)

There is already an operating hospital on the Project Site. The EIS should incorporate survey data generated from people who already use or work at LHH. This is especially important since the Second Avenue Subway opened in 2018 and COVID may have affected how staff chose to journey to work. Visitors should also be surveyed. (Soussloff_024, Janes_CPOLHN_042, Soussloff_153)

The number of staff disclosed in the Draft Scope is not conservative. The Applicant should revise its assumptions, which will likely show that there is a potential for significant adverse impacts to traffic, transit, and parking. (Janes_CPOLHN_042)

The Proposed Project will generate substantially more patients arriving by car. Ambulance and truck trips will increase. (Soussloff_024)

Response: The staff and patient/visitor numbers presented in the Travel Demand Factors Memorandum are from Northwell/LHH and are the expected average daily weekday populations. Regarding the cited FEIS publication dates (2008 and 2013) used for references, the factors presented in those studies are still valid for the respective travel demand factors (i.e., temporal or directional distributions, vehicle occupancies, mode splits, etc.). Where more updated travel demand factors are available, such as from the U.S. Census Bureau, the latest travel demand factors have been used. It is customary and appropriate to use previous assumptions from an FEIS or EAS as the basis for transportation studies, and the

DCP, New York City Department of Transportation (NYCDOT), and MTA have already reviewed and confirmed that these sources and travel demand factors are appropriate. The potential for the Proposed Project to have significant adverse impacts on traffic, transit, or pedestrians will be analyzed in the DEIS.

Comment 46: No drop-off area is proposed, which will further obstruct traffic on Lexington Avenue, as the entrance to the hospital is located on the corner of Lexington Avenue and East 76th Street, adjacent to a bus lane. (Soussloff_024, CB8_036, CB8_037, Trowbridge_147, Soussloff_153)

The location of the subway, ED, and hospital entrances on Lexington Avenue between East 76th and East 77th Streets will create congestion and hazardous conditions for pedestrians and traffic. (Reid_071)

The Proposed Project would result in a greater need for entrance/egress. (Samek_112)

The entrance to the mother and baby hospital on Park Avenue will disrupt traffic on Park Avenue. No consideration has been given to patients arriving at the hospital by public transportation or by car. (CB8_036, CB8_037)

Response: The new ambulance bay on East 77th Street would allow six ambulances to park and discharge patients under the building in a weather-protected space off the street. This would greatly improve both the patient experience arriving to the hospital and the flow of traffic on the street.

With the new building on the east end of the hospital block, the main hospital entrance would be moved from the midpoint of the East 77th Street frontage to a more accessible location on Lexington Avenue, convenient to buses travelling on Lexington Avenue and the subway. The setback of the ground floor of the building under an anticipated arcade would also provide pedestrians with more sidewalk space and more protection from inclement weather.

The proposed Mother-Baby Hospital would be designed to separate non-infectious patients from all other services provided at LHH and to improve the experience of expectant families. A new entrance on Park Avenue and a new lobby would be created.

Comment 47: Congestion pricing has the potential to change future traffic patterns in the neighborhood and would affect congestion and the availability of street parking. The EIS should identify and quantify parking shortfalls resulting from the Proposed Project during and after construction. (Soussloff_024, Meara_CPOLHN_040, Tappert_CPOLHN_152)

Lack of parking is already a problem on the Upper East Side, and congestion pricing may increase demand in the area above 60th Street beyond current capacity. Parking demand is likely to increase with the Proposed Project, and no mitigation has been proposed. (CB8_036, CB8_037)

Response: The April 2023 *Central Business District Tolling Program Final Environmental Assessment* disclosed the effects of tolling alternatives on vehicle miles traveled on the Upper East Side. It concluded that there would not be an increase in vehicle trips related to motorists avoiding the toll area and circulating on streets in the neighborhood to look for on-street parking, or to drop off or pick up passengers just beyond the toll area line.

As described in the "Transportation" and "Construction" sections of the Draft and Final Scopes, based on the *CEQR Technical Manual*, a parking study is warranted if detailed traffic analyses are required. If warranted, the parking study will assess the parking demand of the Proposed Project, compare it to on-site and off-site parking resources within ¼-mile of the Proposed Project, and identify and quantify any expected parking shortfalls. The current hospital and the Proposed Project have no on-site parking. The trips that would be generated by the Proposed Project and destined to park during peak hours will be estimated and shown in the Transportation chapter of the EIS. The potential for the Proposed Project to have significant adverse impacts on parking will be disclosed in the EIS after a transportation screening assessment is conducted. The analyses are subject to review and approval by the lead agency and any expert agencies such as the NYCDOT.

Comment 48: The EIS should address the proposed curb cuts and loading/ambulance docks, which would increase congestion and reduce safety around the Project Site's narrow streets, as compared to existing conditions. Appropriate alternatives, including one with a separate entrance and exit and/or a below grade unloading area, and mitigation should be discussed. (Crary_014, Meara_CPOLHN_040, Rappoport McKenna_141)

The proposed ambulance and truck bays will not solve the problem of existing narrow neighborhood street that are already blocked by the Applicant's ambulances and trucks. (Soussloff_024)

The streets are not wide enough to accommodate ambulances, deliveries, and doctor's vehicles that currently clog our streets. (Gold_008, Gold_059)

Response: The access, whether it is designed as with the Proposed Project or a through-block driveway, would not noticeably change the amount of ambulance or ambulette activity. As described in the Draft Scope, the transportation analysis in the DEIS will take into account trips to LHH generated by the Proposed Project, as well as changes (in this case improvements) to the existing street network with the Proposed Project. The proposed ambulance and truck bays would remove ambulances, stretchers, and trucks from the sidewalks.

The streets serving the site are wide enough to accommodate the travel lanes and parking lanes provided, and have similar curb-to-curb widths as other east-west cross streets and north-south avenues in Manhattan.

Comment 49: All transportation resources in the study area are already highly utilized. The EIS needs to study transportation carefully, including sidewalks on Lexington Avenue, platforms on the Number 6 train, and the lack of public or employee parking. Impacts must be disclosed and mitigation must be developed. (Janes_CPOLHN_042)

The EIS should include a detailed traffic impact study, and account for Northwell's nearby facility being built on Third Avenue between East 76th and East 77th Streets. It should also include an analysis of the ability of neighborhood residents to park their cars. (Hoguet_104)

Response: The referenced Northwell building on Third Avenue is not part of the Proposed Project, but the additional traffic and pedestrian activity generated by that project will be included in the Transportation chapter of the EIS, as appropriate. The project-generated trips during peak hours will be estimated and shown in the Transportation chapter of the EIS. The potential for the Proposed Project to have significant adverse impacts on traffic, transit, or pedestrians will be disclosed in the EIS. The analysis will be reviewed and approved by the lead agency and any expert agencies such as the NYCDOT or MTA, as necessary.

Comment 50: The project would exacerbate already congested traffic and/or parking and/or pedestrian and/or transit conditions in the neighborhood. (Lester_009, Namm_010, Potasznik_011, Janis_023, Soussloff_024, Anderson_033, Dean_049, Potasznik_050, Vought_079, Kruger_081, Auerbach_086, Janis_087, Samek_090, Samek_091, Rowe_092, Corbett_096, Hoguet_104, Droppa_106, Samek_112, Meyrich_115, Hockstein_118, Rose_124, Brodsky_Falco_126, Reckler_129, Tavakoli_132, Curtin Barnes_139, Rappoport McKenna_141, Trowbridge_147, Saunders Moore_148, Kutnick_149, Soussloff_153, Rappoport McKenna_162, Tavakoli_165, Saunders Moore_185)

Response: As described in the Draft Scope, the Proposed Project includes off-street loading facilities to improve traffic flow on East 76th Street and East 77th Street. The current truck dock is undersized, and the proposed deeper truck dock would reduce the need for on-street loading and improve traffic flow on East 76th Street. The trips that would be generated by the Proposed Project during peak hours will be estimated and shown in the Transportation chapter of the EIS. The potential for the Proposed Project to have significant adverse impacts on traffic, transit, or pedestrians will be disclosed in the EIS. The analysis will be reviewed and approved by the lead agency and any expert agencies such as the NYCDOT or MTA, as necessary.

AIR QUALITY

Comment 51: Pollution from the Proposed Project's power generation should be assessed. The Proposed Project would result in too much pollution. (Verona_035, Olken_047, Olken_054)

Response: As stated in the Draft and Final Scopes, the EIS will evaluate potential impacts on Air Quality from the Proposed Project. Where appropriate, potential air quality impacts will be analyzed quantitatively.

GREENHOUSE GASES AND CLIMATE CHANGE

Comment 52: The EIS should disclose total energy requirements associated with operation of the Proposed Project under both all-electric and steam alternatives, and the analysis should make conservative assumptions regarding the off-site emissions generated by each. (Meara_CPOLHN_040)

Response: As discussed in the Draft and Final Scopes, projected GHG emissions will include all emissions associated with all direct emissions from on-site fuel combustion as well as indirect emissions from utility energy consumption (including electricity and/or district steam). Furthermore, the EIS will consider relevant measures to reduce energy consumption and GHG emissions that could be incorporated into the Proposed Project, which will be designed with fully electrified heating, cooling, and hot water systems for the new space (with the possible exception of kitchen equipment). Anticipated indirect energy consumption for these spaces will be estimated and emissions will be calculated using the emission factors as specified by New York City Department of Buildings (DOB) (1 RCNY §103-14) for the relevant time period.

Comment 53: The EIS should explain the Proposed Project's consistency with State and local climate laws for both the all-electric and steam alternatives, including compliance with Local Law 97. (Meara_CPOLHN_040)

Response: Consistent with the *CEQR Technical Manual*, the EIS will assess the Proposed Project's consistency with New York State's and NYC's emission reduction goals (including compliance with Local Law 97) through quantification of the Proposed Project's total GHG emissions and the emission reduction measures being considered. Design features and operational measures to reduce the Proposed Project's energy use and GHG emissions will be discussed and quantified to the extent that information is available.

Comment 54: The heat effects from the unusual presence of mechanical equipment on several high floors should be assessed. (Brodsky_Falco_126)

The Proposed Project will generate more heat in an ever-increasing warming city. (Potasznik_011, Potasznik_050)

Response: As described in the Draft and Final Scopes, the EIS will consider relevant measures to improve energy efficiency, minimize building waste heat, minimize absorption of solar heat, and reduce GHG emissions that could be incorporated into the Proposed Project. The Proposed Project will be designed with fully electrified heating, cooling, and hot water systems for the new space.

Comment 55: The combination of the proposed building's height and the medical facility's energy usage will exacerbate climate change pollution. (Ravaschiere_ESN_135)

Response: As discussed in the Draft and Final Scopes, the EIS will quantify GHG emissions associated with the operational energy consumption, vehicle use, construction activities, and embodied carbon of construction material. The EIS will discuss design features and operational measures to reduce the Proposed Project's energy use and GHG emissions.

In general, taller buildings require an overall greater amount of energy due to the increased demand for heating and cooling associated with a larger development. However, a review of the energy performance of buildings in NYC has demonstrated that taller buildings may be more energy efficient, as high-rise buildings have reported energy consumption rates approximately 18 percent less than lower rise buildings—with high-rise buildings reporting an average of 74 kBTU/square foot compared to an average of 90 kBTU/square foot for low-rise buildings.[2]

NOISE

Comment 56: There is already noise from existing traffic and emergency vehicles. The Proposed Project will exacerbate noise. The Proposed Project would result in too much noise. (Janis_023, Olken_047, Olken_054, Vought_079, Janis_087, Hockstein_118, Rose_124, Saunders Moore_148)

Response: As stated in the Draft and Final Scopes, the EIS will include a screening analysis to evaluate the potential for project-generated traffic to result in significant noise level increases. If the screening analysis identifies the potential for significant noise level increases at any noise-sensitive land use, a detailed mobile source noise analysis would be performed.

Comment 57: Noise from the Proposed Project's power generation should be assessed. (Verona_035)

[2] Urban Green Council. *Explore NYC's Building Data*. https://www.urbangreencouncil.org/what-we-do/exploring-nyc-building-data/

The noise effects from the unusual presence of mechanical equipment on several high floors should be assessed. (Brodsky_Falco_126)

Response: The Proposed Project would not generate power on-site except for operation of emergency generators for limited periods of time for testing and emergencies (as they are under existing conditions).

It is not unusual for mechanical equipment to be located on building rooftops in NYC. As stated in the Draft and Final Scopes, a detailed analysis of the Proposed Project's mechanical equipment is not required by CEQR for the EIS, because any such equipment—including heating, ventilation, and air conditioning (HVAC) equipment—would be designed to meet applicable regulations, which are more stringent than CEQR noise impact criteria.

PUBLIC HEALTH

Comment 58: The Proposed Project would cause health problems resulting from construction noise. (Steiger_021, Steiger_137)

Response: Construction of the Proposed Project would be conducted in compliance with the requirements of the *New York City Noise Control Code*, including preparation of a Construction Noise Mitigation Plan according to New York City Department of Environmental Protection (DEP) standards. These requirements are intended to preserve the safety and well-being of nearby residents and community members with respect to noise. Further, as stated in the Draft and Final Scopes, the EIS will present a quantitative (modeling) analysis of noise from the Proposed Project's construction activity. The noise analysis will identify potential construction noise impacts based on the intensity, duration, and location of emissions relative to nearby sensitive locations. If unmitigated significant adverse noise impacts are identified as a result of construction of the Proposed Project, an analysis will be provided to identify the potential for construction noise to also result in public health impacts in accordance with *CEQR Technical Manual* guidelines.

NEIGHBORHOOD CHARACTER

Comment 59: The Proposed Project is not compatible with neighborhood character. (Pope-Marshall_CIVITAS_039, Deane_049, Byowitz_065, Morgan_067, Reid_071, Levy_FRIENDS_082, Ehrlich_110, Lippman_117, Hockstein_118, Brodsky_Falco_126, Anonymous_142, Levy_FRIENDS_173)

The Proposed Project would alter the character of the street/neighborhood. (Bilgore_005, Cullman_022, Bilgore_077, Rowe_092, Malone_113, Rose_124, Maisel_140, Gaspar_159)

The Proposed Project would adversely affect the nature of the historic neighborhood. (Silber_055, Hautle-Striker_072, Vought_079, Saunders_098, Jones_108, Beatty_111, Samek_112, Rose_124, Rose_125, Logan_134,

Anderson_136, Trowbridge_147, Saunders Moore_148, Tavakoli_165, Saunders Moore_185)

The Proposed Project will fundamentally change the neighborhood character, including access to sunlight, traffic, and/or noise. (Santini_006, Pinto_007, Bilgore_026, Krusch_032, Rose_124, Rose_125, Krusch_155)

The Proposed Project would destroy the neighborhood. (Lester_009, Korman_018, Dangoor_046)

The Proposed Project would be disruptive to the neighborhood. (Cohen_121)

The Proposed Project would result in significant adverse environmental impacts on the neighborhood, my building, and/or the neighborhood residents' quality of life. (Kingham_038, Birnbaum_025, Olken_047, Olken_054, Reece_160, Birnbaum_163)

Quality of life will be destroyed by the blockage of light/traffic/noise/fumes/ vibration and/or dust from the Proposed Project. (Grossman_001, Potasznik_011, Post_012, MacEachron_017, Steiger_021, Reece_028, Steiger_137)

The proposed mother and baby hospital entrance on Park Avenue would be an insult to the historic character of the neighborhood, and the continuous activity on Park Avenue would be a blight. (Cohen_121)

Response: As described in the January 2023 EAS, in accordance with CEQR, neighborhood character is determined by a number of factors, such as land use, urban design, visual resources, historic resources, socioeconomic conditions, traffic, and noise. Therefore, as outlined in the Draft and Final Scopes, an assessment of neighborhood character will be prepared for the EIS.

CONSTRUCTION

Comment 60: Construction of the Proposed Project would take too long and would disrupt the community. (Grossman_001, Santini_006, Pinto_007, Gold_008, Namm_010, Steiger_021, Janis_023, Lippman_031, Mintz_034, CB8_036, CB8_037, CITIVAS_039, Garbutt_045, Olken_047, Potasznik_050, Olken_054, Tanenbaum_056, Gold_059, Shufro_063, Holzer_064, Byowitz_065, Arcara_066, Carole_068, Klebe_074, Smajlaj_074, Ongaro_076, Vought_079, Stein_080, Kruger_081, Post_085, Janis_087, Goodbody_088, Dinger_089, van der Valk_CHN_093, Layton_095, Saunders_098, Finster_099, Anderson_100, Maher_101, Hoguet_104, Ehrlich_110, Beatty_111, Malone_113, Raciti_114, Meyrich_115, Silber_116, Lippman_117, Cohen_121, Manheimer_122, Brodsky_Falco_126, Reckler_129, Romig_131, Logan_134, Anderson_136, Steiger_137, Curtin Barnes_139, Rappoport McKenna_141, Creel_144, Trowbridge_147, Weintraub_151, Krusch_155, Gaspar_159, Reckler_161, Rappoport McKenna_162, Birnbaum_163, Holzer_164, Tavakoli_165, van der Valk_CHN_181, Wells_183, Saunders Moore_185)

Saturday and late work permits will disrupt normal activities for a generation of East Siders. There would be Saturday and Sunday construction for ten years. (CB8_036, CB8_037, Holzer_064, Stein_080, Goodbody_088, Gaspar_159)

The EIS should include a description of construction staging. (Brodsky_Falco_126)

Response: As described in the Draft and Final Scopes, the construction analysis in the EIS will provide details on the Proposed Project's proposed construction schedule, phasing of activities likely to occur during construction, and the anticipated construction work hours. Based on this information, potential impacts on specific areas of concern—including transportation, air quality, noise and vibration, and hazardous materials—from construction activities will be analyzed. The EIS will also identify measures that would avoid, minimize, and/or mitigate any potential significant adverse construction-related impacts.

Comment 61: The EIS should include details about the approximately 11-year construction schedule. Construction staging, street and sidewalk closures, estimates of the number of workers and truck traffic, school and public bus conflicts, bike lane rerouting, and impacts on local businesses should be disclosed in the EIS. The EIS should also consider sensitive receptors (such as schools and houses of worship) in the analysis of air quality and noise impacts. (Meara_CPOLHN_040)

Response: As noted in the response to Comment 11, LHH has performed extensive analyses of varied construction phasing in order to minimize the duration of construction. In doing so, the duration has been reduced since the Scoping hearing. The EIS will provide details on the Proposed Project's construction program. As discussed in the Final Scope, the construction is currently anticipated to occur over an approximately nine-year period from 2027 to 2036. The EIS will include the preliminary conceptual construction schedule, phasing of activities likely to occur during construction, the anticipated construction work hours, preliminary construction logistics (e.g., site access points, potential staging area locations, potential street and sidewalk closures), and worker and truck estimates. Based on this information, potential impacts on specific areas of concern—including transportation, air quality, noise and vibration, hazardous materials, land use, socioeconomics, and community facilities—will be analyzed. The EIS will also identify measures that would avoid, minimize, and/or mitigate any potential significant adverse construction-related impacts.

Comment 62: Construction impacts on LHH's operating capacity should be addressed in the EIS. The extent to which services will be relocated to nearby Northwell facilities (or continue to be provided on the Project Site) should be disclosed. (Meara_CPOLHN_040)

Response: Construction impacts on existing LHH operations will be considered in the EIS. Independent of the Proposed Project, most ambulatory uses on the main hospital block are being relocated to other facilities.

Comment 63: The EIS should include a discussion of other nearby hospitals and health-related institutions' expansion plans and assess the cumulative impacts of the construction on the community. (Pope-Marshall_CIVITAS_039)

Response: Where appropriate, the EIS construction analysis will assess potential cumulative construction effects from neighboring projects with overlapping construction timelines.

Comment 64: A decade of construction will destroy nearby businesses and stores; it will kill business and ruin real estate values. (Brodsky_Falco_126, Trowbridge_147, Gaspar_159)

Response: An analysis of real estate values is outside the scope of SEQRA/CEQR.

Comment 65: Can you imagine the amount of construction and medical/biohazardous waste that would need to be disposed of during construction? (Raciti_114)

Hazardous toxins from construction and demolition waste would impact human health and the environment. (Leeds_145)

Response: The EIS will discuss the potential impacts from hazardous materials during construction.

Comment 66: No mitigation measures for traffic impacts during construction have been identified. (CB8_036, CB8_037)

Response: As described in the Draft and Final Scopes, based on the construction worker vehicle and truck trip projections of activities estimated for the Proposed Project, an assessment of potential traffic impacts during construction will be provided, and mitigation measures will be considered in the event that there is an identified potential for significant adverse impacts.

Comment 67: No provisions for unloading of building materials or possible additional land closures for construction vehicles have been presented. (CB8_036, CB8_037)

Response: The EIS will provide details on the Proposed Project's construction program, including preliminary construction logistics (e.g., site access points, potential staging areas and truck loading/unloading locations, and potential street and sidewalk closures).

Comment 68: The assumption that construction workers will all arrive by subway or bus is unrealistic. (CB8_036, CB8_037)

Response: In accordance with the guidance presented in the *CEQR Technical Manual*, the construction worker modal splits will be based on the latest available U.S. Census data for workers in the construction and excavation industry. It is not anticipated that all construction workers would arrive by transit.

Comment 69: Parking and traffic will be affected throughout the 11-year construction period. (CB8_036, CB8_037)

Construction of the Proposed Project would impact the use of the side streets and avenues in and around the Project Site. It would negatively impact traffic and/or parking. (Garbutt_045, Majumdar_052, Shufro_063, Stein_080, Majumdar_109, Brandi_119)

Neighborhood residents would have to reroute their trips during construction of the Proposed Project. (Brodsky_Falco_126)

Construction of the Proposed Project would create/exacerbate congestion. (Deane_049, Tanenbaum_056, Zukeman_057, Shufro_063, Stein_080, Brodsky_Falco_126)

Construction of the Proposed Project would result in noise, congested streets, safety issues, dust, and/or subway impacts. (Potasznik_050, Majumdar_052, Tanenbaum_056, Zukeman_057, Shufro_063, Holzer_064, Carole_068, Reid_071, Hautle_Striker_072, Bilgore_077, Goodbody_088, Layton_095, Saunders_098, Maher_101, Hoguet_104, Jones_108, Majumdar_109, Beatty_111, Silber_116, Manheimer_122, Herzig_128, Romig_131, Bilgore_138, Rappoport McKenna_141, Creel_144, Saunders Moore_148, Gaspar_159, Holzer_164)

Response: The EIS will provide details on the Proposed Project's construction program, including the preliminary conceptual construction schedule (which is currently anticipated to occur over an approximately nine-year period from 2027 to 2036), phasing of activities likely to occur during construction, the anticipated construction work hours, preliminary construction logistics (e.g., site access points, potential staging area locations, and potential street and sidewalk closures), and worker and truck estimates. Based on this information, potential impacts on specific areas of concern—including transportation, air quality, and noise and vibration—will be analyzed. The EIS will also identify measures that would avoid, minimize, and/or mitigate any potential significant adverse construction-related impacts. See also responses to Comments 62, 67, 71, 75, 76, and 79.

Comment 70: Subway service disruption during construction has not been considered. (CB8_036, CB8_037)

Response: Construction of the Proposed Project, including improvements to the subway station, is not expected to disrupt subway services. However, as described in the

Draft and Final Scopes, this construction transportation assessment will consider potential effects on other transportation services, including transit and pedestrian circulation, during the construction period.

Comment 71: The proposed pedestrian tunnel between Projected Development Sites 1 and 1a will be built using a cut-and-cover method. This will disrupt traffic on East 77th Street during the construction period and will take several months. (CB8_036, CB8_037)

Response: A pedestrian tunnel is no longer proposed for the project. However, a utility tunnel would be constructed under East 77th Street and horizontal drilling techniques would be employed instead of cut-and-cover methods to minimize disruption to pedestrian and vehicular traffic on East 77th Street.

Comment 72: The ambulance street staging area on East 77th Street will not be operational during construction. Staging of ambulances on Park Avenue or any other location will result in delayed patient emergency care. (Birnbaum_025)

Response: During construction, detailed maintenance and protection of traffic (MPT) plans would be developed and approved by NYCDOT to ensure appropriate vehicular and pedestrian traffic circulation and safety. During some stages of construction, the current ED access and designated "Ambulette Only" parking regulations on East 77th Street would be maintained. During other stages, access and ambulance/ambulette parking would temporarily be shifted to an ED entrance on East 76th Street as a temporary condition. These shifts would not affect patient emergency care.

Comment 73: Widening the north side of East 76th Street between Park and Lexington Avenues by 30 inches now would help to alleviate construction impacts. (Epstein_051)

Response: Widening the north side of East 76th Street between Park and Lexington Avenues by 30 inches is beyond the scope of the Proposed Project. Potential impacts on specific areas of concern, including transportation, will be analyzed and presented in the EIS. The EIS will also identify measures that would avoid, minimize, and/or mitigate any potential significant adverse construction-related impacts.

Comment 74: I am concerned about air quality, including dust and asbestos during demolition, and their effects on inpatients, outpatients, and local residents. How will patients and residents be protected? (Shufro_063)

I am concerned about construction effects on air quality, which could lead to asthma and serious health risks. (Byowitz_065)

Response: The EIS will assess the Proposed Project's construction-related activities and their potential impacts on air quality in accordance with *CEQR Technical Manual* guidelines and compare them against air quality standards, which were

established to be protective of human health. Based on the results of the construction air quality analysis, if necessary, the feasibility, practicability, and effectiveness of implementing measures to avoid or minimize significant construction air quality impacts will be examined. As described in the Draft and Final Scopes, the EIS also will assess the Proposed Project's potential impacts on public health.

Before the commencement of demolition activities, the existing buildings to be demolished or altered would be surveyed for asbestos by an NYC-certified asbestos investigator and, if present, those materials would be removed by a Department of Labor (DOL)-licensed asbestos abatement company in accordance with local, state, and federal requirements. Abatement would occur simultaneously with any demolition activities necessary to make abatement possible. Asbestos abatement is strictly regulated by DEP, DOL, the United States Environmental Protection Agency (EPA), and the United States Occupational Safety and Health Administration (OSHA) to protect the health and safety of construction workers and nearby residents, workers, and visitors.

Comment 75: Noise, dust, and debris are unavoidable with any construction project, but the length of construction anticipated for the Proposed Project amplifies these issues beyond what is reasonable. (Janis_023, CB8_036, CB8_037, Janis_087)

The potential impacts from noise, dust, debris, and demolition on local schools, stores, and restaurants should be assessed. (Brodsky_Falco_126)

The EIS should include a full description of the methods to be used in demolition and the impact of demolition in terms of dust, noise, and other disturbance to the neighborhood. Construction and demolition methods that have the least dust, noise, and other disturbance should be required. (Hoguet_104)

Response: The EIS will provide details on the Proposed Project's preliminary construction schedule, phasing of activities likely to occur during construction, and the anticipated construction activities. Based on this information, potential impacts on specific areas of concern—including transportation, air quality, noise and vibration, and socioeconomics—from construction activities will be analyzed. The EIS will also identify measures that would avoid, minimize, and/or mitigate any potential significant adverse construction-related impacts. See also responses to Comments 61, 70, and 75.

Comment 76: The EIS should disclose total energy requirements associated with construction of the Proposed Project under both all-electric and steam alternatives, and the analysis should make conservative assumptions regarding the off-site emissions generated by each. (Meara_CPOLHN_040)

Response: The EIS will assess the Proposed Project's construction-related activities and their potential impacts on energy, air quality, and GHG emissions in accordance with

CEQR Technical Manual guidelines. Based on the results of the construction analysis, if necessary, the feasibility, practicability, and effectiveness of implementing measures to avoid significant construction impacts will be examined.

Comment 77: What measures will be taken to remediate carbon emissions generated by construction of the Proposed Project? (Reckler_129)

Response: The EIS will identify measures that would avoid, minimize, and/or mitigate any potential significant adverse construction-related air quality impacts and GHG emissions generated by construction of the Proposed Project.

Comment 78: Construction of the Proposed Project will result in excessive noise that will affect services on Sundays from 10 AM to noon and Wednesdays from 6:30 PM to 8:30 PM. Scaffolding, dust, and debris will make it impossible to keep the garden open during construction and will destroy existing plantings and trees. (Polk_ECOC_060)

Response: Construction would be conducted in accordance with NYC laws and regulations, which allow construction activities between 7 AM and 6 PM on weekdays. While not expected to be frequent, weekend or night work may also be occasionally required for certain construction activities. Appropriate work permits from DOB would be obtained for any necessary work outside of normal construction hours, and no work outside of normal construction hours would be performed until such permits are obtained. The numbers of workers and pieces of equipment in operation for night or weekend work would typically be limited to those needed to complete the particular authorized task. Therefore, the level of activity for any weekend or night work would be less than that of a normal workday. The EIS will also identify practicable measures that would avoid, minimize, and/or mitigate any identified potential significant adverse construction-related effects, including construction period noise to nearby locations, including the garden at the Eighth Church of Christ, Scientist. These measures would include a robust dust control plan to ensure that excavated materials or debris would be dampened as necessary to avoid the suspension of dust into the air.

Comment 79: The noise from mobile air conditioning/chiller units, which run 24 hours a day, 7 days a week during construction, is unbearable for residents. (Klebe_073)

Response: Any mobile HVAC systems associated with construction of the Proposed Project (if used) would meet all applicable noise regulations (i.e., Subchapter 5, §24-227 of the New York City Noise Control Code, the New York City Department of Buildings Code).

Comment 80: Construction of the Proposed Project will impact the mental and physical health of the community. (Quirolo_143)

Response: The EIS will assess the Proposed Project's construction-related activities and their potential impacts on air quality in accordance with *CEQR Technical Manual* guidelines and compare them against air quality standards, which were established to be protective of human health. Based on the results of the construction air quality analysis, if necessary, the feasibility, practicability, and effectiveness of implementing measures to avoid significant construction air quality impacts will be examined. The EIS will also include a detailed quantitative construction noise analysis. The potential noise effects resulting from construction of the Proposed Project on surrounding receptors will be evaluated and compared to applicable impact criteria. If significant adverse impacts are identified, practicable mitigation measures will be identified. The GHG emissions that would be generated by the construction of the Proposed Project will also be assessed in the EIS.

ALTERNATIVES

Comment 81: The EIS should include a lower density as-of-right alternative which analyzes what could be developed at 9.0 FAR (the maximum community facility FAR allowed under C1-X zoning regulations along Lexington Avenue) without the 2.5 FAR bonus. (Pope-Marshall_CIVITAS_039)

Analyses of an as-of-right alternative, alternatives with shorter construction timeframes, alternatives that consider the use of other Northwell owned or controlled sites (alone or in combination), and/or alternatives with greater land use compatibility (including reduced height and bulk) should be presented in the EIS. (Meara_CPOLHN_040, Meara_CPOLHN_150, van der Valk_181)

An as-of-right alternative, which could be up to 40 percent larger than the existing hospital and still meet most of the Applicant's stated needs, should be considered. (Janes_CPOLHN_042, Janes_154)

The Applicant should develop as-of-right. (Lester_009, Wells_183)

An as-of-right alternative, including reducing the construction duration to three years, should be considered. (Birnbaum_025, Birnbaum_163)

One meaningful alternative plan for LHH would be to expand its ambulatory surgery services, consistent with community need, in Northwell's MEETH and Greenwich Village facilities. (Hyde_CPOLHN_041)

A multi-site alternative which considers the use of the MEETH, the Greenwich Village facility, and the Third Avenue site should be considered. (Janes_CPOLHN_042)

An alternative that meets both the needs of the City and the needs of the Applicant, which would be compliant with the Speaker's Land Use Guidelines and lower health inequity in NYC, should be considered. (Janes_CPOLHN_042, Janes_154)

Northwell should buy and renovate Metropolitan Hospital, which is located in an area that is not congested and would be better served. (Gold_008, Mintz_034, Gold_059)

Alternative approaches to the construction process, as well as alternatives to the project itself, including an as-of-right alternative and other alternatives that mitigate the impacts of the Proposed Project, should be discussed. (Levy_FRIENDS_082, Levy_FRIENDS_173)

The alternatives analysis should include a discussion of a reduced Lexington Avenue building which includes adjusted floor and mechanical floor heights, reduced programming uses, shifting mechanical spaces to the midblock, and shifting overall bulk to the midblock or to Park Avenue. (Pfeffer_061)

A full range of alternatives designed to mitigate significant adverse impacts to land use, socioeconomic conditions, shadows, visual impacts, transportation, construction, neighborhood character, and public health, at a minimum, should be required for the EIS. (Reece_028, Meara_CPOLHN_040, Meara_CPOLHN_150)

The alternatives to be analyzed in the EIS should be disclosed now, to provide City Planning with a sufficient basis to determine whether the Draft Scope is sufficient, and so City Planning will have context within which to judge the project and the public can understand what a realistic project could be. (Kingham_038)

Appropriate alternatives, including one with a separate entrance and exit and/or a below grade unloading area, and mitigation should be discussed. (Crary_014, Meara_CPOLHN_040, Rappoport McKenna_141)

Response: An analysis of alternatives to the Proposed Project will be provided in the EIS. As stated in the Draft and Final Scopes, "the purpose of an alternatives analysis in an EIS is to examine reasonable and feasible options that avoid or reduce project-related significant adverse impacts, while achieving the goals and objectives of the Proposed Project. The alternatives are usually defined once the full extent of the Proposed Project's impacts have been identified. However, the alternatives analyzed must include a No Action Alternative, as required by CEQR. The chapter may also include an alternative(s) that reduces any significant adverse impacts identified in the EIS analyses."

As discussed in response to Comment 5, an as-of-right alternative would not meet the Proposed Project's purpose and need.

As noted in response to Comment 9, Envelope 1 and Envelope 2 will be analyzed in the EIS.

MITIGATION

Comment 82: The broad ranging environmental ramifications, from impacts on transportation, zoning and land use, and neighborhood character, as well as the disruptions of a

minimum 11-year construction project, cannot be mitigated and set a dangerous precedent for midblock contextual zoning Citywide, and for other institutional expansion. (Levy FRIENDS_082, Levy_FRIENDS_173)

Response: The EIS will provide a detailed environmental analysis of impacts on transportation, zoning and land use, and neighborhood character, as well as disruptions, due to construction. Practicable mitigation and avoidance measures will be identified for any potential significant adverse environmental impacts. Any such impacts which cannot be avoided or mitigated will be identified in the "Unavoidable Adverse Impacts" chapter. Since publication of the Draft Scope, LHH and its project team have worked to reduce the length of construction to approximately nine years. Further, much of the work—both hospital fit outs of the new building and renovations to the buildings on the western end of the block—would take place entirely within the interior, not the exterior, of the buildings.

OTHER COMMENTS

Comment 83: The Draft Scope fails to consider how the $1.5 billion expansion in one of the City's most affluent and well served areas will concentrate healthcare resources to the detriment of the City's most under-served areas. The likelihood that the project would hasten the closure of hospitals in other parts of the City that cannot afford to lose them must be assessed. SEQRA requires an analysis of the adverse impact on health inequities and maldistribution of resources in the City's healthcare industry. The assessment of increased neighborhood health inequities should be addressed in the Public Health, Socioeconomic Conditions, Community Facilities, or Public Policy chapters of the EIS. The New York City Department of Health and Mental Hygiene should participate in the environmental review as an interested agency. (Meara_CPOLHN_040, Janes_CPOLHN_042)

The impact on health equity needs to be assessed. By adding hospital capacity where it is the least needed, the Applicant is exacerbating inequities in access to hospital care throughout NYC. The project should be disapproved or significantly downsized, and the Applicant should be encouraged to invest in expanding hospital capacity in areas of the City where it is desperately needed, such as the Lower East Side and Chinatown, East New York, Flatlands and Canarsie, Jackson Heights, or the Rockaways and Broad Channel. (Uttley_CVHSA_003, Uttley_CVHSA_157)

The Draft Scope does not address the impact of the Proposed Project on health equity in NYC. The Applicant should devote its financial resources to communities that need excellent medical care, not to enhancing the LHH facility. (Kingham_038, Socolar_048)

The Proposed Project would result in more healthcare inequity in conflict with the City's priorities. (Daly_044, Socolar_048, Goodbody_088, Socolar_178)

An analysis of relative effects of health inequity is needed, comparing the Proposed Project to an as-of-right project plus improvements or upgrades to other Northwell facilities located throughout the City. (Hoguet_104)

Response: SEQRA does not require an analysis of impacts on health inequities or the maldistribution of resources in the City's healthcare industry. However, as described in **Attachment 1** to the Final Scope, "Supplemental Project Information," in addition to the Proposed Project, the Northwell Medical Pavilion on Third Avenue, Lenox Health Greenwich Village, and MEETH, Northwell is making major investments to enhance its facilities in the other boroughs in which LHH operates hospitals. Further, throughout Queens, Staten Island, and Manhattan, Northwell is improving patient access to care by opening sites that provide convenient access to primary care, specialty care, urgent care, and imaging services. Northwell is enhancing facilities and improving care in all its service areas.

Comment 84: I am concerned that the Proposed Project would exacerbate our City's unequal access to healthcare. I urge Northwell to consider expanding hospital capacity in underserved areas around the City, such as the Lower East Side, Chinatown, East New York, Jackson Heights, or St. Barnabas Hospital in the Bronx. (Williams_PANY_078)

This area is already well-served by medical facilities. The project is not needed/not needed here. (Grossman_001, Uttley_CVHSA_003, Gold_008, Lester_009, Namm_010, Potasznik_011, Steiger_021, Korman_027, Reece_028, Krusch_032, Anderson_033, Mintz_034, Daly_044, Dangoor_046, Potasznik_050, Zukeman_057, Gold_059, Holzer_064, Speigel_069, Stein_080, Kruger_081, Goodbody_088, Dinger_089, Layton_095, MacEachron_097, Finster_099, Anderson_100, Maher_101, Silver_102, Goldfeld_107, Ehrlich_110, Samek_112, Malone_113, Meyrich_115, Lippman_117, Brandi_119, Cohen_121, Rose_124, Rose_125, Brodsky_Falco_126, Romig_131, Logan_134, Ravaschiere_ESN_135, Anderson_136, Steiger_137, Curtin Barnes_139, Maisel_140, Rappoport McKenna_141, Creel_144, Trowbridge_147, Tappert_CPOLHN_152, Janes_154, Krusch_155, Uttley_CVHSA_157, Gaspar_159, Reece_160, Holzer_164, Saunders Moore_185)

The project should be located elsewhere/in an underserved area. (Post_012, MacEachron_017, Lippman_031, Socolar_048, Holzer_064, Byowitz_065, Ongaro_076, Stein_080, Kruger_081, Post_083, Post_084, Post_085, Goodbody_088, Dinger_089, Layton_095, MacEachron_097, Finster_099, Anderson_100, Maher_101, Goldfeld_107, Ehrlich_110, Raciti_114, Meyrich_115, Rose_124, Rose_125, Brodsky_Falco_126 Romig_131, Logan_134, Anderson_136, Curtin Barnes_139, Maisel_140, Creel_144, Gaspar_159, Reece_160, Holzer_164, Tamayo_171, Daniel_174, Socolar_178, Houget_180, Saunders Moore_185, Burdy_184)

The Third Avenue site would be more appropriate for the Proposed Project. (Smajlaj_074)

Response: See responses to Comments 10, 11, 15, and 33.

As described in **Attachment 1** to the Final Scope, "Supplemental Project Information," in addition to the Proposed Project, the Northwell Medical Pavilion on Third Avenue, Lenox Health Greenwich Village, and MEETH, Northwell is making major investments to enhance its facilities in the other boroughs in which LHH operates hospitals. Further, throughout Queens, Staten Island, and Manhattan, Northwell is improving patient access to care by opening sites that provide convenient access to primary care, specialty care, urgent care, and imaging services. Northwell is enhancing facilities and improving care in all its service areas.

Comment 85: Two of the goals of the City Council's Land Use Guidelines and Application Toolkit are to "proactively plan to increase access to healthcare and essential services across our neighborhoods, particularly in neighborhoods that have suffered from historic neglect or have high populations of residents with greater support needs, including seniors and those living in poverty," and "new development should be paired with swift and effective commitments to provide resources and support that avoids worsening inequities in communities." The EIS should demonstrate how the Applicant will work to avoid worsening access to healthcare services. If Medicaid does not pay for single-bedded rooms in hospitals, will Medicaid patients not be admitted to LHH? What will that do to hospital capacity for those living in poverty? How does the Proposed Project address worsening inequities in communities? (Janes_CPOLHN_042)

The Proposed Project ignores all of the stated goals of the City Council's Land Use Guidelines and Application Toolkit. (Rose_124, Rose_125)

Building above 210 feet, the height permitted by existing zoning, will result in devastating environmental effects across NYC and will disproportionately affect residents, workers, and students of color. (Ravaschiere_ESN_135)

Response: See response to Comment 30.

Comment 86: The creation of union construction jobs for a limited time is not enough of a benefit to allow the development of the Lexington Avenue bulk. The Applicant can find other opportunities for these workers on other projects, including its Third Avenue building and a reduced size renovation of the existing LHH facility. (Gold_008, Kingham_038, Olken_047, Olken_054, Gold_059, Holzer_064, Byowitz_065)

Response: Comment noted.

Comment 87: 32BJ has told its members that LHH services can no longer be utilized because they did not negotiate fair charges with us. If we were to use their services, there would be no coverage by our Union. (Smajlaj_074)

Response: Comment noted.

Comment 88: The Applicant could build inclusionary housing, but does not have plans to do so either on- or off-site. Other locations should be explored. (Birnbaum_025, Birnbaum_163)

Response: The Proposed Project does not include any residential uses.

Comment 89: The daylighting score of the Proposed Project should be disclosed, using Midtown's Daylight Evaluation regulations [Zoning Resolution (ZR) Section 81-27] to demonstrate the exceptional darkness this building will bring at street level. (Janes_CPOLHN_042, Janes_154)

Response: The Proposed Project is not located within the Special Midtown District; therefore, the daylighting evaluation is neither applicable to nor required for the Project Site. As described in the Draft and Final Scopes, the EIS will include a shadows assessment to determine the potential effects of the Proposed Project on sunlight-sensitive resources [which, as defined by the *CEQR Technical Manual*, include publicly accessible parks and plazas, sunlight-dependent features of historic resources such as stained-glass windows, Greenstreets (planted areas in traffic islands), and natural resources such as water bodies and wetlands].

Comment 90: The Applicant's reliance on debt financing for this project will inflict unnecessary financial damage on NYC employers, health insurers, and patients. The project is unaffordable and Northwell's finances are not going to pay for this project. (Hyde_CPOLHN_041, Hyde_CPOLHN_158)

The $1.6 billion costs would be prohibitive; revenues would have to increase to cover operating expenses and debt service. (Goodbody_088, Saunders_098, Reckler_129, Saunders Moore_148, Hurley_156)

Response: Project financing is outside of the scope of SEQRA/CEQR.

COMMENTS IN OPPOSITION TO THE PROPOSED PROJECT

Comment 91: I oppose the project. (Grossman_001, Gold_008, Lester_009, Namm_010, Post_012, Osborne_016. MacEachron_017, Korman_018, Cullman_022, Bilgore_026, Reece_028, Sigler_030, Mintz_034, Garbutt_045, Dangoor_046, Socolar_048, Majumdar_052, Zukeman_057, Gold_059, Shufro_063, Korman_070, Klebe_073, Bilgore_077, Post_084, Post_085, Saunders_098, Finster_099, Maher_101, Botvin_103, Korman_105, Droppa_106, Goldfeld_107, Jones_108, Majumdar_109, Ehrlich_110, Beatty_111,

Samek_112, Brandi_119, Lamia_120, Cohen_121, Manheimer_122, Weintraub_123, Rose_124, Rose_125, Zarrilli_127, Herzig_128, Reckler_129, Tavakoli_132, Bilgore_138, Maisel_140, Ravaschiere_ESN_135, Creel_144, Saunders Moore_148, Hurley_156, Socolar_178, Houget_180)

Response: Comment noted.

COMMENTS IN SUPPORT OF THE PROPOSED PROJECT

Comment 92: I support the project. (Ehrenberg_ALHH_004, Holiday_015, Cunningham_NYBC_019, Jeffrey_020, Ramer_053, Silverman_058, Kummel_075, Rosenblatt_130, Pascone_NYBC_172, Rosenblatt_175)

I support the project, which would result in construction jobs with union wages and benefits to support workers and their families. The project would create jobs for construction workers with union wages and safe work sites. It would result in high-quality patient care and good paying construction and healthcare jobs that New Yorkers from disadvantaged backgrounds, women of color, and low-income housing can access. (George_166, Robinson_167, Dupree_168, Blunt_169, Picarillo_170, Brereton_176, Colon_177, Torres_179)

Providing excellent patient care is the hospital's main responsibility but as the patient population grows and changes, the hospital must grow to accommodate it. Both the staff and community deserve a neighborhood facility that enables an efficient and effective standard of care for patients now, not one created to service the needs of the 1800s. (Ehrenberg_ALHH_004)

The Proposed Project is not proposing luxury accommodations, but rather practices that are the current standard of care. LHH serves a greater community than just the Upper East Side and is in need of modernization. (Rosenblatt_130, Rosenblatt_175)

Single-bedded rooms are for the sake of all patients. A larger ED and modern equipment are needed. (Jeffrey_020, Kummel_075)

Response: Comments noted.

Appendix B
Public Scoping Meeting Transcript and Written Comments

Community Board

Russell Squire
Chair

[redacted]
District Manager

505 Park Avenue, Suite 620
New York, N.Y. 10022-1106
[redacted]
www.cb8m.com – Website
info@cb8m.com – E-Mail

The City of New York
Community Board 8 Manhattan

March 13, 2023

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

RE: Comments: Scoping of the Northwell Health/Lenox Hill Hospital Expansion.

Dear Ms. Shellooe,

Please take a look at the comments agreed upon by the Zoning & Development Committee of Community Board 8 Manhattan regarding the scoping of the Northwell Health/Lenox Hill Hospital Expansion.

GENERAL COMMENTS

• Many, if not most of the negative comments following have as their root cause the applicant's insistence that Lenox Hill Hospital remain fully open and functional throughout the construction process, an unnecessary demand in a community district that includes the area often referred to as "Bedpan Alley".

• The foundational premise of all single-occupancy rooms sized 40% larger than current double-occupancy rooms bloats the proposal.

• The massive height and bulk of the Lexington Avenue building would severely damage the scale and character of the neighborhood.

• The construction schedule is too long.

ZONING and BULK

• Current Zoning permits a total area of +/- 600,000 ZSF (average FAR 7.5); the proposal calls for 1,050,000 ZSF (average FAR12.5). Requiring rezoning the eastern ¾ of block presents the appearance of "spot zoning".

• The proposed zoning and proposed bulk for the Lexington Avenue portion of the site (up to 100' west from Lexington Ave.) has an FAR of about 20. The proposed midblock rezoning will have an FAR of about 12, and the Park Avenue portion of the site will more or less retain its current FAR of about 8.5. The imbalance of the floor area distribution on the site creates a huge bulk on Lexington, although spreading the proposed floor area equally across the site could produce a building about 210 feet tall.

• The proposed tower, at 436 ft tall, is 2 ½ times the size of the tallest building permitted under the current zoning

• Its footprint, basically occupying the entire Lexington Avenue blockfront at its full height, is too massive and out of scale with the surrounding neighborhood.

• Applicant requires not only a change of zoning designation on ¾ of the entire site, but then must obtain permission for modification of height, setback and other bulk controls. The applicant wants to, in effect, select the most generous bulk and area regulations, and then seeks relief from those rules to build more.

• The massive tower will create a "canyon" shadow effect along Lexington Avenue and both side streets.

• Additional floor area bonus for transit improvement does not take into account the absence of accessible access to the Northbound IRT at 77th Street, which is an urgent need at this subway station.

• The proposal is located in residential area and occupies virtually the entire ground plane.

PROGRAM

• The applicant proposes a 40% increase in ZFA with only a 6% increase in the number of beds, a 20% increase in operating rooms, 30% increase in ER treatment positions, and only an8% increase in the number of labor, delivery and recovery rooms. At the same time, the applicant proposes a decrease in imaging rooms of 15%, presumably off-loading them to its new Third Avenue location.

• No drop-off area is proposed, which will further obstruct traffic on Lexington Avenue, as the entrance to the hospital is located on the corner of Lexington and 76th Street, adjacent to a bus lane.

• The entrance to the "mother and baby hospital" on Park Avenue will similarly disrupt traffic on Park Avenue. No real consideration has been given to the way that many patients arrive at the hospital – via public transportation or by car.

• If the new patient rooms were no larger than the current double-occupancy rooms (+/- 250 SF), the tower could be up to three floors (or 45 feet) shorter without sacrificing beds. The 475 rooms proposed at 355 SF will require nearly 170,000 SF of floor area (not including support space and circulation). The same number of beds, in rooms of 255 SF would occupy only about 120,000 SF.

SUBWAY and INCREASED PEDESTRIAN AND VEHICULAR TRAFFIC

• No plans exist for an elevator to reach the northbound IRT station at 77th Street. No north-to-south transfer is possible before 125th Street. Not providing wheelchair access for subway riders coming to the station from downtown is unacceptable.

• Current plans, with a single, southbound elevator, are inadequate. The example of the elevator on the northbound side of the 86th Street station, which is frequently out of service, should inform decisions at 77th Street regarding number of elevators.

• Despite comments to the contrary made by the applicant, common sense would indicate that a much larger hospital will need more staff to run it, increasing traffic in the immediate area.

• Lack of parking is already a problem in the Upper East Side, and congestion pricing may increase demand in the area above 60th Street beyond current capacity. Contrary to the applicant's assertion, demand for parking is likely to increase as a result of the proposal, and the applicant has not proposed any mitigation for such an increase.

CONSTRUCTION SCHEDULE

• The proposed construction schedule, a result of maintaining operations at the hospital while it is substantially reconstructed, is too long at nine years for core and shell and two additional years for interior fit-out. Likely at least a third of that could be eliminated if the applicant were not determined to keep the hospital open during construction.

• According the applicant, Saturday and late work permits will be requested throughout the construction period, disrupting normal activities for a generation of East Siders.

• No provisions have been identified for traffic disruption mitigation during construction.

• No provisions for unloading of building materials or possible additional lane closures for construction vehicles have been presented.

• The assumption that construction workers will all arrive by subway or bus is unrealistic. Parking and traffic will be affected throughout the eleven-year construction period.

• Noise and dust and debris are unavoidable with any construction, but the length of construction time anticipated for this proposal amplifies these issues beyond what is reasonable.

• No thought has been presented by the applicant regarding possible subway service disruption during construction.

• The proposed pedestrian tunnel between the service building on the north side of 77th Street and the hospital will be built using a cut-and-cover method. This will totally disrupt traffic on 77th Street during the construction period, which will last several months, as the street will be excavated in two parts, and excavated carefully to avoid cutting utilities buried in the street.

Please advise us of any action taken on this matter.

Sincerely,

Russell Squire *Elizabeth Ashby, Anthony Cohn, and Sharon Pope-Marshall*

Russell Squire
Chair

Elizabeth Ashby, Anthony Cohn and Sharon Pope-Marshall
Co-Chairs, Zoning & Development Committee

cc: Honorable Eric Adams, Mayor of the City of New York
Honorable Mark Levine, Manhattan Borough President
Honorable Jerry Nadler, 12th Congressional District Representative
Honorable Liz Krueger, NYS Senator, 28th Senatorial District
Honorable José M. Serrano, NYS Senator, 29th Senatorial District
Honorable Edward Gibbs, NYS Assembly Member 68th Assembly District
Honorable Alex Bores, NYS Assembly Member, 73rd Assembly District
Honorable Rebecca Seawright, NYS Assembly Member 76th Assembly District
Honorable Keith Powers, NYC Council Member, 4th Council District
Honorable Julie Menin, NYC Council Member, 5th Council District
Honorable Laura Kavanagh, Fire Commissioner, New York City Fire Department

From: Kevin Wu <[redacted]>
Sent: Monday, March 13, 2023 4:15 PM
To: 23DCP079M_DL
Cc: Will Brightbill; Saida Harrigan; Russell Squire
Subject: [EXTERNAL] CB8M Comments on the Scope of the Northwell Health/Lenox Hill Hospital Expansion
Attachments: 0223 Comments re Lenox Hill Hospital & Northwell Health Expanded Scope of Work.pdf

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Dear Ms. Shellooe,

Attached, please find the comments approved by the co-chairs of the Zoning and Development Committee following their February Committee meeting concerning Northwell Health's revised plans to renovate and redevelop Lenox Hill Hospital, located between East 76th and East 77th Streets and Park and Lexington Avenues.

Please let me know if you have any questions and please keep our office advised regarding any action on this matter.

Very best,

--
Kevin Wu
Community Associate
Community Board 8 Manhattan
W: [redacted]
C: [redacted]
https://www.cb8m.com/

Russell Squire
Chair

Will Brightbill
District Manager

505 Park Avenue, Suite 620
New York, N.Y. 10022-1106
[redacted]
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info@cb8m.com – E-Mail

The City of New York
Community Board 8 Manhattan

March 13, 2023

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

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Russell Squire *Elizabeth Ashby, Anthony Cohn, and Sharon Pope-Marshall*

Russell Squire
Chair

Elizabeth Ashby, Anthony Cohn and Sharon Pope-Marshall
Co-Chairs, Zoning & Development Committee

cc: Honorable Eric Adams, Mayor of the City of New York
Honorable Mark Levine, Manhattan Borough President
Honorable Jerry Nadler, 12th Congressional District Representative
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Honorable Edward Gibbs, NYS Assembly Member 68th Assembly District
Honorable Alex Bores, NYS Assembly Member, 73rd Assembly District
Honorable Rebecca Seawright, NYS Assembly Member 76th Assembly District
Honorable Keith Powers, NYC Council Member, 4th Council District
Honorable Julie Menin, NYC Council Member, 5th Council District
Honorable Laura Kavanagh, Fire Commissioner, New York City Fire Department

Elected Officials

From: Cerimar Olivares <[redacted]>
Sent: Monday, March 13, 2023 12:19 PM
To: 23DCP079M_DL
Subject: Office of the Public Advocate Statement on Lenox Hill Hospital Expansion
Attachments: Statement on Lenox Hill Expansion.pdf

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Hello,

I am emailing on behalf of the NYC Public Advocate. Attached below, please find the statement from our office relating to the Lenox Hill Hospital expansion plan. Thank you.

Best,

Cerimar Olivares (she/her**)**
Legislative and Policy Associate

Office of NYC Public Advocate
Jumaane D. Williams
E: [redacted]

www.advocate.nyc.gov

PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Jumaane D. Williams

STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY DEPARTMENT OF CITY PLANNING
MARCH 3, 2023

To Whom It May Concern,

I am writing today to raise concerns about the Lenox Hill Hospital expansion project that is currently being reviewed by the Department of City Planning. After conversations with community members and community leaders, I am concerned that this expansion would exacerbate our city's unequal access to healthcare. In addition, I would urge Northwell Health to consider expanding hospital capacity in underserved areas around the city.

Whereas the expansion of Lenox Hill Hospital is unlikely to make a significant impact on the health of the surrounding neighborhood, given that Upper East Side residents have lower rates of chronic disease and other key health indicators, other communities around the city would benefit greatly from additional hospital capacity and health facility resources. In addition to lower rates of chronic disease, Upper East Side residents also have lower rates of teen pregnancy, infant mortality and deaths as well as lower rates of obesity, diabetes and hypertension[1].

During the COVID-19 pandemic, which exacerbated inequities in both health status and access to care, the Upper East Side saw a lower death rate than the citywide death rate - 240 deaths per 100,000 people in the Upper East Side compared to 407 deaths per 100,000 people citywide.

In terms of actual hospital capacity, the Upper East Side already benefits from far more existing hospital capacity than other areas around the city and furthermore, its residents are also far less likely to require medical care than others with 7% reporting having gone without medical care over the course of a year, down from the citywide average of 10%[2].

I urge Northwell Health to consider expanding hospital capacity in medically underserved communities like the Lower East Side, Chinatown, East New York and Jackson Heights. These communities would benefit the most from expanded capacity and resources as they suffer from higher rates of chronic conditions, COVID death rates, lack of prenatal care, and infant mortality rates. In the case of Chinatown and East New York, for example, the community rates for COVID deaths stand at 613 per 100,000 deaths and 1,543 per 100,000 deaths respectively. This accounts for nearly three times the rate of the Upper East Side in the case of Chinatown and nearly six times the same rate for East New York.

[1] NYC DOH Community Health Profiles, accessed at https://a816-health.nyc.gov/hdi/profiles/
[2] NYC DOH Community Health Profiles, accessed at https://a816-health.nyc.gov/hdi/profiles/

Alternatively, St. Barnabas Hospital, a Northwell Health facility located in the Bronx in the Belmont area, would also benefit greatly from expanded hospital capacity. We hope you take this into consideration. Thank you.

Businesses and Organizations

From: Kate Cunningham <[redacted]>
Sent: Monday, March 6, 2023 4:05 PM
To: 23DCP079M_DL
Cc: Justin Pascone
Subject: [EXTERNAL] Lenox Hill redevelopment
Attachments: Lenox Hill- CPC Scoping hearing 3-2023.pdf

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Good afternoon,

Please see attached our written testimony in support of the Lenox Hill Redevelopment project that was heard by he City Planning Commission last week. Please let us know if you have any questions.

Thank you,
Kate

Kate Cunningham | Director, Government and External Affairs
New York Building Congress
[redacted]
1040 Avenue of the Americas, 21st Floor | New York, New York 10018 | buildingcongress.com

#Schdvh#gr#qrw#sulqw#klv#hQp dlq#kqdhvv#qhfhvvdu|1

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MARILYN JORDAN TAYLOR
DANIEL R. TISHMAN
RICHARD L. TOMASETTI

NEW YORK BUILDING CONGRESS

March 2, 2023

Good afternoon, we want to thank the Chair and members of the commission for the opportunity to testify today on this important topic. The New York Building Congress is a broad-based membership organization that consists of more than 500 constituent organizations and 250,000 skilled tradespeople and professionals, including architects, engineers, contractors, developers, and labor.

For more than 150 years, Lenox Hill Hospital (Lenox Hill) has been a vital resource for New York City and a place where every New Yorker can access comprehensive care. Northwell Health has been an exceptional leader in providing world-class care for all communities. Among Northwell's 23 hospitals across the region, Lenox Hill Hospital is one of the top five hospitals in New York state and one of the top 50 hospitals in the nation for six specialty practices. This proposal for Lenox Hill is exactly what the community has been asking for and what the hospital's excellent staff need to continue serving the Upper East Side for another 150 years.

The city as a whole has learned a lot of lessons over the last three years about how we can treat New Yorkers with the care, technology, and the dignity they deserve. This vision for Lenox Hill delivers that promise while also bringing so much more to the community. It means improved access to a busy subway station, less congested, safer streets in the long term, and new good-paying union jobs — especially for our young men and women who need good work today.

But we won't make that vision real without moving forward together as one city that believes New Yorkers of all communities deserve updated, future-focused hospitals. A revitalized Lenox Hill will provide city residents access to the care and patient experience Northwell has offered for generations and can offer many more. This proposal is patient and community focused and for that reason the New York Building Congress is in full support.

From: Jill Ehrenberg <j[redacted]>
Sent: Friday, March 3, 2023 12:41 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Comments on Planning Meeting 3/2/23

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To the Environmental Assessment and Review Division, New York City Department of City Planning:

My name is Jill Ehrenberg and I am the former Chair and current Nominating Chair of the Auxiliary of Lenox Hill Hospital. I have been affiliated with the hospital since 2015
and my husband was treated there until his death in May, 2020. I speak not only as a strong advocate for the renovation project, but as one who has experienced first-hand the needs that this renovation will address.

The mission of the Auxiliary is to assist the hospital in promoting the health and welfare of the Lenox Hill community. As such we recognize and support internal projects dealing with Resident burnout, and extensively fund grants to Nursing and other employees in an effort to help with retention as staff struggles to function in an aging facility. External projects, i.e. funding the Women's Shelter at the Park Avenue Armory, providing clothing to homeless and patients in unfortunate circumstances, and the distribution and fitting hundreds of free bike helmets the Third Avenue Fair each summer, continually remind us of the great need for service support in the midst of Upper East Side. Providing excellent patient care is the hospital's main responsibility but as the patient population grows and changes, the hospital must grow to accommodate it. Both the staff and the community deserve a neighborhood facility that enables an efficient and effective standard of care for patients now, not one created to service the needs of the 1800's.

Rooms where critically ill patients are only separated by a curtain on a rod with no room for family to be present, patients having to be transported to testing areas because rooms are too small to accommodate equipment, lack of calming space for staff to have a break during their grueling schedules, and the need for accessible, chaplaincy areas affording some privacy to families instead of shared ones are just a few examples of urgent needs the renovation can address. Rooms where care can be administered effectively help not only the patient, but the staff as well. A patient on a gurney having to dodge computer stations in a crowded patient corridor makes even simple tasks more difficult for all.

The Lenox Hill physicians and staff continue to do an outstanding job day after day in spite of these challenges. Instead of having to circumvent them, let's remove the challenges and replace them with an updated patient and staff friendly facility will enhance the experience for all.

Thank you,
Jill Ehrenberg

Jill Ehrenberg
Nominating Committee Chair
The Auxiliary of Lenox Hill Hospital

From: Tapert, Nicholas W. <[redacted]>
Sent: Sunday, March 12, 2023 8:59 PM
To: 23DCP079M_DL
Cc: Meara, Karen E.; Stephanie Shellooe (DCP)
Subject: [EXTERNAL] Comments of Dr. Fred Hyde re Lenox Hill Hospital Redevelopment – CEQR No. 23DCP079M
Attachments: 1-2023, 3-6-Committee to Protect Our Lenox Hill Neighborhood, with exhibits.pdf

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Dear Ms. Shellooe,
Please see attached the comments of Dr. Fred Hyde on behalf of the Committee to Protect Our Lenox Hill Neighborhood on the Draft Scope of Work for the Lenox Hill Hospital Redevelopment. Thank you for your time and attention.
Sincerely,

Nicholas W. Tapert, Esq.
Carter Ledyard & Milburn LLP
28 Liberty Street, 41st Floor
New York, NY 10005
[redacted] / www.clm.com

****
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Fred Hyde & Associates, Inc.
Colt's Pond, P.O. Box 362
Ashford, CT 06278
[redacted]

March 6, 2023

New York City
Department of City Planning
Environmental Assessment and Review Division
120 Broadway, 31st Floor
New York, NY 10271

Via e-mail: [redacted]

Re: Scoping Hearing, Lenox Hill Project, CEQR No. 23DCP079M

Dear Colleague:

I have been asked by the Committee to Protect Our Lenox Hill Neighborhood to evaluate the most recent proposal from Northwell Health of Long Island to rebuild and expand Lenox Hill Hospital. I am a consultant in the hospital field with fifty years' experience, including the building and rebuilding of hospitals and academic medical centers; work as chief executive of two hospitals, a surgery center, physician office practices and an HMO-in-formation; and now teach these subjects (hospital operations, health care finance and economics) in the graduate Schools of Health and Nursing at Georgetown University.

In almost every regard, this proposal is outsized compared to industry standards. There is no demographic, community, business or professional rationale which would justify a project of this scope and magnitude, much less in this specific location. Parenthetically, and given the reliance of Northwell Health on debt financing for this project, and on debt for capital formation generally, this project will inflict unnecessary financial damage on New York City employers, health insurers and patients.

There is every reason to *renew* aging hospital facilities, including those of Lenox Hill Hospital. This project is not a *renewal* project, however; it remains (as was an earlier proposal) a dramatic expansion, approximately a 100% increase in the overall size of the hospital, grand and aspirational, rather than rational.

Your authority and expertise should be enlisted to encourage the applicant to rethink this plan in light of their public responsibilities. This is particularly applicable to the architecture team, whose responsibility, especially with regard to a "public good," is to program that which is needed by the public, and to resist the collective requests of private actors. Thank you for the opportunity to present this information.

Very truly yours,



Fred Hyde, M.D., J.D., M.B.A.

Lenox Hill Hospital, Historical Key Indicators
Inpatient Utilization

AHA Guide Edition*	Staffed Beds	Admissions	Census (Average Daily Census, ADC)	Occupancy (ADC as a % of Staffed Beds)
2023	**436**	29,419	331	75.9%
2022	**425**	25,709	298	70.1%
2021	**414**	30,986	348	84.1%
2020	**440**	29,485	339	77.0%
2019	**440**	29,560	332	75.5%
2018	**441**	28,540	327	74.1%
2017	**441**	28,449	341	77.3%
2016	**441**	28,699	373	84.6%
2015	**508**	29,417	384	75.6%
2014	**508**	29,441	386	76.0%
2013	**539**	29,222	383	71.1%
2012	**539**	29,066	398	73.8%
2001-2	**652**	28,576	491	75.3%
Change % 2002-2022	**-33%**		**-33%**	
Projection, Staffed Beds With Continued Reduction in Inpatient Utilization at the same rate as experienced in 2002-2022.				
2025-2030	**401**		**305**	
2031-2035	**381**		**289**	
2036-2040	**351**		**266**	
2041-2045	**333**		**253**	
2046-2050	**300**		**228**	

***The AHA edition year reflects volume from the previous year; the 2023 edition shows volume from 2022, for example. All numbers are as reported by the hospital to AHA.**

Declining inpatient census, secondary to declining length of stay, means Lenox Hill today needs 33% fewer beds than it did in 2002, just two decades ago. Migration of inpatient surgical procedures to outpatient surgery will mean additional reduction in inpatient bed needs, due to decline in admissions (see next page). Finally, a change from double to single beds will increase potential occupancy, providing more flexibility in managing the census.

Lenox Hill Hospital
Projection of the Volume of Surgery

Ambulatory Surgery Volume, from SPARCs	
2022	**9,523**
2021	**10,650**
2020	**8,190**
2019	**12,108**
2000	**12,829**

(1) Projection of the volume of inpatient surgery procedures, based on history and current changes in technology and medicine, shows that fewer, not more, operating rooms are needed for inpatient surgery at Lenox Hill. (2) Space associated with each operating room needed has been exaggerated in the proposed building, the architect noting that a modern operating room will require 600 to 1,000 net square feet, but neglecting to note that 600 is an amply sized room for a well equipped community hospital, and 1,000 is generally associated with academic medical center teaching hospitals (equipment, presence of multiple trainees), then choosing 1,000 rather than 600 for sizing. (3) Reduction of the average daily inpatient census at Lenox Hill (previous chart) has been primarily associated with shorter lengths of stay. (4) Future projections will be associated with technology change, including such developments as same day discharge for TAVR procedures. These changes hold great promise for Lenox Hill, which has lagged badly in ambulatory surgery growth, having approximately the same volume that it had in ambulatory surgery in the year 2000; now nearly half of the nation's surgery is performed on an outpatient basis. One meaningful alternative plan for Lenox Hill would be to expand growth in ambulatory surgery, consistent with community need, in the MEETH and Greenwich Village facilities which are part of the Lenox Hill license.

Lenox Hill Hospital
ED Volume, from SPARCS, NYD DoH, Updated to 2-21-2023

Year	Total ED visits
2022	32,753
2021	47,129
2020	32,530
2019	39,129
2018	39,710
2017	47,825
2016	53,227
2015	54,185
2014	54,820
2013	54,938
2012	55,926
2011	52,530
2010	49,876
2009	42,827

Lenox Hill is not a Level 1 Trauma Center, of which there are 13 in New York City, nor is it an academic health center. In the Lenox Hill project, the architect has produced a space program which exceeds even the requirements of Level 1 Trauma Centers and academic health centers, and is much greater than the space needs of high quality community hospitals.

The recent Erie County Medical Center (a Level 1 Trauma Center) ED project produced a total facility capable of accommodating more than 80,000 visits per year, in 54,000 sf, compared to the more than 71,000 sf that Lenox Hill reports (Cost Report, period ending 12-31-2021) it has currently in the ED.

The highest number of emergency department (ED) visits per year at Lenox Hill historically was 55,926, ten years ago. In 2022, that number was 32,753. At 1700 visits per treatment station per year, the standard employed by Ennead in the recent Mount Sinai Beth Israel project, 20 stations would suffice, not the 34 Lenox Hill reports currently, and certainly not the 48 it proposes. Forty-eight treatment stations would support 81,600 visits per year, more than twice the current ED volume at Lenox Hill.

Financial Impact of the Proposed Lenox Hill Expansion Project

New square footage, stated by the applicant	**Cost per gsf**	**Total cost**
639,300	$1,500	$958,950,000
	$2,000	**$1,278,600,000**
	$2,500	$1,598,250,000
Most likely additional square footage involved in renovation and reuse of space		
300,000	$500	$150,000,000
	$750	**$225,000,000**
	$1,000	$300,000,000
Most likely project cost		**$1,503,600,000**
Sources of project financing:		
Equity, net from operations, Lenox Hill and Northwell		$0
Equity, philanthropy		$250,000,000
Debt, to be financed		$1,253,600,000
Annual debt at . . .	4.0%	$71,818,536
	4.5%	**$76,221,684**
	5.0%	$80,755,152

The financial impact of the proposed Lenox Hill Hospital expansion project will be to force an increase in revenue by an amount which would generate a net of $76 million per year. At a 10% operating margin--higher than Lenox Hill currently--this would be $760 million, for 30 years, with more than $1 billion paid in interest.

An intermediate cost estimate would be $1.5 billion. Philanthropy will no doubt be generous, but even a high estimate of $250 million raised for the project will leave $1.25 billion to be financed. The current interest rate required to be paid by issuers of hospital revenue bonds is higher than it has been in recent history, and, given the recent poor financial performance of hospitals nationally, unpredictable. Annual debt service is estimated at $76 million, or more, with a total interest payments over 30 years of more than $1 billion.

Who will pay this $76 million each year? At a 10% operating margin, will revenue from patients have to increase $760 million to net this amount? Or, less likely, will Lenox Hill cut back $76 million per year on operating expenses? Lenox Hill is not a "must have" hospital for commercial health insurers, who may balk at the price tag, on behalf of employers. The final prices to be paid may remain opaque to the public. Here is an excerpt from an Official Statement on Northwell's bond offering in May, 2022:

"Three of Northwell's member hospitals-Lenox, LIJMC, and NS UH-received letters from the CMS in 2021 advising each hospital of non-compliance with the Federal Price Transparency Regulations. Lenox, LIJMC, and NSUH have sent response letters to CMS. Lenox subsequently received a letter from CMS in January 2022, advising it of continued non-compliance and requesting that Lenox submit a corrective action plan."

From: George M. Janes <[redacted]>
Sent: Monday, March 13, 2023 3:21 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Comments on Lenox Hill CEQR No. 23DCP079M
Attachments: Comments_GMJA_03132023.pdf

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Hi,

Please find comments on Draft Scope of Work for Lenox Hill Hospital – CEQR No. 23DCP079M

Thanks,

George Janes

--
George M. Janes, AICP
George M. Janes & Associates
Office: [redacted]
email: [redacted]
Web:
https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.georgejanes.com%2F&data=05%7C01%7CSBarron%40planning.nyc.gov%7Cf5b80495d9e849943b9008db23f82df9%7C32f56fc75f814e22a95b15da66513bef%7C0%7C0%7C638143321666100669%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=03gUwB%2F2aqfQNihzWEeedCy%2FJkOsn5YXLZExWUXymvs%3D&reserved=0 / Skype: george.m.janes / Twitter: @geojanes

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March 13, 2023

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

Re: Lenox Hill Hospital– CEQR No. 23DCP079M – Comments on Draft Scope of Work

Dear Director Shellooe:

I am an urban planner working with the Committee to Protect Our Lenox Hill Neighborhood. These are my comments on the Draft Scope of Work (DSOW) for the environmental review of Lenox Hill Hospital's proposed expansion.

Northwell's proposal has potential significant adverse impacts both in the neighboring area, but also citywide. Since Lenox Hill, and the services it provides, are a part of the City's critical infrastructure, the changes in Northwell's proposal need to be evaluated more broadly than a typical environmental review. Simply, the CEQR Technical Manual cannot capture all elements of potential environmental impacts when it involves some of the City's critical infrastructure.

The process of issuing a Draft Scope of Work and soliciting comments for a Final Scope of Work is exactly for projects like this one: where the standard process outlined in our Technical Manual doesn't capture all the environmental impacts that this project will bring. I hope that the Lead Agency will consider these comments carefully and implement the suggestions outlined below.

How many people will work at the new Lenox Hill?
Let me start with a basic and obvious problem with the assumptions laid out in this Scope of Work. The following table is taken from the AKRF memo on Travel Demand Factors, page 37 of the PDF.

Table 1
Program Summary

Components	No Action Condition	With Action Condition	Increment
Project Site (GSF)	804,737	1,444,000	639,263
Hospital Staff	2,538	2,965	+427
Hospital Patients / Visitors	1,462	1,544	+82
Ambulatory Care Staff	303	215	-88
Ambulatory Care Patients / Visitors	407	387	-20

Notes: GSF = Gross Square Feet; Square footages shown are approximate
Source: Northwell/LHH counts and projections

This table says that Lenox Hill will increase by nearly 80% in size, but that staff will only increase by 12%. That means SF per staff person will increase from 283 SF per staff person to 454 SF per staff person.

This assumption is neither conservative nor credible. Staff people make trips. If there are fewer staff people, there will be fewer trips. Since there are so few new staff projected, AKRF's memo states that there is no possibility for adverse impacts on parking, traffic or transit because there are so few new staff members. The Lead Agency needs to critically examine this assumption; it can't simply take Northwell's projections at face-value when it is in the Applicant's interest to project as few staff as possible. This assumption impacts more than just transportation, as there are other study areas where new staff members are used as inputs.

Further, the staff numbers in this table do not seem to relate to the Applicant's estimate of staff in other published documents. The American Hospital Association reports Lenox Hill had 6,157 employees in 2020, 6,809 employees in 2021 and 8,901 employees in 2022.[1] Additionally, Lenox Hill's Medicare cost report shows 5,827 employees in 2022. While these two sets of numbers are not close to each other, they are still vastly more than the 2,538 hospital staff shown in this table for No Action Conditions (or the 2,841 staff when hospital and ambulatory staff are combined.) Even if the American Hospital Association is including staff at Lenox Hill's Greenwich Village facility and Manhattan Eye, Ear and Throat Hospital, these two facilities are small and cannot account for the difference.

As you know, environmental reviews must be conducted using conservative assumptions. Since there is considerable question as to the quality of the data that appears in this table, the Lead Agency cannot simply accept projections provided by the Applicant at face value without taking a hard look. Why are staff numbers so different from source to source? Why does staff density decrease from one for every 283 SF to one for every 454 SF? These estimates become especially concerning when they allow the DEIS to skip detailed analysis on the major parts of environmental review. The Lead Agency must develop conservative assumptions regarding future staff members using a variety of sources, and provide the Applicant with those assumptions for analysis in the DEIS.

Land use, zoning and public policy

The DSOW is currently very limited as to the impact on public policy. The DSOW requires the DEIS to:

> Summarize other public policies that may apply to the project site and study area, including any formal neighborhood or community plans and OneNYC.

[1] American Hospital Association Guide Issue, 2023 edition, page (at pg. A455).

This is not adequate, considering Lenox Hill is part of critical citywide infrastructure and changes to this land use here can have impacts on citywide public policy.

City Council's Land Use Guidelines and Application Toolkit

The month before the DSOW was published, City Council Speaker Adrienne Adams published the City Council's Land Use Guidelines and Application Toolkit, which "lays out comprehensive goals for addressing the citywide planning challenges."[2] One of those comprehensive goals is to:

> "proactively plan to increase access to healthcare and essential services across our neighborhoods, particularly in neighborhoods that have suffered from historic neglect or have high populations of residents with greater support needs, including seniors and those living in poverty;"

And to ensure that:

> "New development should be paired with swift and effective commitments to provide resources and support that avoids worsening inequities in communities;"[3]

The DSOW needs to demonstrate how the changes proposed at Lenox Hill will work to avoid worsening access to health care services. As Community Voices for Health System Accountability details the issues in their comments, the alteration at Lenox Hill will remove all double-occupancy rooms, replacing them with private rooms. I have been informed that Medicaid does not pay for private rooms in hospitals. Does Lenox Hill's improvements mean that Medicaid will not be admitted? What will that do to hospital capacity for those living in poverty? How does this address worsening inequities in communities?

The Lead Agency must amend the DSOW so that the DEIS considers the guidance New York City's legislature provided in their Land Use Guidelines and whether this land use action does or does not meet the comprehensive goals of the City Council. If the land use change for Lenox Hill Hospital does not meet the comprehensive goals outlined in the Council's Land Use Guidelines, this needs to be disclosed and explained in the DEIS.

Considering the specialized nature of this land use action and its impact on critical City infrastructure, health equity and the potential to decease hospital capacity for Medicaid patients, the Lead Agency should consider adding the Department of Health and Mental Hygiene (DOHMH) as an involved or interested agency. DOHMH has specialized expertise that is necessary to assess this project's impact on health equity.

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[2] *City Council's Land Use Guidelines and Application Toolkit*, Page 1.
[3] *City Council's Land Use Guidelines and Application Toolkit*, Page 20

Impact on Zoning
The DSOW requires that the DEIS "consider the effects related to issues of compatibility with surrounding land use, consistency with zoning and other public policy initiatives."

As you know, New York City does not have a comprehensive plan, and instead uses the Zoning Resolution as its comprehensive plan. For most of its existence, zoning has required shorter, lower density buildings on Lexington Avenue, compared to other avenues, because Lexington is only 75 feet wide, the narrowest avenue on Manhattan's East Side. The final SOW must show how this proposal is consistent with 100 years of development under this zoning concept. Historically, development has only been seen at this scale in Central Business Districts, not largely residential areas. Consistency with New York City's land use policy, as implemented through zoning, needs to be demonstrated, or if it is not consistent, then that impact on zoning needs to be disclosed.

The C1-8X and R8B zoning district
The final SOW should describe the zoning history of the R8B and the C1-8X zoning districts in this area. It should disclose the purpose for mapping these districts in this area in the 1980s and how this action is or is not consistent with those actions. This discussion should include how the R8B district has an increased FAR for community facility uses that are permitted only in this Community District. It should discuss how this increased FAR (5.1 FAR) was determined and why this is inadequate for Lenox Hill.

Additionally, this section should explicitly discuss the reasons why Lexington Avenue was rezoned from C1-9 to C1-8A and then C1-8X, and how the rezoning back to C1-9 by this action is consistent with those previous actions. And if it is not consistent, this section should include reasons why such a change is warranted without land use planning to support such an action. It is not common to revert back to a zoning district that was changed 40 years ago. It was changed for a reason and that reason should be acknowledged, along with if and how this reversion is consistent with that change.

Other impacts on zoning
The project has the potential to impact zoning generally in several ways and those impacts need to be disclosed. The final SOW should be more specific about the impacts that should be analyzed, including:

- The final SOW should require a discussion of how this action would not be considered Spot Zoning, since it is an action that benefits just one owner.
- The final SOW should include a discussion of how often zoning changes that facilitate large projects lead to future zoning changes, causing a significant impact on zoning in an area over time.

- There should be a discussion of standard setbacks, sky exposure planes and the size of towers typically found in zoning.
- To disclose the exceptional nature of this application, the final SOW should include a requirement of a discussion of existing zoning districts that permit a building form like the one proposed. If this form would not be permitted anywhere in New York City as-of-right, that information should be disclosed.
- To further disclose the exceptional nature of the application, the final SOW should include a requirement that the DEIS itemize and map all other projects in NYC that have been permitted with Special Permits that contain zoning waivers of the same or larger magnitude.
- Finally, to further disclose the exceptional nature of this proposal and its potential impact on land use policy implemented through zoning, the Applicant should provide the daylighting score of this tower using Midtown's Daylight Evaluation regulations (ZR 81-27). While this building does not have to perform according to those regulations, providing its daylighting score will demonstrate the exceptional darkness this building will bring at street level. Considering that for over 100 years New York City zoning's main bulk regulations have been built to allow light to reach the street, the daylighting score will objectively show how this proposal damages this fundamental goal of New York City's zoning regulations.

Transportation

In addition to the dubious assumption regarding new staff at Lenox Hill, which impacts travel demand at a fundamental level, there are other issues with the DSOW that need to be addressed in the final SOW.

Trip generation and travel demand

The AKRF memo mentioned earlier states that the transportation analysis will use trip generation factors from the 2008 FEIS for the Hospital for Special Surgery and the 2013 FEIS for Memorial Sloane Kettering. This is not reasonable.

There is already an operating hospital at Lenox Hill. When measuring the expansion's impact on transportation, the DEIS should incorporate data generated from people who already use or work at Lenox Hill. The Applicant can examine their own operation and develop empirical travel demand data. This information can go well beyond trip generation, but also provide mode split and other journey to work data. This can be done by surveying Lenox Hill staff and visitors. This is especially important since the Second Avenue Subway opened in 2017 and may have impacted mode split, and the split between different subway lines. COVID may have also affected how staff chose to journey to work.

It would also be possible to survey visitors to the hospital to get a better understanding of their travel behavior and how an expansion would impact traffic, transit and parking, as well as pedestrians.

All the transportation resources are already highly utilized in this area. The narrowness of the sidewalks on Lexington Avenue, the platforms on the number 6 train, and the lack of public or hospital employee parking means that transportation needs to be studied carefully, the impacts disclosed and the mitigation program developed.

Finally, as already mentioned, the AKRF memo on travel demand factors contains an assumption about the number of staff that cannot be considered conservative. A conservative assumption might be using the same staff member per square foot factor.[4] If that were done, instead of producing 339 additional staff, Lenox would produce 2,261 staff. This is a significant difference that would materially impact transportation assumptions. The AKRF memo attached to the DSOW states that there is no possibility for impacts in traffic, parking and transit. The Lead Agency should require the Applicant to use conservative assumptions and redo their Level 1 screening, which will likely show that there is a potential for significant adverse impact on traffic, transit and parking. It should also understand why there are such large differences between staff in No Action Conditions, staff as reported by the American Hospital Association, and staff reported in Lenox Hill's Medicare Cost Report.

Urban Design and Visual Resources

Visual resources

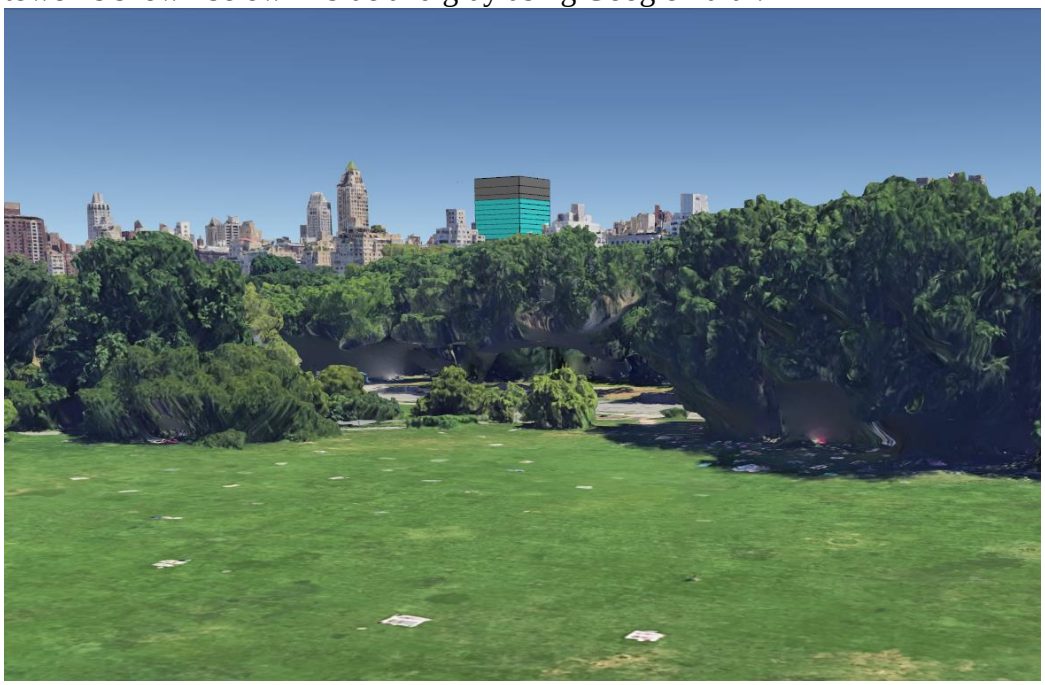
The New York State Department of Environmental Conservation publishes a guidance document called Assess DEC's guidance document, *Assessing and Mitigating Visual and Aesthetic Impacts.*[5] This is a guidance document that is often cited when assessing impacts on visual resources for SEQR. As you know, New York City follows a different technical manual for CEQR review, but while the City is free to add analysis to its review, its standards cannot be less strict than a SEQR review.

The new Lenox Hill tower would be visible from many important visual resources

[4] The Applicant stated that staff members are a projection based on the planned facility, not floor area factors. Nevertheless, as currently planned, the applicant could still operate as it does now in an expanded facility and utilize staff at the same SF factor. There is no deed restriction or other limitation proposed that would limit their number of staff. The number of staff used for study is just a projection provided by the Applicant, which may or may not be true and is concerning when viewed in context of other reporting on Lenox Hill employees. Consequently, just as a DEIS evaluates shadows at worst-case height, and not proposed height, Lenox Hill staff assumptions should be developed using reasonable worst-case assumptions, which could mean using current staff per SF as projected staff per SF. Whatever the final method, it is essential that the number of staff is conservative, and not simply a projection from the Applicant, since the DEIS must use conservative assumptions to ensure that potential environmental impacts are not missed.

[5] https://www.dec.ny.gov/docs/permits_ej_operations_pdf/visualpolicydep002.pdf

that extend well beyond the study area for Urban Design and Visual Resources, including resources like Sheep Meadow in Central Park. The proposed Lenox Hill tower is shown below in blue and gray using Google Earth:



The Final SOW should use NYSDEC guidance in inventorying, selecting and studying visual resources that may be affected, which will include expanding the study area to resources that have a view to the project up to five miles away. Alternatively, the Lead Agency should explain why the standard it uses for assessing visual impacts is permissibly less stringent than the standards used in the rest of New York State.

Urban design

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." There is only one comparable building to the proposed Lenox Hill Tower in the area: the Annenberg building on Mount Sinai's campus, which is close to the dimensions of the tower proposed. (Lenox Hill will be slightly taller and will have a bigger tower floor plate.)

In 2008, the New York Times published an article regarding architectural "horrors"[6] that described the Annenberg building as something that "looks like either a military fortress or the headquarters of a sinister spy agency." The article found "what's more disturbing is the tower's savage effect on its surroundings."

[6] https://www.nytimes.com/2008/09/28/arts/design/28ouro.html

The main problem with the Annenberg Building is the exceptional building massing, or in the language of the Technical Manual, its "shape, orientation, height, setbacks, lot coverage, density and placement."



The Annenberg Building

Because it is set back in the center of a superblock, the Annenberg building likely has a lesser impact on the urban design in the area than the Lenox Hill Tower will have. The Lenox Hill Tower is larger than the Annenberg building, rising 194 feet at the streetline and setting back only 10 feet, even on the narrow streets. The combination of the tower's size and placement is exceptional and the final SOW should acknowledge this exceptional proposal has the potential to impact urban design. The final SOW should eliminate the requirement for a preliminary urban design assessment and require a detailed urban design analysis, which acknowledges that such an exceptional building form may have a significant impact on urban design, especially considering the precedent of the Annenberg building

Simply, if this proposal does not have the potential to impact urban design, the words of the CEQR Technical Manual that focus on massing and its impact on urban design would be meaningless. The final SOW should require a detailed urban design analysis.

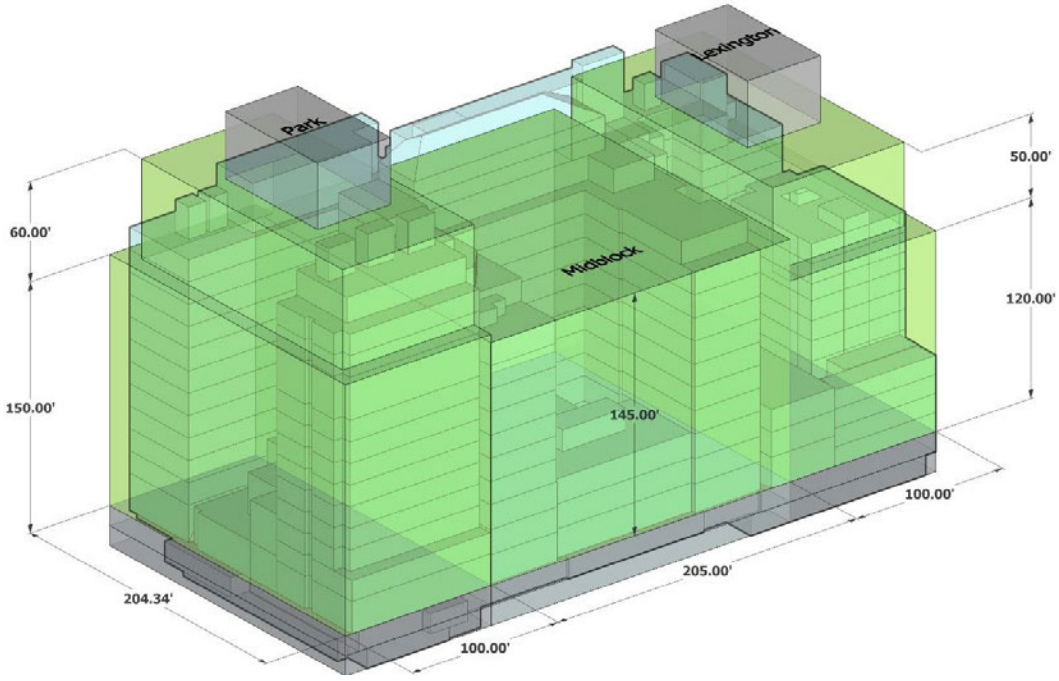
Alternatives

The final SOW should include alternatives. These should include:

- A multi-site solution: the Applicant controls many sites in Manhattan, including the Manhattan Eye, Ear and Throat Hospital on the Upper East Side, the former St. Vincent's in Greenwich Village,[7] a large vacant site on Third Avenue and 77th Street, as well as properties throughout the City and region. The Applicant should study an alternative that examines the portfolio of properties under its control and if its objectives could be met through a series of expansions and renovations at those sites.

[7] Now Lenox Hill Greenwich Village.

- An alternative that meets both the needs of the City and the needs of the Applicant, which would be compliant with the City Council Speaker's Land Use Guidelines and lowers health inequity in New York City.
- An alternative that fits within the existing avenue zoning and building height in the midblock, which is currently much taller than the existing R8B would allow. This alternative can be up to 40% larger than the existing hospital and may meet most of the Applicant's stated needs. An example of such a building envelope appears below:



- Finally, working cooperatively with the Applicant, the Lead Agency could mix and match these and other alternatives to develop a program that is both less impactful to the neighborhood and more equitable to New York City by bringing needed services to underserved areas, while still permitting Lenox Hill to modernize and expand their existing facility. Lenox Hill's application is an opportunity for "Proactive Planning," as described in Speaker Adams' Land Use Guidelines, to meet at least some of the goals of the City, as well as the Applicant's goals. Another alternative designed to meet those goals should be studied if one can be developed.

Thank you for all you do to make New York City a better place. If you have questions or would like to discuss any of these comments, please feel free to contact me at [redacted].

Sincerely,



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

From: Rachel Levy <[redacted]>
Sent: Monday, March 13, 2023 3:59 PM
To: 23DCP079M_DL
Cc: Nuha Ansari
Subject: [EXTERNAL] Lenox Hill scoping comments
Attachments: FRIENDS scoping written submission.pdf

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Hello,
Attached please find the submission of written comments for the Lenox Hill Hospital project.

Best,

Rachel Levy
Executive Director

FRIENDS of the Upper East Side Historic Districts
966 Lexington Avenue, #3E
New York, NY 10021
T: [redacted]
C: [redacted]
www.friends-ues.org

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March 13, 2023

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: Lenox Hill Hospital, CEQR No. 23DCP079M
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 March 2 scoping meeting. 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.

Northwell seeks a massive upzoning to the Lenox Hill Hospital site which will destroy the equilibrium of zoning and historic district tools calibrated to reinforce the character of Park and Lexington Avenues, with low-rise midblock corridors. The City record on these points is clear, particularly with regard to Lexington Avenue, described in a 1983 DCP report as a uniquely narrow avenue with congested and retail-oriented sidewalks, with "very special neighborhood character." Beyond its height of 436 feet, piling a bulky building, with floorplates nearly the size of the Freedom Tower, on this portion of the site makes no sense from a planning perspective.

FRIENDS supports Northwell's desire to modernize its physical plant to align with industry standards and even to expand its facilities, which have grown in a piecemeal fashion over its 150 years on this block. Similarly, improving the streetscape along 76th and 77th Street by internalizing ambulance and loading bays may be an improvement. But broadly speaking, the proposal projects an expansion of service – just 25 new beds – that is wildly out of proportion to the scale of the increase in building density of nearly 80% gross square feet. While we understand the desire for single-bed rooms, we question whether this is truly the standard at comparable hospitals. Absent a stronger justification, the broad ranging environmental ramifications – from impacts on transportation, zoning and land use, neighborhood character, and the disruptions of a minimum 11-year construction project – cannot be mitigated and set a dangerous precedent for midblock contextual zoning citywide, and for other institutional expansion.

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Rachel Levy
EXECUTIVE DIRECTOR

Underlying the scale and scope of the proposed new building is the insistence that Lenox Hill remain operational throughout the construction. But a phased construction process that involves temporarily relocating services, and perhaps utilizing the Third Avenue site as a satellite, could allow for both a shorter construction period and a facility that spreads the bulk out more evenly across the block. The Draft Scope of Work fails to discuss alternative approaches to the construction process, as well as alternatives to the project itself. These should include both an as-of-right alternative, and other alternatives that mitigate the severe impacts of the project.

Furthermore, the Draft Scope of Work fails to articulate a convincing purpose and need for the project as it relates to improving healthcare for the City. Rather, the main argument for the project can be summed up as "our facilities are old and need upgrading." There is no attempt made to place the hospital and its patients into the broader context of healthcare in New York City, and zero discussion of the socioeconomic need or impact of the project in terms of Lenox Hill's capacity to serve more or a broader range of patients. Without such justification, it is not clear how further concentrating healthcare in a neighborhood already saturated with these services, rather than investing in neighborhoods with greater healthcare needs, will actually serve all New Yorkers. We note that the project does not meet the threshold for analysis of socioeconomic conditions as defined by the EAS and the CEQR manual, and contest this conclusion. The EAS asks whether the proposed project would affect conditions in a specific industry. A shift in the makeup of beds at Lenox Hill to all private rooms, likely excluding Medicaid patients from being treated there, has clear implications for who the hospital is meant to serve, and certainly warrants a full socioeconomic analysis in the Draft Scope of Work.

Regarding historic resources, Lenox Hill's history goes back 150 years on this block to its days as the German Hospital and exemplifies the history of Yorkville. Several historic buildings on the Projected Development Site make that connection tangible – particularly the Achelis and West buildings (built circa 1916 by I.E. Ditmars), Einhorn (built 1937 by York & Sawyer) – and are set to be demolished in the project. The Historic Resources section erroneously concludes that there are "no known architectural resources on the project development sites" that would be impacted. We would argue that demolition is certainly an impact and that Draft Scope of Work should be amended. As our neighborhood undergoes rapid change, we urge Northwell to incorporate elements of remaining historic buildings into the larger project, especially in areas where renovation rather than new construction is planned. This would go long way toward retaining a human-scale at the street level and responding to the built context and decades of community-driven planning in this neighborhood.

We urge the Department of City Planning to take the required "hard look" at these issues, and to urge Northwell to explore a more sensitive approach that works largely within the existing

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Rachel Levy
EXECUTIVE DIRECTOR

grandfathered midblock envelope, and 170 foot height limit on Lexington, along with possible satellite locations as many institutions have done.

Sincerely,

Rachel Levy
Executive Director

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212.535.2526 | www.friends-ues.org

From: Tapert, Nicholas W. <[redacted]>
Sent: Sunday, March 12, 2023 5:10 PM
To: 23DCP079M_DL
Cc: Meara, Karen E.; Stephanie Shellooe (DCP)
Subject: [EXTERNAL] Comments of CPOLHN re Lenox Hill Hospital Redevelopment – CEQR No. 23DCP079M
Attachments: Comment Letter of CPOLHN re Lenox Hill Hospital Redevelopment – CEQR No. 23DCP079M(11166824.1).pdf

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Dear Ms. Shellooe,
Please see attached the comments of the Committee to Protect Our Lenox Hill Neighborhood on the Draft Scope of Work for the Lenox Hill Hospital Redevelopment. Thank you for your time and attention.
Sincerely,

Nicholas W. Tapert, Esq.
Carter Ledyard & Milburn LLP
28 Liberty Street, 41st Floor
New York, NY 10005
[redacted] www.clm.com

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CARTER LEDYARD MILBURN

Karen E. Meara
Partner
[redacted]

28 Liberty Street, 41st Floor
New York, NY 10005
D / 212-238-8757

March 12, 2023

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

Re: Lenox Hill Hospital Redevelopment – CEQR No. 23DCP079M – Comments on Draft Scope of Work

Dear Director Shellooe:

We are environmental and land use counsel to the Committee to Protect Our Lenox Hill Neighborhood and write to comment on the Draft Scope of Work for the environmental review of the above-referenced pending land use application.

Northwell's proposal to substantially expand the existing Lenox Hill Hospital with a structure the size and shape of a midtown office building (the "Project") has the potential to cause a myriad of adverse impacts both in the Lenox Hill Community and City-wide. Most concerning to the Committee and to other advocates who spoke at the March 2, 2023 Scoping Meeting are (1) the proposed precedent-setting departure from the City's longstanding zoning policy and practice in residential neighborhoods and related impacts, (2) the strong likelihood that the project will exacerbate neighborhood based inequities in access to health care, and (3) the unusually long construction timeline and related severe localized impacts that are not justified by any compelling public need.

The Draft Scope fails to consistently require the Applicant to evaluate these and other likely significant adverse impacts at a level of detail that would provide full disclosure. In some areas, the proposed approach seems designed to understate or obscure impacts. It also fails to identify important basic information about the Project and the baseline conditions against which its impacts will be compared. We offer the following comments designed to ensure that the draft Environmental Impact Statement complies with SEQRA and CEQR, and provides the detail necessary to enable decisionmakers to thoroughly evaluate and issue findings on the Project, its alleged benefits, its significant adverse impacts, and feasible alternatives. The Committee will also be submitting additional written comments on the land use issues from George M.

Janes and Associates, and written comments on the Project purpose and need from Dr. Fred Hyde, M.D, J.D., M.B.A.

Project Description

Description of Development Site

The Draft Scope's description of the development site is lacking in important detail necessary for evaluating existing conditions, the Project's purpose and need, and Project impacts. The Draft Scope includes only the most general description of the Hospital as it exists today – *e.g.*, overall gross/zoning square footage, number of buildings, number of beds and operating rooms, and building height. *See* Draft Scope at 3. Missing is a breakdown of how the Hospital currently uses its 781,5000 gsf. That is, how much space is used for single versus double occupancy rooms or luxury "Signature"[1] rooms, operating rooms and emergency rooms etc. It also fails to describe current annual service levels such as emergency room visits, average daily inpatient census, average number of ambulatory surgeries, etc.

It is especially difficult to evaluate the Project's purpose and need without a detailed and complete representation of how the Hospital uses its current space for various programmatic ends and the volume of service provided, so that those can be compared to the Project.

Description of Surrounding Area

The Draft Scope's description of the surrounding area is deficient because its description of existing building form is incomplete and lacking in important detail. For example, although it mentions the range of building heights on Park Avenue, with and without setbacks, it does not provide any specifics on building heights on Lexington Avenue and on surrounding side streets. Instead, it makes generalized statements like "the built character of Lexington Avenue is more varied." Draft Scope at 4. Because the Project's new building would have frontage on Lexington Avenue and 76th and 77th Streets, the Draft Scope should provide a quantified and more detailed description of the heights of buildings on Lexington Avenue and side streets in the surrounding area.

Also, while the description of the surrounding area describes current zoning, including special districts/historic districts and applicable FAR, it does not characterize the degree of compliance with applicable zoning, which in this area is high.

[1] *See* https://lenoxhill.northwell.edu/your-visit/about-your-room ("Patients also have the option of paying out of pocket to stay on a luxury floor for both maternity and surgical procedures.").

Finally, the description of the surrounding area should include an aerial photograph, which would give decisionmakers and the public a complete and accurate view of the existing built context.

Description of the Proposed Project

The Draft Scope lacks important details on a variety of aspects of the Proposed Project, ranging from how the Project's 1,398,000 gsf will be broken down between different programmatic uses, the Applicant's expectations regarding who will be served by the Project, including payer mix, anticipated service volumes in each programmatic area, what is expected to remain of the existing hospital, how the Hospital's services will relate to nearby Northwell facilities, and details about the 11-year construction schedule. "Without adequate definition of project characteristics, reasonable assessments cannot be made as to the project's likely effects." CEQR Technical Manual at 2-3.

First, the description of the Proposed Project is lacking necessary detail on how the Project will allocate space as between patient rooms (regular rooms and luxury rooms), operating rooms, labor and delivery rooms, emergency department treatment positions, ambulatory surgery facilities, lobby and other common spaces, loading bays and any other uses.

By way of example, during the March 2 scoping meeting, the Applicant's architect described the proposed increase in patient rooms, operating rooms and emergency department positions as significant contributors to the Project's size. With respect to operating rooms, the Applicant's architect said the sizing would be "proportionate and appropriate." Scoping Meeting at 28:04. However, the written comments of Dr. Fred Hyde cast considerable doubt on whether a 1000 sf operating room is proportionate to and appropriate for the needs of a community hospital like the Hospital (rather than a level 1 trauma center).[2] Moreover, the Applicant's scoping meeting presentation depicted four floors of approximately 37,000 gsf each dedicated to operating rooms. Even accepting the Applicant's claimed need for 1000 sf operating rooms, it is difficult to imagine, even accounting for circulation space and ancillary needs, that 30 operating rooms could require 148,000 gsf. Quantification of the space allocated to specific components of the Project must be provided to inform assessment of the Project's purpose and need, impact analyses, and how the Project may be scaled back.

Second, the Draft Scope does not identify the expected payer mix of the Hospital's patient population (e.g., Medicare, Medicaid, private insurance, self-paying, and indigent care). Current data of this type is presented in the written comments of

[2] Comment Letter from Dr. Fred Hyde to the Department of City Planning dated Mar. 6, 2023 at 3 ("Hyde Letter").

Community Voices for Health System Accountability.[3] This type of data for the Project will inform the impact analysis including, adverse impacts on equitable access to health care, public health, socioeconomic conditions, and consistency with City policies, and therefore should be included in the Final Scope and DEIS.

Third, the Draft Scope does not identify expected patient volumes for each of the proposed programmatic components. That information is essential to evaluating the need for each such component, the impact analyses for areas like health equity and transportation, and alternatives to the Project.

Fourth, the Draft Scope fails to explain how the Project will relate to Northwell's other nearby and linked facilities, particularly the 200,000 square feet of new ambulatory care space being built on Third Avenue at 76th Street, the Manhattan Eye, Ear & Throat Hospital, and Northwell's Greenwich Village facility which operates under the same state license as Lenox Hill Hospital. Those relationships are relevant to understanding many aspects of the environmental review, including purpose and need, the reliability of Northwell's projections for the number of ambulatory staff at Lenox Hill with and without the Project, the feasibility of Project alternatives, and whether Lenox Hill will be able to rely on the Third Avenue facility or other sites during the 11 years of construction.

Fifth, the Draft Scope also fails to include any explanation or detail around the Project's extreme height of 436 ft, which is driven not only by the huge increase in floor area but also by large floor to floor ceiling heights and expansive mechanicals. The Final Scope and DEIS should indicate the distribution of the ceiling heights throughout the Project's 26 floors, explain the size and function of each mechanical floor, and provide explanations of alleged necessity for each of these Project components.

Purpose and Need

The Draft Scope's discussion of the Project's purpose and need is brief and comprised of vague statements that are hard to reconcile with a project of such massive scale and extraordinary budget. It is also hard to reconcile with the some of the Applicant's past public statements, which acknowledge that "Medical care in the 21st century will not be centered within the bricks and mortar of a massive hospital. Instead, care should be centered on the patient, and will rely heavily on comprehensive primary care and other ambulatory services."[4] The Draft Scope's conclusory discussion must be replaced with a detailed explanation of why each component of the Project is "needed,"

[3] Comment Letter from Community Voices for Health System Accountability dated Mar. 6, 2023 at 4 ("CVHSA Letter").

[4] Northwell Health, *The Brooklyn Study: Reshaping the Future of Healthcare* (2016), available at https://www.northwell.edu/sites/northwell.edu/files/d7/20830-Brooklyn-Healthcare-Transformation-Study_0.pdf.

both in terms of anticipated patient volume and claimed necessary square footage. Importantly, the discussion must explain why, after two decades of declining inpatient admissions (amounting to a 33 percent reduction), an expansion is needed at the Hospital, let alone one of this magnitude. *See* Hyde Letter at 2 (providing inpatient census data). The Final Scope must require the Applicant to explain anticipated patient volume in all programmatic categories and why such projections for a Build Year of 2036 are reasonable given site-specific utilization trends and broader demographic and health care trends. Such discussion should include an explanation of where the projected increase in patients will be drawn from and the expected payer mix. The Final Scope must also require the Applicant to explain in detail the purpose and need for an additional 639,000 gsf—nearly 1.4 million gsf total—to meet what is, by the Applicant's own description, a modest increase in program capacity over current capacity.

Moreover, any discussion of the Project's purpose and need should explain the rationale for an enormous hospital expansion in a part of the City that is already very well served by acute care hospitals, including those that the Draft Scope itself recognizes have gone through recent "major expansions." Draft Scope at 5. Given the world class health care resources near to Lenox Hill Hospital, which far exceed the health care resources accessible in other neighborhoods of the City, the discussion of purpose and need should address why Northwell is not undertaking a major expansion in a part of the City that is currently underserved. *See* CVHSA Letter. Indeed, while the Draft Scope points to the fact that over 19 acute care hospitals in NYC have closed since 2000, it fails to mention that the vast majority of those closures have been in the outer boroughs, in low-income communities and communities of color.[5] Relatedly, and also ignored in the discussion of purpose and need is the fact that Manhattan has 5.95 hospital beds in service per thousand, with the Upper East Side even higher at 9.66 per thousand, versus 1.61 in Brooklyn and 1.41 in Queens. CVHSA Letter at 3. To the extent Northwell's planned expansion seeks to increase market share, Northwell must be required to disclose its projections so that potential impacts on the availability of acute and other care in other parts of the City may be evaluated.

In addition, the purpose and need for the Project should be discussed in the context of Northwell's 200,000 sf ambulatory care facility under construction on Third Avenue and 76th Street, just one block from the Hospital, which may provide certain ambulatory services previously provided at the Hospital. As Dr. Hyde explains in his written comments, "migration of inpatient surgical procedures to outpatient surgical procedures will mean additional reduction in inpatient beds, due to the decline in admissions." Hyde at 2. Northwell's ambulatory facility will likely hasten that reduction.

[5] Association for Neighborhood & Housing Development, https://anhd.org/blog/land-use-decisions-have-life-and-death-consequences ("At least 18 hospitals have closed all of their inpatient services in New York City since 1998 - leading to the loss of thousands of hospital beds - with two-thirds of those closures occurring in the outer boroughs. A look at the data shows that the majority of these outer borough hospital closures fell in lower-income communities of color that bear the brunt of the coronavirus crisis today.").

Finally, Northwell must explain the Project's purpose and need in the context of linked facilities like Lenox Health Greenwich Village. It is our understanding that the Project facility functions as a unit with other Northwell properties under state regulatory regimes, and therefore the purpose and need for proposed Project facilities located at the Project Site, as opposed to at other connected sites, must be explained.

Analysis Framework

Future without the Project

The analysis framework is fundamentally flawed in a way that will downplay and undercount the Project's significant adverse impacts if not corrected. The future, no action alternative as currently conceived assumes that the Hospital will have 450 staffed beds in 2036. *See* Draft Scope at Table 1. As explained by Dr. Hyde, that number ignores the reality that Lenox Hill Hospital's acute care bed utilization has been shrinking for two decades, and averaged around 300 per day in 2022, down 33 percent from where it was in 2002. Hyde Letter at 2. That assumption is critical because it drives the baseline against which project impacts will be measured for analyses like transportation, public health, and more. The analysis framework should include not only staffed beds but also current and projected average daily census. It is our expectation that such data will disclose a more significant and accurate change in patient volume, and associated staff and visitor volume, with and without the Project. Similarly, current patient volumes or other alleged key drivers of the need for the Project must be reflected in the analysis framework, including current annual Emergency Department Visits, surgical procedures, and outpatient procedures.

The Future with the Project

The Draft Scope's Table 1 ("Development Program Summary") should be expanded to show the incremental change in square footage across the Hospital program – e.g., patient rooms, operating rooms, labor and delivery rooms, emergency department treatment positions. That is, Table 1 should break down the square footage associated with the Hospital's different uses in the No Action condition and in the With Action condition, so it is clear to the reader how *exactly* the Hospital's program is changing and what accounts for the Projects 639,300 gsf increase. As discussed above, this will also help inform an analysis of the Project's purpose and need, as well as impacts.

Anticipated patient volumes in total and by payer mix and programmatic category must also be provided to facilitate the evaluation of need, impacts, and alternatives.

Scope of Work for the EIS

Health Equity

The Draft Scope fails to consider how Northwell's $1.5 billion expansion in one of City's most affluent and well served areas will further concentrate health care resources to the detriment of the City's most under-served areas. For a detailed description of the health inequities that exist in the City, and that this Project would exacerbate, we refer the reader to the CVHSA Letter.

Your office routinely considers the impacts of land use decisions on housing displacement. There is no justifiable reason here for not considering the real likelihood that the Project might hasten the closure of hospitals in other parts of the City that cannot afford to lose them. SEQRA's mandate to consider environmental impacts including impacts on the human environment is broad and mandates consideration of adverse impact on health inequities and maldistribution of resources in the City's health care industry. *See Chinese Staff & Workers Ass'n v. City of New York*, 68 N.Y.2d 359 (1986) ("It is clear from the express terms of the statute and the regulations that environment is broadly defined."). Whether that is addressed in Public Health, Socioeconomic Conditions, as an indirect effect on Community Facilities, or consistency with City policies, the Draft Scope must require assessment of the very real potential for increased neighborhood-based health inequities. *See, e.g.*, CEQR Technical Manual at 5-21 (requiring study of socioeconomic impacts including "Adverse Effects on Specific Industries"); *id.* at 20-1 (recognizing that part of public health is "reducing inequalities in health status"); SEQRA Handbook at 76, 79 (requiring consideration of "social and environmental" impacts and secondary impacts that are reasonably foreseeable). The DEIS will be glaringly deficient if it fails to analyze this issue.

In support of taking a "hard look" at impacts of the Project on health care equity, we recommend that City Planning invite the New York City Department of Health and Mental Hygiene to participate in the environmental review as an interested agency.

Land Use, Zoning and Public Policy

Northwell proposes changes to zoning controls applicable to the Project site that, in combination, would allow it to put a structure the size of a midtown office building in the middle of one of the most densely populated residential neighborhoods in the City. The proposal represents an extreme and unprecedented change to zoning controls that protect the livability of Lenox Hill and neighborhoods throughout the City. Bulk controls like height limits, mandatory setbacks, and tower coverage rules ensure that development balances density with preservation of light and air. Similarly, the City typically only allows the densest residential FAR of 9 and 10 on wide avenues, and zones narrow residential midblocks at lower densities.

Here, the Applicant proposes multiple dramatic departures: in terms of height, zoning on the Project Site and adjacent blocks currently has limits of 170-feet on Lexington Avenue and 75-feet on the midblocks on East 76th and 77th Streets, after setback. The proposed changes would allow a tower on the Project site, including into the midblock, that would rise to 436 feet, or nearly six times adjacent midblock height limits and 2.5 times the Lexington Avenue height limits. In terms of FAR, the Project would replace typical midblock zoning of R8B with C1-8 – a zoning category that allows almost twice as much density (before bonuses), and is rarely if ever mapped on midblocks. In terms of floorplate size, the Project's proposed covering of 100 percent of the new tower's base area below 195 feet and over 80 percent above would be similarly unprecedented. Even on nearby avenues with unlimited heights, tower coverage cannot exceed 40% of the lot area within 100 feet of an avenue, and no towers are allowed on midblocks. The unprecedented building form is only possible through the proposed unprecedented mapping of a C1-8 zone in the midblock plus a special permit allowing bulk waivers.

The CEQR Technical Manual explains that one purpose of a land use and zoning analysis is to consider whether a proposal is "compatible" with existing conditions and development trends. On their face, the proposed zoning changes via map amendments, text amendments and special permits are not compatible with current zoning on the Project site, in the Project Area, or in residential neighborhoods throughout the City. If the Draft Scope is to accurately and completely evaluate "land use compatibility" and "consistency with zoning" (see Draft Scope at 10), it must thoroughly document these and other proposed dramatic deviations from applicable bulk controls under current (R8B, C1-8X) and proposed (C1-8, C1-9 without a special permit) zoning. As part of that analysis, it must describe the existing built context with specificity, without reliance on vague terms like "varied heights," and acknowledge the sharp clash in building form that would be produced via construction of the Project shoehorned between areas mapped (and consistent with) R8B, C1-8X, the Park Improvement District, and the Upper East Side Historic District.

Finally, as further discussed by George Janes in his separate submission on behalf of the Committee, the land use and zoning discussion must include detailed discussion of relevant land use and other City policies.

Shadows

Given this Project's unprecedented potential to substantially interfere with access to light and air in a residential neighborhood, it would be appropriate for the Draft Scope to require the Applicant to consider not only shadows, but also change in solar radiation, and not only impacts to what the CEQR Technical Manual calls "sensitive resources" but also to residences and all public spaces within the Project Area.

Historic and Cultural Resources

The Draft Scope states that "there are no known architectural resources on the Projected Development Sites." Draft Scope at 13. Given that nearly all of the buildings within the Project Site are over 50 years old, including those on Lexington Avenue that would be demolished, the Draft Scope must provide detail on why the City has concluded that these buildings are not S/NR eligible.

Transportation

The transportation analysis as previewed in the Draft Scope appears to rely on questionable assumptions about build year conditions in 2036. Underlying assumptions must be made explicit in the DEIS and the basis for them explained. This is especially so given the uncertainty inherent in a project with such a delayed build year. To the extent assumptions are outdated, studies of current traffic conditions in comparable locations must be required.

For example, the transportation analysis appears to defer to Northwell "counts and projections" for data on daily staff and visitors, under the No Action and With Action conditions. As previously mentioned, with two decades of declining utilization rates at the Hospital, we question whether those "counts" which are tied to the number of staffed beds rather than actual typical utilization rates (much lower) are accurate. City Planning should scrutinize these assumptions and require adjustments to preclude the possibility that Northwell's numbers inflate the baseline and conceal the Project's impacts.

Further, the transportation analysis looks to the 2008 Hospital for Special Surgery FEIS and the 2013 Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS for modal splits at Lenox Hill in 2036. These FEISs were themselves based on even older analyses.[6] The DEIS should explain why projections from that era, pre-COVID, pre-completion of those and many other nearby projects that have increased the neighborhood's density, are reliable assumptions 25 plus years later. The City's transportation landscape already does look substantially different and is likely to look even more different in the Build Year, with the implementation of projects like congestion pricing.

Congestion pricing, proposed for Manhattan below 60th Street, in particular has the potential to change future traffic patterns in the Lenox Hill neighborhood, including congestion and street parking availability. The Draft Scope must identify and quantify expected parking shortfalls flowing from the Project both during and after construction, taking into account other expected pressures on the neighborhood's already congested streets.

[6] HSS FEIS (2008) ("The modal split for the employees is based on the 2000 census data. The modal split for inpatients/outpatients/visitors is based on the Memorial Sloan- Kettering Cancer Center Rezoning FEIS, 2001.").

Finally, the DEIS's transportation analysis should address the Project's proposed curb cuts and loading/ambulance docks which stand to significantly reduce safety around the site's narrow streets, as compared to current operations. The DEIS should discuss appropriate alternatives and mitigation.

Construction

The Draft Scope lacks important details about the Project's eleven-year construction timeline and the myriad impacts it will have on those who live and work in the Project Area. The DEIS should discuss construction staging, including proposed locations (which will be seriously challenged by space constraints on Lexington Avenue and the narrow side streets), provide estimates of truck traffic, street and lane closures and resulting traffic congestion, worker volumes, sidewalk closures, expected noise levels and mitigations, air quality and dust control, school bus conflicts, public bus conflicts, bike lane rerouting, and the impacts on local businesses, etc. The DEIS should also consider the presence of sensitive receptors, including nearby schools and places of worship, when analyzing air quality and noise impacts. Impacts to the Hospital's operating capacity should also be explained, including the extent to which services will be relocated to nearby Northwell facilities or continue to be provided onsite.

Greenhouse Gases and Climate Change

The Draft Scope states that the Project will utilize either Con Edison steam or electric-powered heating and hot water systems to provide heating and cooling. Draft Scope at 9. The Draft Scope should require the Applicant to quantify and disclose total energy requirements associated with the construction and operation of the project under both the all-electric and steam alternatives, and to make conservative assumptions regarding off-site emissions generated under each.

The Draft Scope section requiring the Applicant to explain consistency with State and local climate laws should do so for both the all-electric and steam alternatives, and should include discussion of any Local Law 97 adjustments requested and received.

Cumulative Impacts

The Draft Scope is flawed for failing to identify and require evaluation of cumulative impacts – the combination of impacts from the Project and impacts of projects expected to be built and policies expected to be implemented in the same area during overlapping time periods. 6 NYCRR § 617.9 (requiring DEIS to consider "reasonably related short-term and long-term impacts, cumulative impacts and other associated environmental impacts"); DEC SEQRA Handbook at 80 (2020) ("Cumulative impacts must be assessed when actions are proposed, or can be foreseen as likely, to take place simultaneously or sequentially in a way that the combined impacts may be

significant.”). For example, the implementation of congestion pricing, and completion of Northwell’s 200,000 square foot ambulatory facility only one block away, will alter neighborhood traffic patterns, likely increasing congestion during construction and operation of the Project. These and other planned area developments must be identified and their combined impacts evaluated in the transportation, construction, health equity and other relevant analyses.

Alternatives

City Planning should require the Applicant to present a full range of alternatives designed to mitigate what appear to be significant adverse impacts in the areas of public health & socioeconomic conditions, land use, visual impacts, community character, shadows, transportation and construction, at a minimum. Alternatives should include an as of right alternative, alternatives with shorter construction timeframes, alternatives that consider use of alternative Northwell owned or controlled sites, alone or in combination, and alternatives with greater land use compatibility, including reduced height and bulk.

Sincerely,



Karen E. Meara

KEM

From: Clerk Eighth Church NYC <[redacted]>
Sent: Sunday, March 12, 2023 9:57 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Draft Environmental Impact Statement

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To: Stephanie Shellooe, Director

Environment Assessment and Review Division,

New York City Department of City Planning,

120 Broadway, 31st Floor,

New York, New York 10027.

From: Eighth Church of Christ, Scientist, 103 East 77 Street, NY NY 10075

Re: the Lenox Hill Hospital development plan/Draft Environmental Impact statement

Task 4 Open Space of the Northwell draft scope of work directly impacts the northern neighbor of the Hospital, Eighth Church of Christ, Scientist and its public garden. The garden currently is a refuge from the busy street and attracts the visitors to the hospital, its employees on their breaks, neighbors and passers-by, providing a canopy of dogwood and honey locust trees to those using the benches during the warm months. The direct effect of the hospital tower will place the garden further in **shadow** (Task 5), and during the lengthy period of construction, will affect the garden with dust and debris. Plants are sunlight-dependent, and the project-generated shadow will most definitely reach this neighborhood resource.

The plan to extend construction hours to the weekend would create excessive **noise pollution** that directly impacts our reason for existing: Our church holds Sunday services from 10-12 in the morning, and Wednesday evenings from 6:30-8:30 pm. A quiet atmosphere on the street would be destroyed with noise and construction.

Project Development Site 1a adjoins our garden to the east. The plan to redevelop this property from the ground up to a 75 foot structure will require scaffolding, and will create noisy construction and

further debris, making it impossible to keep the garden open during this time, while destroying the plantings and trees currently in place.

We wish to continue to benefit the community through our garden, **the only garden in the area open to the public**, and to hold our church services in a quiet environment.

The proposed plans for Northwell should take the above factors into consideration so that our adjoining church and garden are minimally impacted. We'd welcome a visit from the Department of City Planning to review 77thStreet and the potential impact of the proposed construction work.

Signed: Grace Polk

Clerk, Eighth Church of Christ, Scientist, NYC

103 East 77 Street,

New York, NY 10075

[redacted]

[redacted]

From: Sharon Pope <[redacted]>
Sent: Monday, March 13, 2023 5:08 PM
To: 23DCP079M_DL; Sharon Pope-Marshall
Subject: [EXTERNAL] CIVITAS/Lenox Hill Hospital
Attachments: 2023-03-13 17-03.pdf

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Please see attached pdf.
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CIVITAS
WORKING FOR QUALITY IN URBAN LIFE

T: [redacted]
F: [redacted]89
www.civitasnyc.org
info@civitasnyc.org

1457 Lexington Avenue
New York, NY 10128

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1914–1997

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March 13, 2023

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: Lenox Hill Hospital Project: CEQR No. 23DCP079M

Dear Ms. Shellooe:

CIVITAS appreciates the opportunity to comment and provide guidance on the draft scope of work, to identify and analyze potential adverse environmental impacts of Lenox Hill Hospital's (LHH) proposed expansion and redevelopment of its East 77th Street hospital and health facility.

CIVITAS, an organization of citizens, was founded to improve the urban quality of life on the Upper East Side and East Harlem. Since 1981, CIVITAS has advocated for sound, context-sensitive urban planning, zoning, and land use policies for our neighborhoods.

Lenox Hill Hospital is proposing a major expansion and modernization of its existing facility located at 100 East 77th Street. LHH seeks several discretionary approvals that require public review under the Uniform Land Use Review Procedure (ULURP) and environmental review under the City's Environmental Quality Review (CEQR). The requested actions would facilitate the development of a new 771,000 gross square foot building on Lexington Avenue reaching a total height of approximately 436 feet and the renovation of an existing 46,000 gross square foot, 75-foot tall LHH building. Both buildings would be connected and comprise approximately one million square feet of floor area (approximately 12.5 FAR).

As currently proposed, CIVITAS cannot support Lenox Hill Hospital's expansion plans. Community District 8 is home to nine world-class healthcare and life science institutions. Overall, the requested zoning map amendment to rezone the development site's midblock portion from a R8B medium-density contextual district to a C1-8X higher density district and the Lexington Avenue frontage from C1-8X to a higher density C1-9 district, in conjunction with the related requested discretionary approvals, to facilitate the proposed Lenox Hill Hospital build program, is a profoundly egregious departure from zoning policy and urban planning practice. The Lexington Avenue building is massive in height, scale, and bulk; it is not architecturally sympathetic nor compatible with the neighborhood character. Given this massive expansion, the LHH build program exceeds a decade during which it will disrupt the surrounding community relentlessly.

Upon review of the LHH build program, we have found that the final scope of work should include additional information and background analysis in the areas we highlight below. These comments will be helpful in fully weighing LHH's proposed build program, its potential environmental impacts and consequences on the Upper East Side neighborhood and neighborhoods beyond.

LAND USE, ZONING, AND PUBLIC POLICY:

The Land Use, Zoning and Public Policy analysis should consider the effects of the Proposed Project's land use compatibility and trends in zoning and public policy.

The mid-blocks were previously zoned R7-2 and R8, height-factor districts with no mandatory street wall requirements or height limits. For most mid-blocks, the former R7-2/R8 zoning allowed building types that were incompatible with the existing scale. To correct this situation, and in recognition of the importance of the mid-blocks in maintaining balanced development and quality of life on the Upper East Side, in 1985 approximately 190 of the over 200 mid-blocks in Community Board 8 were rezoned to R8B. R8B zoning districts have mandatory street wall controls and height limits for residential and community facility buildings; critical land use controls that ensure that all new development would be architecturally sympathetic to the existing built character; on such mid-blocks, new development must match the low and mid-rise scale of existing buildings.

In 1993, Manhattan Community Board 8 and the Manhattan Borough President submitted a zoning map amendment application to map R8B zoning districts on mid-blocks not included in the 1985 rezoning. In its approval, the City Planning Commission stated the following:

"In examining the neighborhood context of the areas that are the subject of the application, the Commission notes that most of the mid-block zones proposed to be extended are R8B. The R8B zones were mapped on the Upper East Side in 1984 to preserve the mid-block character of the neighborhood. The Commission considers the preservation of the mid-block character to be a valid planning principle and believes that the proposed zoning map change will achieve the applicant's objectives to protect the mid-block character of the Upper East Side and to prevent the continued intrusion of the traditional avenue/mid-block seam."

Moreover, the research and data of Fred Hyde, M.D., J.D., M.B.A. suggests the build proposal "...is outsized compared to industry standards. There is no demographic, community, business or professional rationale which would justify a project of this scope and magnitude, much less in this specific location."

Accordingly, CIVITAS would like the final scope of work to include the following tasks:

- provide a detailed history of the mid-block R8B zoning district and the C1-8X zoning districts mapped along our neighborhood's north-south major avenues. It should disclose the purpose for mapping these districts in this area in the 1980s and how the proposed rezoning action is or is not consistent with the actions that changed the zoning in this area.

- require and include a discussion of how the requested rezoning action is not "Spot Zoning," as it benefits just one owner. While a hospital serves a public purpose, it is indeed a private corporation, and this action benefits the officers of that private corporation.

- include a Lower Density As-of Right Alternative. This alternative would analyze what could be developed at 9.0 FAR (the maximum community facility FAR allowed under C1-X zoning regulations, along the Proposed Project's Lexington Avenue frontage) without the requested 2.5 FAR bonuses. Dr. Heyd, a noted medical facilities expert, has submitted detailed testimony describing a program that focuses on the modernization of the existing facilities of the Hospital with little or no expansion. CIVITAS supports a renovation of the existing Hospital. A modernization program as described by Dr. Heyd could probably be accommodated within an FAR 9.0 structure. The Department of City Planning should solicit expertise as appropriate to undertake this assessment."

CONSTRUCTION IMPACTS:

The Proposed Project would be constructed in a single phase and would commence in 2025 with nine years of external construction followed by two years of internal fit-out and renovation to be completed and fully operational by 2036.

There are nearby Upper East Side hospitals and other health-related institutions that have major expansion plans in the works as well.

* Accordingly, the final scope of work should include a discussion of those expansion plans and their cumulative impact on our community.

Lenox Hill Hospital's expansion plans as proposed are wholly unnecessary. We believe that the existing zoning, achieved through community dialogue, collaboration and consensus which has been in place for nearly four decades is the epitome of community planning. Demolition and high-rise construction impacts would be considerable and raise significant quality-of-life issues for the neighborhood's residents. The premise that such an expansion (in particular the Lexington Avenue building) is motivated by industry standards, national and local trends, lacks any significant, impartial corroborating data.

Thank you for considering our comments.

Sharon Pope-Marshall

Sharon Pope-Marshall
Executive Director

From: East Side Neighbors NYC <[redacted]>
Sent: Monday, March 13, 2023 4:05 PM
To: 23DCP079M_DL
Cc: John McClement; ARavUSA@aol.com; TheFamilyR@gmail.com
Subject: [EXTERNAL] Testimony In Opposition To Northwell Lenox Hill Proposal
Attachments: OppositionTestimonytoNorthwellLenoxHillbyEastSideNeighborsNYCAssociation03.13.23.pdf

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March 13, 2023

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 Northwell Lenox Hill'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 Northwell Lenox Hill Hospital 2023 Proposed Rezoning

To the New York City Council Zoning Subcommittee,

The East Side Neighbors NYC Association hereby opposes this motion.

March 13, 2023

Executive Summary

Northwell Lenox Hill has proposed an ambitious, but unnecessarily out-of-scale, remodel of their condo-hospital complex that will cause permanent hazardous environmental climate change and urban heat island pollution that will affect its neighborhood, greater New York City, and far beyond.

1. **Environmental Considerations and Zoning**

-
-
- Building above the height permitted
- by current zoning of 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, Northwell Lenox Hill 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 Northwell Lenox Hill's proposal of more beds unnecessary.
-

The East Side Neighbors Association opposes the construction of the proposed equivalent of an over 43-story building on a block zoned for 210-foot development on environmental and health care access equity considerations.

East Side Neighbors NYC Association Testimony

Environmental Concerns and Zoning

Northwell Lenox Hill proposes building a facility to a height of 436 feet on a street where height is currently limited to 190-feet. Holding a building to the currently zoned height of 190-feet is crucial in protecting New York City from the disastrous effects of climate change pollution.

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).

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-reviewd peridicals 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 of 190-feet and 210-feet building height caps 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):

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- 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:

Borough	Ratio of Health Care worker to Overall Population[1]	Average Number of General Practitioners per 100K Population per Neighborhood
Bronx	0.07	225.5
Brooklyn	0.09	351.9
Manhattan	0.14	1,196.9
Queens	0.07	365.5
Staten Island	0.07	455.5

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 Northwell Lenox Hill 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 Northwell Lenox Hill to increase patient beds in an already saturated market. Additionally, focusing further on the neighborhood in which Northwell Lenox Hill seeks to build, Weill Cornell Hospital, Memorial Sloan Kettering, Mt. Sinai, Metropolitan Hospital, and Rockefeller University already provide inpatient care to patients in the area. More is not needed here.

When reviewing Northwell Lenox Hill's most recent proposal, it becomes clear that the bulk of their focus is on converting shared rooms into single rooms (https://patch.com/new-york/upper-east-side-nyc/lenox-hill-pledges-least-11-years-work-400-foot-tower?user_email=1929399dc31190bdcf8f8a4f416ada89a625691adb7ac3a40615a2163801c337). As currently constructed, Northwell Lenox Hill has 172 patient beds in single-bed rooms and 278 patient beds in shared rooms. In the new building, there would be 475 patient beds in single-bed rooms only. The 11 years of construction and 226 additional feet in height does not support this work, particularly in light of the deleterious health effects to patients due to isolation. (https://pubmed.ncbi.nlm.nih.gov/20619929/ .)

Additionally, this iteration of Northwell Lenox Hill's plan would actually decrease the number of imaging rooms from 20 to 17, which is perplexing as medical imaging is expected to rise at a compound annual growth rate of 5.8% through 2028 (https://www.globenewswire.com/en/news-release/2022/12/20/2576905/0/en/With-5-8-CAGR-Medical-Imaging-Market-Size-worth-USD-56-53-Billion-in-2028.html#:~:text=According%20to%20Fortune%20Business%20Insights,at%20a%20CAGR%20of%205.8%25.&text=Pune%2C%20India%2C%20Dec).

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, a well-respected medical center, Memorial Sloan Kettering, located in the Lenox Hill neighborhood of Manhattan, as is Northwell Lenox Hill, has just 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 Northwell Lenox Hill'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 Northwell Lenox Hill'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 Northwell Lenox Hill's current proposal and provide them with recommendations consistent with the peer-reviewed data, above.

~ ~ ~

Northwell Lenox Hill 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 Northwell Lenox Hill 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

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IVOR

& Company

Calvert Saunders Moore
President and CEO

Written Testimony Opposing Lenox Hill Hospital Expansion

March 9, 2023

Northwell Health is embarking on a vanity project to unnecessarily expand Lenox Hill Hospital. I grew up in the neighborhood, lived there for almost fifty years and am a current property owner in 812 Park Avenue. My family and I strongly oppose the proposed expansion plan.

If Northwell wishes to build a satellite location, it certainly may and perhaps should, but Northwell must unequivocally be prevented from wrecking the entire Lenox Hill neighborhood.

The staggering investment of more than $1.5 billion for an unneeded and unwanted project smacks of recklessness as does its decision to take on a $1 billion of that cost in debt.

The Northwell Health mission statement purports to "improve the health and quality of life for the people and communities we serve" Considering quality of life in the broader context of the life of this community, this expansion will do just the opposite. It will substantially diminish residents' quality of life and have detrimental impact on the environment.

Historic homes and the residential feel of an old New York neighborhood will be swallowed up by a sprawling medical complex that will block views, dimmish property values and change the neighborhood ambiance from charming to sterile.

It is a wrong that cannot be undone once built. And in the building of this monstrosity comes a host of other problems -construction, noise, traffic jams and chaos.

My family and I used Lennox Hill hospital all my life. It is a wonderful institution, and while there may be some need for modernization, there is no need that can justify the expansion plans that Northwell has put forward which flagrantly violate zoning laws and threaten the demise of one of New York's most iconic neighborhoods.

Urgent action must be taken to stop these proposed expansion plans.

Sincerely,

Calvert Saunders Moore

From: Lois Uttley <[redacted]>
Sent: Friday, March 3, 2023 1:05 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] comments on Lenox Hill Hospital proposal
Attachments: CVHSA letter on Lenox Hill to NYC Planning dept. 3.02.23 Final2.pdf

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I'm pleased to submit the attached comments on the Lenox Hill Hospital proposal from Community Voices for Health System Accountability, a network of advocates for health equity based in NYC.

Lois J. Uttley, MPP
Health Policy and Advocacy Consultant
Faculty Member, Master's in Health Advocacy Program
Sarah Lawrence College
New York, NY
[redacted]
Sent from Mail for Windows

March 2, 2023

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

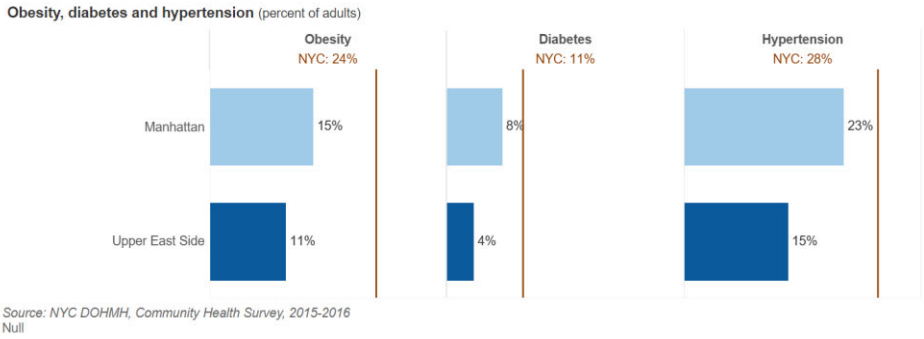
RE: Northwell application to enlarge and upgrade Lenox Hill Hospital

Dear Director Shellooe:

We write to express deep concerns about Northwell Health's proposal to expand and upgrade Lenox Hill Hospital, located in the Upper East Side of Manhattan. By adding hospital capacity where it is the least needed, Northwell's plan would exacerbate existing serious inequities in access to hospital care across New York City. We urge you to include the impact on health equity within the scope of your review of this project and to recommend disapproval or significant downsizing of the project, while encouraging Northwell to invest in expanding hospital capacity in areas of the city where it is desperately needed.

Upper East Side residents have lower rates of serious disease than do most other New Yorkers

Upper East Side residents have lower rates of chronic disease, teen pregnancy, infant mortality and deaths from COVID 19 than citywide rates – demonstrating that there is less need for hospital expansions and upgrades in this part of the city than in unhealthier areas. For example, the NYC Department of Health Community Health Profiles[1] show that only 11 percent of Upper East Side residents are obese, compared to 24 percent citywide. Only 4 percent suffer from diabetes, compared to 11 percent citywide, and 15 percent have hypertension, compared to 28 percent citywide.

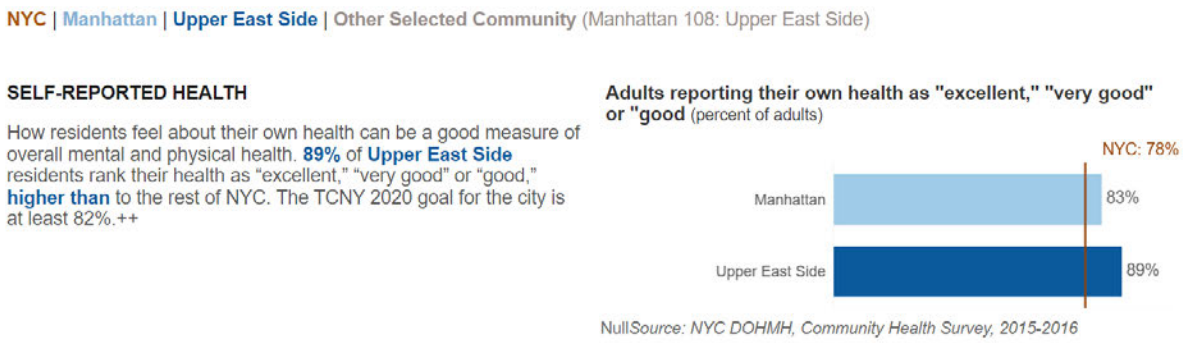


[1] NYC DOH Community Health Profiles, accessed at https://a816-health.nyc.gov/hdi/profiles/

Maternal and infant health indicators also show that the Upper East Side is relatively well off. Only 1.4 percent of Upper East Side births were to mothers who had received late or no prenatal care, compared to 6.7 percent citywide. The rate of teen births is also much lower on the Upper East Side (3.4 per 1,000 teen girls) than the citywide rate of 19.3 per 1,000 teen girls. Infant mortality is less than a quarter of the citywide rate – 0.8 of every 1,000 infants born in the Upper East Side, compared to 4.4 infants citywide.

The COVID pandemic has further demonstrated inequities in health status and access to care. While Upper East Side residents have been diagnosed with COVID at rates similar to other New York City neighborhoods (one in every two adults), the death rate from COVID is much lower. The COVID death rate in the Upper East Side --240 deaths per 100,000 people – far less than the citywide death rate of 407 per 100,000 people.[2]

When asked to rate their own health, 89 percent of Upper East Side adults said their health is "excellent," "very good" or "good" – well above the citywide rate of 78 percent.

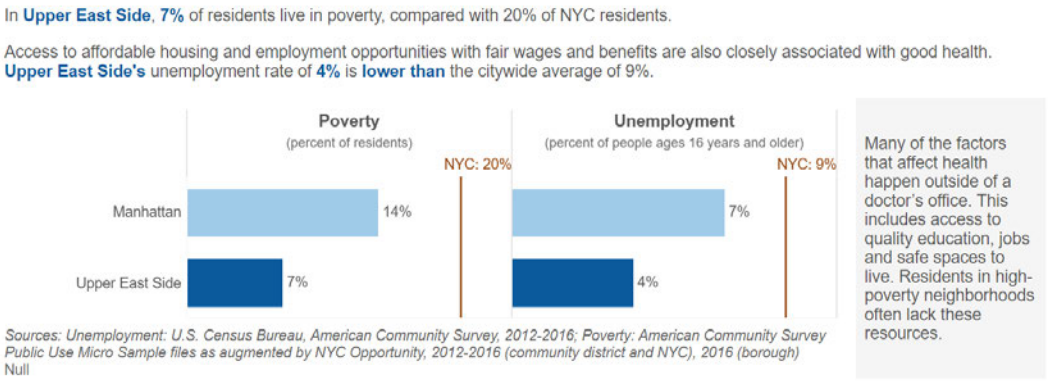


Socioeconomic conditions affecting health

We know the City Planning Department considers the impact of proposed projects on socioeconomic conditions, which affect the health of a neighborhood. The Upper East Side is relatively well off, and unlikely to experience dramatic improvements from this project, whereas less fortunate areas of the city could greatly benefit from additional health facility resources.

Upper East Side residents are better educated than many other New Yorkers – 81 percent have college degrees, compared to 37 percent citywide, city planning profiles show.[3] Exposure to violence is another socioeconomic condition that should be considered. Upper East Side residents have far lower rates of hospitalizations due to assaults (15 per 100,000 people) than the citywide rate of 59 per 100,000 people, according to the NYC DOH Community Health Profiles. They far less likely to be living in poverty or be unemployed than are New York City residents as a whole, according to NYC Department of Health Community Health Profiles[4], as shown in an excerpt below.

[2] NYC DOH COVID10 data, neighborhood profiles, https://www.nyc.gov/site/doh/covid/covid-19-data-neighborhoods.page
[3] Community District 8 profile from NYC Planning.
[4] NYC DOH Community Health Profiles, accessed at https://a816-health.nyc.gov/hdi/profiles/



Existing hospital capacity and need for additional beds

The Upper East Side is already well served with health care providers compared to other neighborhoods across the city. Residents of the Upper East Side have access to far more existing hospital capacity than other New York City residents. There are 9.66 NYS DOH certified hospital beds in the Upper East Side, compared to 2.64 across the city and nearly twice the rate of relatively well-served Manhattan (5.40 per 1,000 people) as a borough. By comparison, there are just 1.6 certified hospital beds per 1,000 residents in Queens, 2.34 in Staten Island, 2.02 in Brooklyn and 2.43 in the Bronx.

Community District	2020 Population	Hospitals	NYS DOH Beds	NYS DOH Maternity Beds	NYS DOH Certified Beds / 1000 population	NYS DOH Maternity Beds / 1,000 Population
New York City	8,804,190	54	23,225	1,412	2.64	0.16
Borough of Manhattan	1,685,657	18	9,101	479	5.40	0.28
Community District 108: Upper East Side	231,983	5	2,240	108	9.66	0.47
Borough of Bronx	1,477,476	9	3,597	219	2.43	0.15
Borough of Brooklyn	2,736,074	14	5,518	370	2.02	0.14
Borough of Queens	2,409,236	9	3,851	269	1.60	0.11
Borough of Staten Island	495,747	4	1,158	75	2.34	0.15

Notably, the Upper East Side already has more maternity beds per 1,000 residents than the citywide rate or that of any of the individual boroughs. In fact, Lenox Hill Hospital's maternity service was ranked No. 8 in the nation by Newsweek and has attracted celebrity patients such as Beyonce and Chelsea Clinton. The proposed expansion and upgrade would add another maternity delivery room to the hospital and relocate the entrance to its maternity service to upscale Park Avenue.

Overall, the Lenox Hill Hospital expansion would add another 25 beds and convert all of the patient rooms to single occupancy. Single occupancy is becoming the preferred standard for hospitals, especially since the COVID epidemic arrived. We wish this standard would be possible for the many safety-net hospitals across the city that can ill afford such upgrades.

Lenox Hill Hospital serves a low percentage of people with Medicaid coverage

Only 3 percent of the total patients discharged from Lenox Hill Hospital are covered by Medicaid insurance and Medicaid accounts for just 10 percent of the hospital's net patient revenue. The vast majority of Lenox Hill's patients have private commercial health insurance or are self-pay patients. The table below depicting the payor mix for Lenox Hill Hospital was obtained from the Definitive Healthcare database. [5]

PAYOR	NET PATIENT REVENUE	% OF TOTAL NET PATIENT REVENUE	CHARGES	% OF TOTAL CHARGES	DISCHARGES	% OF TOTAL DISCHARGES	DAYS	% OF TOTAL DAYS
Medicare	$225,785,525	17 %	$1,052,684,568	23 %	5,399	21 %	30,351	27 %
Medicaid	$129,222,984	10 %	$751,310,584	16 %	762	3 %	4,423	4 %
Private/Self Pay/Other	$950,068,224	73 %	$2,761,069,470	60 %	20,028	76 %	78,151	69 %
Total	$1,305,076,733	100 %	$4,565,064,622	100 %	26,189	100 %	112,925	100 %

By comparison, Mount Sinai Medical Center (located 1.2 miles uptown from Lenox Hill Hospital) receives 17 percent of its net patient revenue from treating Medicaid patients, who make up 7 percent of discharges. Harlem Hospital (located three miles uptown from Lenox Hill in Harlem) receives 49 percent of its net patient revenue from Medicaid patients, who make up 12 percent of discharges. These hospitals bear a much greater financial burden from treating higher percentages of Medicaid patients, for whom the reimbursements are low compared to commercial health insurance.

Lenox Hill Hospital is not racially inclusive

Residents of the Upper East Side are predominantly white and middle class. Census data show the racial breakdown and median household income for the zip codes immediately surrounding the hospital:

10075: 87.8 percent white, 7.1 percent Asian, 2 percent Black; median household income of $102,941

10028: 87.8 percent white, 7.4 percent Asian, 1.7 percent Black; median household income $104,638

10021: 88 percent white, 7.3 percent Asian and 1.8 percent Black; median household income $107,907

Lenox Hill Hospital could serve a more racially diverse group of patients through outreach beyond the Upper East Side. However, an analysis by the Lown Institute found that, at least for Medicare patients, the hospital has not been successful in serving more diverse patients. The Hospital has been ranked one of the least racially inclusive hospitals in the state by the Lown Institute[6]**.** The hospital was ranked 133 out of 134 hospitals in the state and 3293 out of 3301 hospitals nationally.

[5] Definitive Healthcare maintains continually updated data on U.S. hospitals, obtained from their Medicare cost reports and other sources.

[6] https://lownhospitalsindex.org/hospital/lenox-hill-hospital/

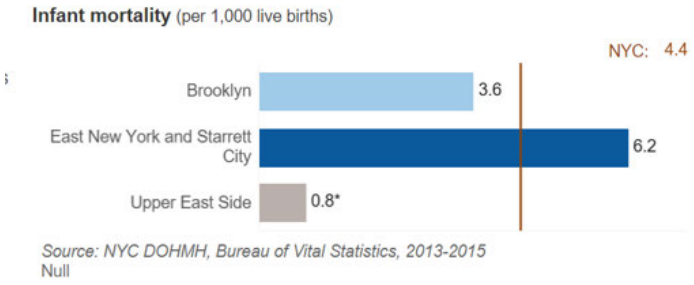
Where else in the city might Northwell better invest in increasing hospital capacity?

Instead of investing so much money in expanding and upgrading a hospital in an area of the city that is already well served and is relatively healthy, Northwell could be encouraged to do more modest modernizing of Lenox Hill. Then the system could invest in community districts that are medically underserved and where residents suffer from high rates of chronic conditions, violence, infant mortality, lack of prenatal care and COVID death rates that are higher than the citywide average.

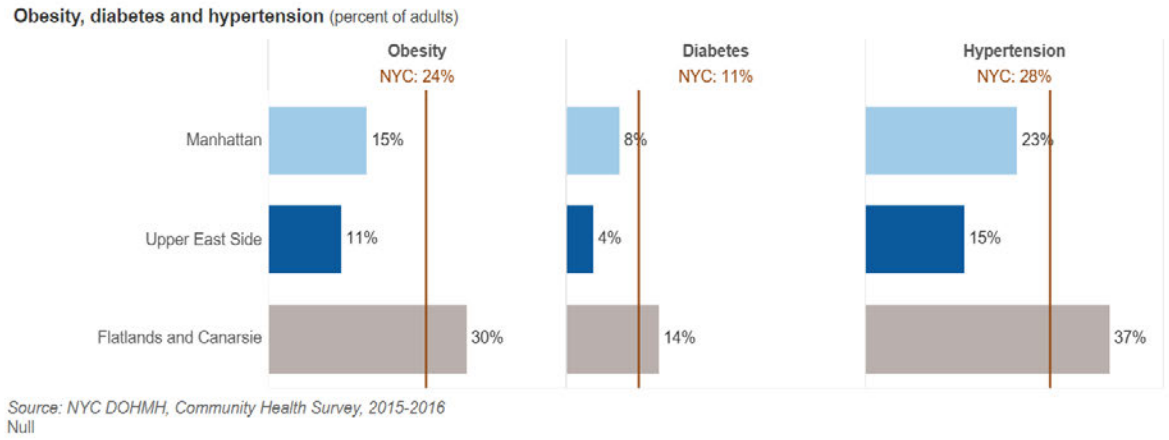
For example, the lower Manhattan community district that includes **the lower East Side and Chinatown** has only 0.42 certified hospital beds per 1,000 residents, none of which are maternity beds. Residents of the Lower East Side and Chinatown have far higher rates of diabetes (11 percent) and hypertension (22 percent) than people in the Upper East Side. The rate of infant mortality (3 per 1,000 live births) is more than three times the rate for the Upper East Side (0.8). The community district's rate of deaths from COVID is 613 per 100,000 people – nearly three times the Upper East Side rate of 240 and higher than the citywide rate of 407 per 100,000.

Several community districts in Brooklyn are in desperate need of more hospital capacity, and the borough wide rate of 2.02 certified hospital beds per 1,000 residents in the city's second lowest. Residents of **East New York and Starrett City,** for example, have no hospital beds within the community district. They must rely on nearby Brookdale Hospital and Interfaith Hospital, both safety net facilities that have been financially challenged. Both facilities were overwhelmed during the first wave of COIVD-19. A "rescue plan" devised by Northwell Ventures consolidated those two hospitals with Kingsbrook Jewish Hospital into a system called One Brooklyn Health and eliminated 24 beds and Interfaith and 208 beds at Interfaith, thus reducing the number of hospitals beds in Brooklyn.

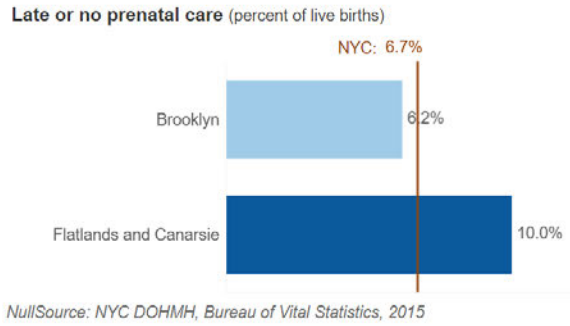
Residents of East New York are predominantly people of color (55 percent Black, 35 percent Hispanic and only 4.2 percent white) and 30 percent are living in poverty, far the citywide rate of 20 percent and the Upper East Side's 7 percent. They have suffered an astoundingly high COVID death rate of 1,543 deaths per 100,000 people – nearly four times the citywide rate of 407 per 100,000 and more than six times the death rate for Upper East Side residents (240 per 100,000). The district's rate of infant mortality is also shockingly high, as depicted below.

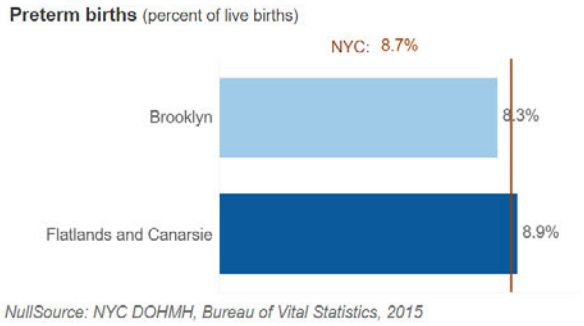


Flatlands and Canarsie is another medically underserved Brooklyn community district, with just 1.04 certified hospital beds per 1,000 residents and no maternity beds at all. Canarsie has serious health issues, as reflected in its COVID death rate of 652 per 100, far above the citywide rate of 407 deaths per 100,000 people. The rates of obesity, diabetes and hypertension are also considerably above both the Upper East Side and citywide rates, as shown on the next page.



Ten percent of pregnant women in Flatlands and Canarsie received late or no prenatal care, well above the 6.7 percent across the city, and the rate of preterm births (8.9 percent) is above the citywide rate.

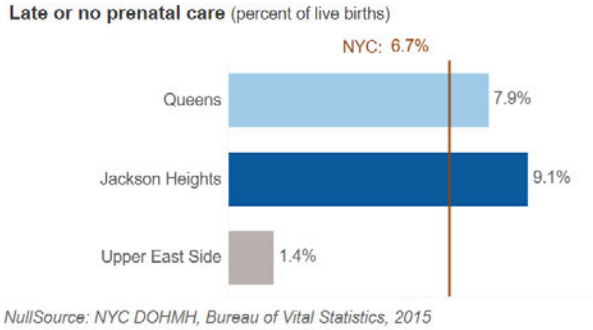


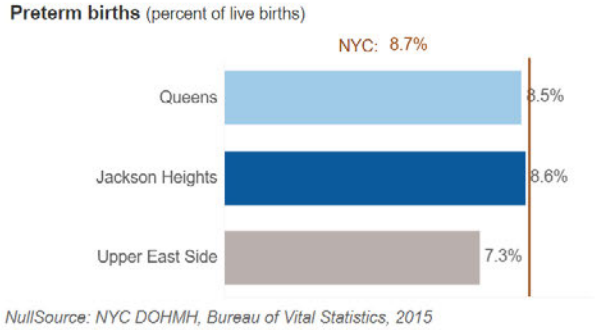


The borough of Queens has the least number of hospital beds per 1,000 people (just 1.6) and the lowest number of maternity beds (0.11 per 1,000 people) of any New York City borough. Several community districts within Queens are especially underserved and/or in jeopardy of losing existing hospital capacity.

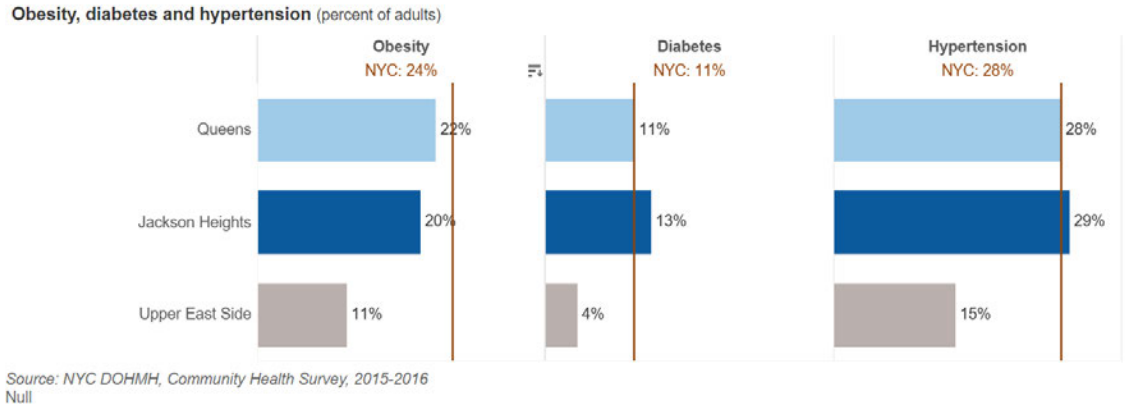
Jackson Heights, for example, has no hospitals within its community district and relies primarily on nearby Elmhurst Hospital, which was overburdened during the first wave of COVID in 2020. The Jackson Heights zip code (11372) has had a death rate of 756 per 100,000 people, nearly double the citywide rate of 407 per 100,000 people. The percentage of people living in poverty (25 percent) is well above the citywide 20 percent and the Upper East Side's 7 percent, and the population is far more diverse: 65 percent Hispanic, 19 percent Asian, 4 percent Black and 10 percent white.

The percentage of expectant mothers receiving late or no prenatal care is well above the citywide rate and is more than six times higher than the Upper East Side percentage. The percentage of births that are preterm is also well above that in the Upper East Side, as shown on the next page.



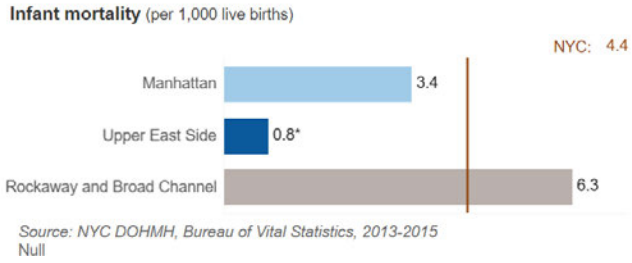


Percentages of people with chronic conditions are also far higher for Jackson Heights than for the Upper East Side or, in some cases, the citywide percentages, as shown below.



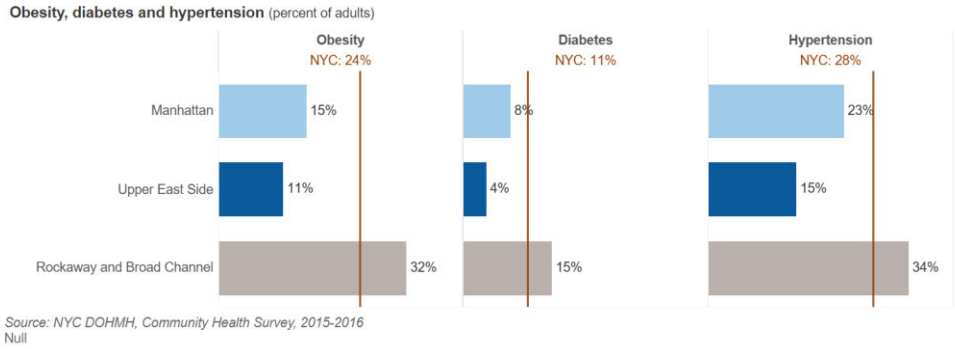
The Rockaways and Broad Channel community district has 2.07 beds per 1,000 people, but those are all in St. John's Episcopal Hospital, which is financially stressed and in danger of closure. In 2021, the hospital was threatened with a dramatic downsizing that would have reduced the number of beds from 257 to 15 and eliminated such services as labor and delivery and pediatrics. This plan to turn St. John's into a "micro hospital," was halted in March of 2021 after local residents, hospital employees and local public officials raised loud cries of protest[7]. They pointed out that travel to the nearest full-service hospital would be an hour away by public transportation.

The infant mortality rate in that community district is more than six times the rate of the Upper East Side and is higher than the citywide rate, as shown below.



[7] https://qns.com/2021/03/state-puts-temporary-hold-on-proposals-to-cut-capacity-and-services-at-st-johns-episicopal-hospital/

The COVID death rate for the Edgemere/Far Rockway zip code is 996 per 100,000 people, more than twice the citywide rate. Eighteen percent of the residents of that community district are living in poverty, compared to 7 percent on the Upper East Side. They have high rates of chronic conditions, as shown below:



The inequities between patients seeking care at Lenox Hill Hospital and those forced to rely on three of the stressed hospitals mentioned above are vividly demonstrated by comparisons of the median amount of time patients in the emergency department wait between being admitted to the hospital and when they leave the ED for their inpatient rooms. NYS DOH hospital profiles show that at Lenox Hill Hospital, the median wait time is 76 minutes, below state and national averages. It's 204 minutes at Interfaith, 360 minutes at St. John's and 392 minutes at Brookdale, almost four times the national average.

Admit decision time to ED departure time for admitted patients

Measure Definition

Median time (in minutes) patients spent in the ED, after the doctor decided to admit them as an inpatient, before leaving the ED for their inpatient room. **Lower is better**.

Report Period: January 1, 2019 to December 31, 2019

My Providers

New York State Lowest		13 mins
Lenox Hill Hospital	○	76 mins
National Average	○	101 mins
New York State Average	○	149 mins
Interfaith Medical Center	▽	204 mins
St Johns Episcopal Hospital So Shore	▽	360 mins
Brookdale Hospital Medical Center	▽	392 mins

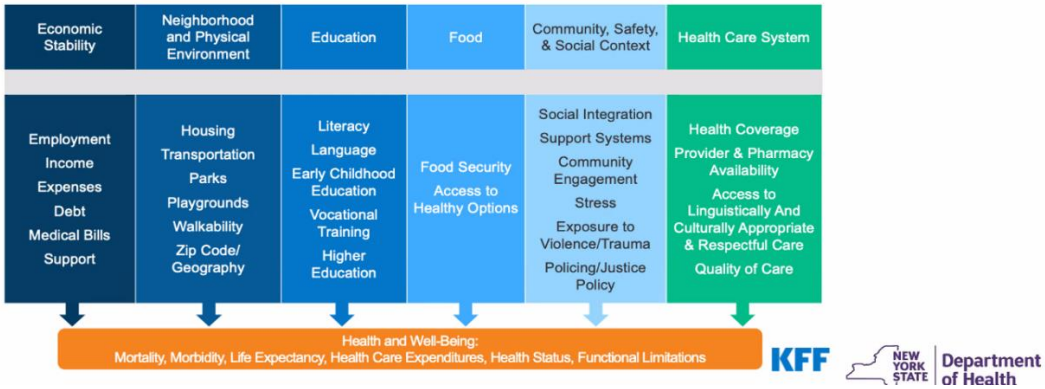
Legend more information

△ = High Performer ℹ
○ = Average Performer ℹ
▽ = Poor Performer ℹ
○ = No Comparison Available ℹ

Conclusion: Impact on health equity should be included in scope of Lenox Hill project review

In conclusion, we urge the City Planning Department to include consideration of the impact on health equity within the scope of your review of the Lenox Hill Hospital expansion project. The exhibit below from the New York State Department of Health makes clear that availability of health providers and quality of care are among the key social determinants of health, along with economic stability, neighborhood and physical environment, education, food and community, safety and social context.

> **"Social determinants of health"** shall mean life-enhancing resources, such as availability of healthful foods, quality housing, economic opportunity, social relationships, transportation, education, and health care, whose distribution across populations effectively determines the length and quality of life.



Approving the investment of $1.6 billion in expanding and upgrading hospital capacity in an overbedded and relatively healthy area of the city, while other community districts with poor health remain medically underserved would not be in the best interests of the City of New York. We appreciate your consideration of these comments. Please contact CVHSA members Lois Uttley at ljuttley@outlook.com with any questions you may have.

Faith Daniel, MPH
Co-facilitator, CVHSA
Project Manager
Hospital Equity and Accountability Project
Community Catalyst

These comments are submitted on behalf of the organizations participating in Community Voices for Health System Accountability. These include the Center for Independence of the Disabled, the Children's Defense Fund NY, the Coalition for Asian American Children and Families, the Commission on the Public's Health System, Community Catalyst's Hospital Equity and Accountability Project, the Community Service Society-NY, Empire Justice Center, March of Dimes, Medicaid Matters-NY, the New York Immigration Coalition and the New York StateWide Senior Action Council.

From: Lo van der Valk <[redacted]>
Sent: Monday, March 13, 2023 5:13 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Health Project at Lexington and 77th Street, Scoping, Comments by Carnegie Hill Neighbors
Attachments: Carnegie Hill Neighbors, Statement, Northwell Health - Scoping (March 13, 2023).pdf

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Sent from Mail for Windows

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

From: Lo van der Valk, President
Carnegie Hill Neighbors
1326 Madison Avenue, New York, NY 10028
[redacted]

Re: Scoping submission for Northwell Health Project at Lexington Ave. & 77th St.

Speaking on behalf of Carnegie Hill Neighbors I would like to thank Northwell Health for its earlier elimination of the tall residential tower initially proposed for the Park Avenue blockfront between 76th and 77th Streets. However, we do have strong reservations about the current project for Lexington Avenue.

Carnegie Hill Neighbors is a not for profit membership organization dedicated to preserving the historic character and quality of life in Carnegie Hill. Formed in 1970 our catchment area is Fifth to Third Avenues from 86th to 98th Streets. We are distant from the proposed site at 77th and Lexington Avenue, but we share the same concerns as its neighbors and we understand the needs and dynamics of hospitals as we are very close geographically to the Mt Sinai Health Center campus.

Our reservations for the Northwell Health project are as follows and we hope that they can be addressed in the scoping phase:

- At a height of 436 feet the building is too tall; Lexington Avenue typically allows a basic height of about 170 feet, or slightly more when certain conditions are met.
- Also the bulk and massing of the building occupying the full blockfront between 76th and 77th Streets.
- We hope that the setbacks on the two side streets (76th and 77th) can be increased to allow more light and air.
- We think the proposed building can be shortened by increasing the height of the mid-block portion between the two streets.
- We regret that the proposal calls for only single occupancy bed rooms. We fear this could exclude Medicare patients, and he hope that a sizeable proportion of rooms will feature double occupancy.
- We are also concerned about the long construction period of around 10 years. This poses an immense hardship on the surrounding residential community. We hope this period can be reduced.

Thank you for your consideration of these comments.

Sincerely,



General Public

From: CBA <[redacted]>
Sent: Friday, March 3, 2023 11:20 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Testimony

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To whom it may concern,

The idea of a towering new hospital complex on the Upper East Side is preposterous. The neighborhood is already inundated with hospitals (and wailing ambulances). Traffic is already awful, and ambulances are routinely stranded in the mess, and not only during rush hour. Adding to that traffic is not only illogical, it's unsafe to the patients the hospital would seek to serve.

The last thing Manhattan needs, and the UES in particular, is another hospital (or a grossly expanded one). There are neighborhoods that would benefit. Long Island City comes to mind: rapidly growing, development projects dot the riverside, so many new residents. They would benefit from quickly accessible medical coverage and new jobs. Same with Harlem, the Bronx, and Staten Island.

The sheer size of the proposed building is grotesque. What defines the UES is its residential nature: families live there, and massive development will drive existing and prospective residents away.

The proposed expansion of LHH-Northwell is unsafe, inequitable, and against all sense of zoning propriety.

Sincerely,

Court Anderson

[please let me know if you need any further personal information, I'm happy to furnish.]

From: Jennifer Anderson <[redacted]>
Sent: Thursday, March 9, 2023 6:59 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Proposal for Lenox Hill

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Dear Director Shellooe,

I am sending my testimony concerning the plan to develop and massively extend the Lenox Hill hospital owned by Northwell Health between E76th and E77th streets.

This testimony follows on from the Scoping Meeting held on March 2nd, 2023. Here are my concerns and objections to the scope of the the project:

– The scale of the project is beyond any reasonable person's idea of what should be allowable in a residential area full of families, schools, churches and grocery stores. I've lived close to the hospital for almost 20 years and although there is some busyness around the site it does not interfere with our everyday living or enjoyment of this residential area.

– 11 years of construction is the most unreasonable period of time for the community to have to deal with noise, dirt, drilling, trucks, restricted road lanes and severe congestion. Can I also say that a healthcare group that could even consider a project this massive and long lasting can have no respect or concern for the good people that choose to be their neighbors!

– Perhaps Northwell as a healthcare provider should focus their resources and attention on other areas of NYC where there is more need of medical care.

Please listen to and respect the wishes of the thousands of people who live near this hospital and object most strongly to the extent of the proposed works.

With very best regards,
Jennifer Anderson

From: kenneth anderson <[redacted]>
Sent: Thursday, March 9, 2023 6:48 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] testimony on the Northwell's Lenox Hill project following the recent scoping seeing

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Dear Director Shellooe,
Sending along my thoughts after the recent scoping meeting on the Lenox Hill project.
1. The proposed skyscraper on Lexington Avenue is way too tall. It will overshadow the neighborhood and significantly change the atmosphere of the surrounding areas.. It is not in keeping with the nature of this historic district.
2. The project is clearly too massive in that it will require eleven years of disruption to the neighborhood. Eleven years is a very long time for all of us to be living with the noise, dust and disruption of the project.
3. And for what? A small increase in the number of beds? A luxury maternal ward there when there are no shortage of alternatives? The pain for all of us who live here versus the benefits is way our of line.
4.Finally, I am not an expert on this,[but I understand that there are many other parts of the city that are in much greater need of more doctors more beds and more medical facilities than the Lenox Hill neighborhood. It is very difficult to understand Northwell's motivation for pursuing this massive project if the welfare of the citizens of New York City is their priority.
Sincerely
Kenneth Anderson

Ken Anderson
[redacted]

From: Sebastian [redacted] <[redacted]>
Sent: Monday, March 13, 2023 10:09 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Written testimonies to NYC Department of City Planning

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Dear NYC planning commission,

As a resident of the area and a physician who is in private practice in the UES since 2003, I can share with you my own experiences with Northwell as an organization.

I have been on staff at LHH since 2003. During that time, I have been in private practice, but worked closely with other LHH-affiliated physicians and was involved in physician education.

Approximately one year after the takeover of LHH by Northwell, I received an email stating that my sublease which had been with LHH in an office space on E76 Street, would not be renewed. They gave me approximately, 3 months to vacate the space. I explained that finding a new office space for a busy practice would require more time, and failure to do so would undoubtedly impact patient care. Their response was that it was not their problem and that I would be evicted from the space if I had not vacated by the last day of the year.

When I had not been able to set up a space in time, they charged me 2x rent for the additional 3 months. What is most cruel about how they treated me and my patients is that the space we were forced to vacate remained unused for 1.5 years. I know this firsthand because I worked closely with LHH physicians who were sharing the same space.

Of note, this was not an isolated pattern of behavior. The subsequent space that I leased on E 78 Street was coming to the end of its lease and we were in the process of building out a new space on E 79 Street. Because of construction delays related to the pandemic, we asked the LL for an extra month to complete construction. As it happens, Northwell had signed a lease to rent our space after we left. They demanded that any delays be remedied with a penalty or they would cancel their lease. Again I was forced to pay 2 x rent for 1 month of stay-over, and Northwell did not care about how this would impact patient care.

As you make your decision regarding whether to allow Northwell to bypass existing zoning regulations, which will undoubtedly have a major negative impact on the character and life of the residents of our neighborhood, I would like the committee to better understand the business practices of Northwell and their disregard for the welfare of patients and physicians in the Upper East Side community.

I am more than happy to provide the committee with supporting documents and emails if this will help in its decision.

Sincerely,
Dr. Sebastian [redacted]

PS- I would appreciate it if my name was not used.

Sebastian [redacted], M.D., FAAAAI
Medical Director, [redacted]

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From: David Arcara <[redacted]>
Sent: Saturday, March 11, 2023 1:35 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Expansion

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NYC Department of City Planning,

I have been a member of the Lenox Hill community for over 50 years. I attended grade school at the Allen-Stevenson school on 78th Street just off Lexington avenue. One of my best friends' mother was a long time nurse at the Lenox Hill Hospital. I currently live at 79th & Lexington.

Our neighborhood here is a small, densely populated community with a lot of rootedness and history within the greater Upper East Side. We have a diversity of residents, quiet and sun exposed residential side streets, vibrant commercial-street life, and a thriving owner operated retail & restaurant ecosystem. Much of which is being threatened by Northwell's expansion proposal.

The city, having recognized this in part through its current zoning regulations, serves to protect such a fragile neighborhood environment. Without such zoning protections neighborhoods across our city lose their unique character, tearing at the fabric that makes our city the greatest in the world.

The Lenox Hill Hospital expansion violates, in an extreme way, the current scale of our residential neighborhood. Lenox Hill is not a large-scale business district. This is obvious to anyone who walks our neighborhood streets. An engineering or urban planning degree is not needed to see and understand this. One look at the new building's architectural drawings clearly shows the incredible absurdity of this expansion in relation to its surroundings.

I have no objection to improving the hospital's delivery of care, but the scale of this delivery must be in keeping with our neighborhood's constraints. This plan with a 436 foot tower and a 10-year construction period clearly cannot meet such a criteria. Northwell's proposal is in conflict with any notion of common sense or neighborhood empathy.

I am a venture capitalist with a Harvard Business School degree. Following data-based evidence is foundational to my professional life, but I also understand how data can get used to justify predetermined self-interested corporate narratives. I have seldom encountered such a blatantly transparent attempt to do just that, as Northwell is currently doing with its insensitive and exploitative expansion plans. Northwell's is a cynical proposal.

Sadly,
David Arcara

From: Jackie Auerbach <[redacted]>
Sent: Thursday, March 9, 2023 4:27 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill

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The City does not need another luxury hospital. Lenox Hill can do their much needed renovation without doubling the height of their building on Lexington Ave. This neighborhood is residential and historical. The 77th St subway is already one of the most crowded in the City. The traffic is already terrible. Please do your job representing voters who live in the area and vote against yet another dehumanizing structure and developer money.
Jacqueline Auerbach

Sent from my iPhone

From: Frances Beatty [redacted] >
Sent: Monday, March 13, 2023 12:41 PM
To: 23DCP079M_DL
Cc: Allen AAdler; Roger and Bambi Felberbaum; Patty and Bradley Newburger and Bradley Wechsler; Don Gringer; Jay and Jean Entwistle; AFrances Beatty
Subject: [EXTERNAL] Objection to Lenox Hill Hospital Expansion

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Dear Dept of Planning,

My name is Frances Beatty. My husband, Allen Adler, and I have been residents of 800 Park Avenue since 1989. As lifelong New Yorkers, we have spent time around Lenox Hill for decades. We Raised our children in the neighborhood and we are active members of the community. Moreover, we have utilized the services at Lenox Hill throughout the years and we always appreciate the service and convenience of this facility.

We object strongly to the expansion which would threaten the current balance of life, topography, community, and quality of life in our neighborhood. The height of the building would overshadow and bring into quasi darkness many of the buildings on Park Ave and would drastically change the livability abe the architectural integrity of our historic Upper East Side neighborhood. In addition, an eleven year expansion would create a profound deterioration in our community, creating A extended disturbance with both the noise and the damage to the environment. It woul prevent our peaceful enjoy of our home for what might be the last ten years of our lives. These buildings are old they shake from the train underneath one can only imagine the damage and possible cataclysmic effect this construction would have in our neighborhood Many of the people who work on a large area surrounding the proposed project commute from downtown and uptown to the 77th Street subway stop. This construction would significantly negatively impact their daily commute. As sometime patients at Lenox Hill Hospital, we know such a large construction would negatively affect our quality of care and definitely would disturbed all the patients in the hospital as well as all the staff and visitors .

We hope you will insist on a significant modification of the building height and the duration of the construction to limit the negative impact of this expansion on all who live and work in the Neighborhood.

Sincerely,
Frances Beatty and Allen Adler
800 park Ave
NY NY 10021

--
Frances F. L. Beatty, Ph.D.

From: Ellen Bilgore <[redacted]>
Sent: Friday, March 3, 2023 8:37 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Development

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Please reconsider approval of the Lenox Hill project, which will disrupt the nicest residential neighborhood in New York for at least the projected nine years of its development with dirt and noise, and then alter the character of it forever.

Ellen Bilgore
120 East 79 th Street
New York 10075

Sent from my iPhone

From: Ellen Bilgore <[redacted]>
Sent: Saturday, March 4, 2023 10:41 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Nowthwell plan

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Please understand how important this is to the residents of Lenox Hill.

As a lifelong resident of 79th St., I absolutely have to register my objection to the prospect of a vastly enlarged Lenox Hill Hospital.

This plan is so intrusive, and so disruptive to our lives, that it will make living in our own homes uncomfortable for the nine years of the construction, and after that for the change in the character of our neighborhood for the rest of our lives,

The increased foot traffic, the noise, the dirt, the enormous increase in population will make what has been a charming place to live utterly uninhabitable.

This is a shocking, prospect, and one that must be stopped.

Ellen Bilgore.
120 E. 79th St.

Sent from my iPhone

From: Ellen Bilgore <[redacted]>
Sent: Saturday, March 11, 2023 8:08 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Project

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As a lifelong resident of Lenox Hill, I strenuously object to the proposed building.

The plan will alter the character of the neighborhood forever, and will make it unlivable for the nine years or more of construction they propose

Such a huge building is out of character for our area, which is always been a family neighborhood.

The dirt and noise that this project will engender will make our apartments extremely unpleasant.

The area around Lenox Hill is already filthy. This will make it even worse.

Please do not approve this project.

Ellen Bilgore.
120 East 79th Street

Sent from my iPhone

From: Tech Girl Tiff <[redacted]>
Sent: Monday, March 13, 2023 12:21 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Testimony

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Dear NYC Department of City Planning,

I am writing to express my strong opposition to the proposed construction project in my neighborhood. I work in New York City and spend a considerable amount of my time living in this area, and the thought of having it under construction for years to come is distressing.

The current proposal for the expansion plans by LHH - Northwell will undoubtedly ruin the living experience in the area, causing constant disruptions and noise pollution, and making it a challenging place to live for residents. Furthermore, the extensive construction will undoubtedly cause congestion, making it difficult for residents to move around or commute to their places of work.

I understand that the Department of City Planning is soliciting views from the community on what should be included in the Draft Environmental Impact Statement that must be prepared as part of the ULURP process. As such, I urge the department to take into account the community's concerns and consider the impact this project would have on the neighborhood's quality of life.

I am hopeful that the NYC government will take into account the concerns of the community and seek to find a solution that balances the interests of all parties involved. Thank you for your attention to this matter.

Sincerely,
Michael Bilgore

From: [redacted]
Sent: Sunday, March 5, 2023 3:18 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Lenox Hill testimony
Attachments: Northwell Lenox Hill Testimony 3.2.23.docx

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My testimony at the March 2nd hearing is attached.
Please add to your records.
Thank you!
Michele Birnbaum

MICHELE BIRNBAUM
1035 PARK AVENUE
NEW YORK, NEW YORK 10028
TEL: [redacted]
EMAIL: [redacted]

March 2, 2023

Stephanie Shellooe, Director
Environmental Assessment and Review Division
New York City Department of City Planning
120 Broadway
New York, New York 10027

Dear Director Shellooe:

My name is Michele Birnbaum. Thank you for hearing my comments this afternoon.

I am a member of Community Board 8 and its Zoning Committee. However, I am speaking on my own behalf today.

Having listened intently to the elaborate and well organized presentation on the expansion and reconstruction of the Lenox Hill Hospital facility, it is apparent to me that Northwell's expansion plans far exceed their needs and are too ambitious to be worthwhile to Northwell as they violate and destroy the quality of life of the adjacent community.

By the end of the eleven year construction time-line, we will likely not even have any of the same principals that we are hearing from today, and the institution memory will be lacking.

This project, including the 432 foot tower on narrow Lexington Avenue, if completed as presented, will overwhelm this residential neighborhood with crowding, traffic, a visual blight and complete change of ambiance.

While claiming that everything Northwell is doing is to increase patient care and well-being, their care of their out-patients who are the residents, businesses, schools and houses of worship in the community, will be sorely lacking and sub-standard.

Their claim that they can keep the hospital open and functioning during this eleven year construction period and maintain the same level of care for their in-patients, i.e. protect them from noise, dust, dirt, fumes, germs, will be monitored by a third party whom Northwell will be paying. My understanding is that there is no hands-on monitoring by the State or a non-partial entity.

Northwell claims that, because the hospital will remain open, the design of the complex, as presented, is what is necessary, implying that if the hospital didn't remain open, that they could substantially modify their plans. A revision of the plans would be wise, as their current plan calls for their Emergency Room to be located on the second floor of a building with only

elevator access, a serious departure from the protocol of Emergency Rooms being located on the ground floor with direct street access. The second-floor location seriously delays the care of patients by precious minutes.

In addition, the ambulance staging area is on 77th Street, and the emergency room is currently on the first floor with a doorway entrance allowing medics to bring people in from the street. This ambulance street staging area will not be operational during construction, because the construction plan calls for breaking up the street and building a tunnel that will allow hospital personnel to pass from the east side on 77th to the newly re-purposed building on the north side of 77th street, thus displacing ambulance staging during construction. Staging of ambulances on Park Avenue or any other location will result in delayed patient emergency care.

If closing the hospital during construction would protect healthcare of the public, result in a smaller, more contextual plan built as-of-right, provide a more traditional hospital plan with a street-level emergency room and cut the construction time to 3 years, that would make much more sense.

Also, it should be noted that the Northwell plan includes the ability to build inclusionary housing, yet they have no plans to do that either on or off site. I believe the existing site is too small for such an addition, but other locations could be explored.

Northwell has satellite locations in all Boroughs, including Manhattan, and it would make much sense to admit their patients to those facilities while this project is being constructed. Their new Third Avenue facility could be used, as well.

This project is too big, too out of context, and too much of an imposition on the thousands of people in the neighborhood to the community's extreme detriment.

As health providers, Northwell is being selfishly one sided. This project will not serve the health needs of all who are affected, and while they laud themselves as patient advocates, the disregard and disservice to the broader community is overwhelming.

There is a way for Lenox Hill to expand appropriately, contextually and reasonably, and this project, as presented, is not it.

Please disapprove of these plans.

Thank you !

[redacted]

Michele Birnbaum

From: Elizabeth Botvin <[redacted]>
Sent: Saturday, March 11, 2023 3:09 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Lenox Hill

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Has the city gone bonkers? The Upper East Side is one huge construction project. Entire blocks of brownstones are being razed and replaced with 30 plus story buildings. On my mother's block of First Avenue and 66th street, the Blood Bank is being replaced by for profit laboratories doing Biosafety level 3 research in a residential area! On First Avenue and 65th Street, another large residential building is going up.

The Upper East Side cannot continue to be everyones hospital. MSK, NYP, Northwell Health, Mount Sinai, Metropolitan, and NY Eye and Ear have destroyed the neighborhood I grew up in and where my mother, a woman in her 80's, continues to live. Lines of cars at the MSK parking garage clog up 66th Street to the point where sometimes it takes me a half hour to pick up my mother for doctor appointments.

And yet another expansion of Northwell Health will only give us 25 additional beds. Are the medical treatments that they are doing any different than any of the other hospitals nearby that it will warrant the sacrifice of the health and well-being for the next 12 years of all the people on the Upper East Side? I say the people of the Upper East Side have sacrificed enough.

Dr. Elizabeth Botvin
1 Gracie Terrace

From: [redacted]
Sent: Wednesday, March 8, 2023 10:02 AM
To: 23DCP079M_DL
Subject: [EXTERNAL]
Attachments: [EXTERNAL]

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Although I support Lenox Hill Hospital, I feel the footprint of this proposed plan is much too large for the surrounding neighborhood. I hope they will scale it down as this is a residential neighborhood.
Victoria Boyd

From: James H Brandi <[redacted]>
Sent: Friday, March 10, 2023 2:18 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Proposed Hospital Enlargement

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Dear Committee Members:

As a resident of the upper east side for over 60 years, I want to express my opposition to the building project proposed for Lenox Hill Hospital. Any new building that size will block air and light in an area of small streets. Second, Lexington Avenue is very narrow. Delivery trucks often narrow it down to one lane in places. A ten year construction period, with all the additional vehicles, will make Lexington into a disaster and virtually unusable for periods of time. It is hard enough to get around without losing Lexington. Finally, there is a huge hospital complex already on the river just 8 blocks south of Lenox Hill. There is no need for this expansion. This area is already well served for medical care.

I urge that this project be abandoned.

Sincerely, James Brandi
215 E. 72nd St.
New York, NY 10021

From: Katy Brodsky Falco <[redacted]>
Sent: Thursday, March 9, 2023 8:58 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Stop the Lenox Hill Hospital Expansion

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To the NYC Planning Dept Board: I write you in complete disagreement with the plans for the expansion of Lenox Hill Hospital. The plans are completely irresponsible to the surrounding community, and are outrageous in scale. Below are all the points you already know but bare repeating:

There is no need

*Manhattan has 6.0 beds per thousand vs 1.6 in Brooklyn and 1.4 in Queens.
* Lenox Hill has the world's best hospitals within walking distance. There is no unserved need in this neighborhood.
*Health Equity suggests that Northwell should spend money in the outer boroughs where there is a lack of facilities rather in the Upper East Side, which has an excess. Health inequity is further distorted by this. historically huge expenditure where it is not needed, rather than going to neighborhoods where health facilities are desperately needed.
* This expansion is not about market need but is about Northwell fighting for market share and the prestige of a larger Manhattan anchor.
* Vanity created this proposal, not need. Chandeliers and French chefs are no longer featured, but still intended.

The Neighborhood Does Not Want This Expansion

* The Zoning Committee of Community Board 8 unanimously rejected this proposal.
* The entire CB8 Board voted 35-3 against it in 2020.
* Over 3,500 residents have signed petitions protesting the Plan

* The neighborhood has gathered behind our Committee to organize opposition efforts.

Existing, Thoughtful Zoning Prohibits this Plan

* The Upper East Side contains a landmarked, historic district that limits heights and densities.
* Northwell's proposal to build the second tallest hospital in the world in a dense residential neighborhood is obscene and offensive to the iconic Lenox Hills Community. It is illegal under current law.
* Northwell is asking for a rezoning for its private convenience at the

expense of the Community
* The density proposed exists in no other residential community- only in Midtown Manhattan and Wall Street
* There is no way to shoehorn a 435' structure into a dense residential community.
* The proposed structure sticks out far above all existing buildings (435 ft vs 150ft. - almost 3x) destroying the uniformity of this iconic neighborhood. This is not a request for a variance; it is a destructive rezoning of our neighborhood!

The Environmental Impact on Our Neighborhood is Devastating

* The stress caused by 10 years of construction is unacceptable to the residents, schools, religious institutions, stores and hotels in our community.
* No hospital in the USA has remained open for ten years while construction is going on, not next door, but on its own block. This should be unacceptable to the doctors, nurses and staff of the hospital who should be informed and surveyed about their feelings. It is unacceptable to us, the residents.
* What patients will voluntarily choose a hospital which has a decade of construction for elected procedures?
* A decade of construction will destroy nearby businesses and stores, as it did on Second Avenue where a ten year subway construction killed business and ruined real estate values

* A new entrance on Park Avenue for Maternity patients will take away the few parking spaces now reserved for doctors. This plan provides no provision for parking for visitors, staff or doctors.
* One Vanderbilt, a 93 story tower on 42 Street was built in three years. Because Lenox Hill wants to stay open during construction, this construction will take 10 years. That is a flawed (fatal?) plan!
* There is no mention of how this project will be staged. Will construction materials be piled on the grassy malls in the middle of Park Avenue? Will construction trucks deliver materials at night? What is the expected noise, dust, debris and other demolition impact on local schools, stores and residents?
*Already overloaded, narrow side streets on 76 and 77 streets will be blocked for a decade of construction and choked with hospital traffic thereafter. Our residents won't be able to get to the subway to get to work, children won't get to school; worshippers will have to re-route.
*The unusual presence of mechanicals on several high floors puts them at eye level or above for adjacent buildings. What are the noise, heat and other environmental issues of doing that?
*The 430 ft tower will cast shadows from [76 street to 86 street; from Central Park to York Avenue], permanently depriving most of our neighborhood, especially our lovely brownstone buildings, of sunshine
*These factors will make our neighborhood unlivable! And, for what reason? For the convenience of Northwell's vanity which is not based on Need.

Adverse Financial Impact

Building the tallest hospital in New York State in a dense residential neighborhood will be expensive; very expensive. Who will pay for it?
* Should the State approve Dormitory bonds for a vanity project with No Need?
* Will Costs for hospital services go up to pay for it?
* Can these funds be better used to hire more nurses, pay them more, improve the Medical School? These are not questions for our neighborhood alone, but very relevant to those asked to fund the project

Northwell Has Not Disclosed its Complete Plans

* How will this project relate to the huge new ambulatory center being built by Northwell two blocks away on Third Avenue?
* Northwell owns several other properties in our neighborhood. What are the plans to interconnect or redevelop them?
*Has Northwell examined other potential sites for their vanity hospital? Why were other sites rejected?

From: Suzanne Byowitz <[redacted]>
Sent: Monday, March 13, 2023 7:44 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Expansion Project

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To whom it may concern -

I was born at Lennox Hill Hospital. I have lived in the Lenox Hill Hospital neighborhood for over 17 years, first on 74th street and now on 76th street very close. I live in an apartment that was purchased because of the wonderful neighborhood and the fact that there are zoning rules that would prohibit huge buildings from being built. The building that Lenox Hill Hospital (Northwell Health) proposes is totally out of character for this area. The proposed forty stories, 439 foot building is more suited for the midtown business area and not in a low rise dense residential area.

Northwell Health should rethink this project for several reasons

1. We were advised by the project architect that this huge 40 stories or 439 foot building will take 11 years to complete. As I plan on having children in the next few years, I am very concerned about walking small children every day right next to a huge construction project that will last for 11 years given that this type of air quality issues could lead to asthma and serious health risks.

2. At the recent community board zoom meeting it was obvious that the whole neighborhood was very upset about this project. Everyone who spoke at the meeting who lives in the neighborhood, and many people not just in my building, but in other buildings near me have already complained about this project and the burden that it will put on the community. It sounds like the only people in favor of this are those who are parts of the unions that would be hired for the construction work. Regardless of where this project is built and if it is transformed for a smaller scale, I would assume that Lenox Hill and Northwell Health would be supporting union jobs, so this should not be an issue.

3. Lastly, and most importantly, the upper east side has enough hospitals and hospital beds, so this expansion seems unnecessary, versus a renovation of the inside of the existing building. I was shocked and upset to learn that for 11 years of construction work and disturbance of residents, Northwell will only be adding 25 beds. If Northwell really wants to serve the community and is so concerned about meeting the needs of the public when they get sick then this project should be built in areas of the city that don't have enough hospital beds such as in upper Manhattan or the other boroughs, this part of the east side of Manhattan has more than enough hospitals.

No one faults Northwell Health for trying to modernize this neighborhood hospital but the projected plan for Lenox Hill Hospital is totally out of scale and
goes against the wishes of the neighborhood. Therefore I hope that this plan would be rejected by the city and that Northwell Health would be able to come up with a plan that better fits the neighborhood and matches the rest of the buildings in the area.

Thank you
Suzanne Byowitz

From: Richard Campen <[redacted]>
Sent: Monday, March 13, 2023 2:17 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Community Testimony concerning Northwell Health' latest Proposal for the Lennox Hill Hospital Development

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To New York City Planning Commission Members,

I am a long-time resident of a building at Lexington Ave. and 81st Street and have attended the latest ZOOM session where Northwell Health representatives outlined their latest proposal introduced to the public at the preliminary meeting of Community Board 6.

There is much to criticize about this newest proposal not the least that it will be a tower without a set-back at the Lexington Ave. street level with the equivalent height of 44 floors that would at least begin to diminish the overwhelming bulk and height of the proposed building.

I listened by ZOOM to the Northwell presentation that Tuesday evening. There was for sure an arrogance by their presenters which came through when they dismissed out-of-hand a suggestion that they work with the 9 healthcare/medical facilities (in addition to Lennox Hill Hospital) which are providing health services and are located in the area. Why would they dismiss the idea of considering how working with existing medical organizations might help Northwell as well as our community in general to find a way to scale down the building that they are trying to shoehorn into the 77th-76th block on Lexington?

Why, in general, are they unwilling to discuss with the community anything that is not connected to their ULRUP petition? For starters, what are they saving the large vacant block area on 3rd Ave between 76th and 77th for? They say it is "off the table" to discuss this property with the community because they own it and it is not part of current ULRUP petition. That's arrogance! This land which has been vacant for 3 or more years could be part of the solution. It's only a block away from Lennox Hill Hospital and it's a big parcel that borders a much wider avenue than Lexington. Have they even told the community what they plan to do with this land?

We need to find a way to focus on ways to persuade Northwell to level with us about their intended use of this parcel.

How to persuade them? You members of the Planning Commission and others know more than I but why not scale down the the proposed building on the Lexington-77th-76th site by putting some of the hospital functions in new building on the 3rd Ave parcel only a short block east? Our local councilman, Keith Powers told me, maybe 3 years ago just after the November 2019 presentation by Northwell to the community, that he was opposed to that first proposal because the proposed hospital was too high. He said he wanted the hospital project to go forward with a bigger envelope than now for sure but he told me it was too large. Well, there is not much difference in height and bulk between the present proposal we saw on Tuesday night and the one presented in November of 2019.

I am suggesting a new strategy for updating the hospital that would integrate plans for an as-of-right development of Northwell's 3rd Avenue vacant site and the Lexington site that would result in scaling back the ULRUP proposal on Lexington without compromising the health objectives Northwell are setting forth. There are many hospitals that have building close but not contiguous to each other that function very well. Even the March 2nd proposal that Northwell presented to us had a separate entrance on Park Ave. for women with medical needs during pregnancy. Perhaps that function might be one that could be in a separate standalone building on 3rd Ave— allowing Northwell to down-size the proposed Lexington Ave. tower.

That's my take after listening for 3 hours on that Tuesday night on March 2nd.

Thanks for reading this email and I hope we can push Northwell to take a wider view by considering this other parcel as part of the solution that all parties and agree on. Right now Norhtwell thinks they don't have to discuss anything but their narrowly defined ULRUP proposal. Let's change their thinking on this.

Any feedback on this would be appreciated.

Thank you for giving my testimony your attention and I hope you will push-back against this extremely ill-advised proposal as it is now formulated.

Richard Campen
120 East 81st Street, Apt. 12F
New York, NY 10028
[redacted]

From: Pinto Carole <[redacted]>
Sent: Monday, March 13, 2023 3:53 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill hospital project

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Hi
I have have participated in most of the presentations pro and for the expansion of Lenox Hill Hospital, and have come to the conclusion that it is a huge waste of time, money, all to build room for just 25 extra beds. Not to speak of the terrible traffic along the narrow streets of 77 and 76 Street, the noise, pollution, traffic jams, lack of parking, and the time period of at least 11 years. It would be sheet hell for the neighborhood.
There is a reason there are zoning laws in this residential area - to be able to get sunshine and see the sky, all which would be obliterated with a 40 story tower. We want to keep this neighborhood quiet, residential and traditional in its architecture and design, and we are sure there are many better solutions than putting up a monstrous tower on Lexington Ave (that is already severely congested), drilling over 11 years and driving everyone nuts.
I hope you get the message.
Thank you

From: James Cohen <[redacted]>
Sent: Sunday, March 12, 2023 9:19 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Proposed Northwell Health Project

Expires: Friday, September 8, 2023 12:00 AM

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NYC Department of City Planning:

Thank you for your Draft Scope of Work, dated January 20, 2023.

I strongly oppose the entire project as unnecessary and disruptive to the neighborhood, both during and following construction.

During recent presentations and comments, I noticed that the proposed Mother/Baby entrance on Park Avenue would be an insult to the character of our historic residential neighborhood. I understand that this entrance may provide a convenient flow of people in the designated area. However, at the same time, the continuous hospital activity would be a blight on Park Avenue, where buses and trucks are generally not permitted. Other aspects of this proposed project are designed to improve conditions on Seventy-Seventh Street, Seventy-Sixth Street and Lexington Avenue. The Mother/Baby entrance on Park Avenue would do the opposite.

While this entire project may have beneficial intentions, I believe it would unnecessarily harm the surrounding community.

Truly yours,

James H. Cohen
850 Park Avenue

From: Holly Corbett <[redacted]>
Sent: Monday, March 13, 2023 4:56 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell expansion project

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NYC Department of City Planning,

The quality of life in this city has gone down drastically over the past 10 years. There is scaffolding on nearly every block, our streets no longer get cleaned, there is trash and dog feces covering the sidewalks, rats and mice are everywhere, parking garage fees keep going up because of all the new luxury condos that are being built... and now we have learned that Northwell wants to take away our zoning protections. These protections were put in place for a reason, and Northwell knew about them when they purchased Lenox Hill Hospital. It is outrageous that this plan is even being considered.

A neighborhood of this scale cannot handle a hospital of this size. It will add congestion (with both cars and foot traffic), it will reduce street parking and garage parking for the tax paying residents, it will block light and views for numerous homes, further reducing our quality of life, not to mention our property values.

I am an Interior Designer and I work with blueprints and floor plans every day. It is very obvious by the small sample of the plans I have seen that no effort has been made to save any space in the design of this building. The 475 private rooms all have set-back areas outside the rooms, and large hallways inside the rooms. All of which is wasted space. There are many ways they could reduce the footprint and/or height of this building, but it's clear they haven't even tried. Northwell wants to build a suburban scale hospital in a small, densely populated, residential neighborhood. And it just doesn't work.

Please do not approve this absurdly out of scale plan, as it will completely destroy the Lenox Hill neighborhood.

Sincerely,
Holly Corbett

From: D Crary <[redacted]>
Sent: Friday, March 3, 2023 5:22 PM
To: 23DCP079M_DL
Cc: Stephanie Reckler
Subject: [EXTERNAL] Lenox Hill Hospital Development

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To Whom it May Concern,

At the Community Board Zoning and Development meeting on February 28th, there were several troubling facts that were presented that I would liked addressed. First, the proposed parking for trucks and ambulances will create a traffic nightmare. Neither types of vehicles will be able to pull into a bay and continue forward to exit. They are expected to back up into the bays and exit the same place as entered. This will hold up traffic on a small side street as the vehicles try to back into the bay. On Lexington Avenue, to have a large truck back into a bay, several lanes of traffic will be impacted including a bus lane. With Lexington Avenue often blocked by double parked trucks there might be no room for a truck to back into the bay and the backing up will make traffic come to a standstill. If the trucks go straight into the bay, backing out will be dangerous and difficult. The designs should include having the vehicles go in one entrance and out another. Perhaps that would entail having the unloading area be an extra story below ground to get around existing infrastructure.

Secondly, the design is using every type of loophole possible to gain extra building height. This is then creating a building that is much taller than the surrounding buildings and will not only be an eyesore to the neighborhood, but just too massive for the area. Lenox Hill Hospital is in an Historic Landmarked area and any renovation should adhere to the principals of that designation.

What is being proposed for the south-west subway stop is fantastic. I would hope, though, that a tunnel could go under Lexington Avenue to the south-east side to allow handicap access for people coming and going to the hospital by subway. People on the east side would only have to walk through the tunnel to get to the elevator. There would not have to be any additional structure there or any impact the buildings on that corner. Therefore, no permission would have to be given by the building on the south-east corner.

Lemon Hill Hospital is a great facility and it definitely needs renovations and updating, but please keep those renovations in line with the neighborhood.

Yours sincerely,

Dianne Crary

From: Dana Creel <[redacted]>
Sent: Monday, March 13, 2023 4:16 PM
To: 23DCP079M_DL
Cc: [redacted]
Subject: [EXTERNAL] Written testimony to NYC Department of City Planning/Lenox Hill Hospital Project
Attachments: NorthwellLenox Hill Hospital Letter.docx

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To Whom it May Concern,

Please see attached my written testimony.

Many thanks,

Dana Creel

March 12, 2023

To NYC Department of City Planning,

My family and I live on 78th Street. What we love most about our neighborhood is the sense of community and family, tradition and history.

We love living near schools and seeing children walking with their parents in the mornings, listening to them outside on their recess breaks and seeing families gather again in the afternoons for pick up.

We love the architecture of the neighborhood, the prewar buildings, the residential integrity.

The proposal from Northwell is beyond excessive and is egregious. After listening to the presentations, it is clear that the initial and now updated proposal completely ignores and disrespects the community and its residents.

The hospital is proposing that the NYC Department of City Planning up-zone to more than double what is allowed now. What is the purpose of having zoning laws if they are disregarded or flat-out ignored? It is cavalier and dangerous of Northwell to propose this project but more reckless and dire if it is approved.

I am making a statement in opposition today.

I have listened to the calls and to all those who spoke in opposition and support.

I heard from many that they feel the hospital should be renovated and updated. There is no doubt it needs improvement. But not a complete rebuild. Why do we need a massive hospital that as they say competes with every other hospital in the country in one of the most densely residential neighborhoods in the country? And in one of the most affluent neighborhoods in the country? Why not invest in communities that need healthcare the most? If Northwell is in the business of taking care of people in need, why not go to the communities most in need?

From those who support the project, their consistent argument is about the jobs it would provide for so many. This project could still provide scores of jobs if it is a renovation project.

And an 11-year project that is proposed currently, how can any residential neighborhood sustain a decade+ long construction project? It would be detrimental to the schools and small businesses. It would affect parking and street cleaning as well as pedestrian and sidewalk flow. It would create massive garbage and debris accumulation; it would cause serious traffic congestion especially on Lexington Avenue which on a good day only has slow-moving traffic in one lane.

The disruption to our residential neighborhood would be devasting and cause irreparable harm.

Again, I vehemently oppose the Northwell/Lenox Hill Hospital project.

Thank you for your time.

Regards,

Dana Fentress Creel
[redacted]

From: Edgar Cullman <[redacted]>
Sent: Friday, March 3, 2023 9:39 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] LHH -Northwell Expansion Plans

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I am against the expansion plans submitted by LHH - Northwell. The new building will tower over the neighborhood and change the character of the street and surrounding buildings.
This is a bad plan for the hospital and the neighborhood!

Sent from my iPhone
Edgar M. Cullman, Jr.

From: Chris Curtin <[redacted]>
Sent: Monday, March 13, 2023 12:54 PM
To: 23DCP079M_DL
Cc: [redacted]
Subject: [EXTERNAL] The Proposed Lenox Hill Expansion Should Be Denied

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I am writing to add my voice to the many residents of the Upper East Side who have concerns about the current proposal for the expansion of Lenox Hill Hospital.

Clearly, the hospital needs updating and if the plans were compliant with current zoning regulations I think you would see opposition disappear. Unfortunately that is not the case.

Current estimates for construction are 11 years and over 2 billion dollars. The list of negatives associated with this expansion is lengthy: impact on the quality of life for residents for over a decade, environmental issues associated with an expansion of this magnitude, traffic flow, impact on the subway at 77th street, scale is totally out of character with the surrounding historic neighborhood to name just a few. And what does the community get for all of the aforementioned issues... an additional 25 hospital beds. This makes no sense.

The UES is fortunate to currently have significant healthcare resources in place. It is difficult to see how adding 25 beds to LHH will impact current levels of care. Other areas of the City are not as fortunate and I expect would welcome an additional presence by Northwell. Additionally the outer boroughs have real needs to be met.

From my perspective this is a vanity project with significant downside to the community and virtually no upside.

Please do not approve this expansion.

Sincerely,
Chris Curtin Barnes
40 East 88 Street
30+ year resident of the UES

From: Sarah Daly <[redacted]>
Sent: Monday, March 13, 2023 2:45 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] CPOLHN

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It is destructive of a residential neighborhood; adverse impact on schools and children and local businesses. There is no need for additional hospital capacity in the area and results in more healthcare inequity in conflict with city planning priorities.

From: David Dangoor <[redacted]>
Sent: Friday, March 10, 2023 12:49 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] FW: Northwell's expansion plans for the Upper Eastside

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

Dear Director of the Environmental and Review Division,

I am writing in strong opposition to the Northwell expansion plans for the Upper Eastside, where I am a resident (Park Avenue/East 73rd Str).

I agree with all the points that have been made by my fellow residents so far. It is hard for me to believe that this project has gotten this far. A more destructive project destroying the character of the neighborhood is hard to imagine. In addition, it will be a disastrous destruction of real estate values for large parts of the area, if not most of the Upper Eastside.

In recent years new standards have been applied for high-rises on Manhattan, and several "super towers" have been built. The idea by Mayor Bloomberg was to attract more rich people. Well as always projections/plans never materialize as envisaged, and there is no doubt that the beautiful skyline of Manhattan has been "injured". The surrounding promised commercial enhancements have also not been realized.

Just like for the above, I would have thought that the city would have learned that planning is not only about looking at the potential upside, but also to look at what the potential downside would look like.

I cannot see that the Upper Eastside healthcare needs could justify such a huge hospital in addition to the existing New York Presbyterian. The Northwell plan is clearly to serve the whole of Manhattan and beyond, compete with New York Presbyterian, and to simultaneously expand the established wonderful neighborhood Lennox Hill Hospital. For this purpose there

are surely many more suitable locations in Manhattan, and not the least for easy access for ambulances. Commerce and profits have entered the healthcare sector and has become a big business. And now it wants to trample on residents.

Is it really a priority to increase the hospital services on the Upper Eastside vs. another location on Manhattan?

It is hard to see why this should be allowed to interfere with the lives and convenience of longtime, and other residents, in this area, and devalue what for many must be their major family asset.

Finally, there is no denying that all these new high-rises are interfering also with Central Park both biologically and esthetically. At least now one can at least still enjoy the eastern view, horizon and morning sun.

Sincerely.
David Dangoor
770 Park Avenue
NY, NY 10021

From: [redacted]
Sent: Thursday, March 9, 2023 2:38 PM
To: 23DCP079M_DL
Cc: [redacted]
Subject: [EXTERNAL] Fwd: I am totally opposed to Lenox Hill Hospital's plan...

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to build a 436 foot tall tower. It is completely out of keeping with the neighborhood fabric and will create even more congestion and shadows during the construction and after it is finished.

New buildings should follow current local zoning laws and not have any medical or other exceptions.

Thank you,

Walter L. Deane
215 East 72nd Street

From: Maureen Dinger <[redacted]>
Sent: Thursday, March 9, 2023 6:46 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] New Lenox Hill hospital

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The last thing the upper Eastside needs is another hospital. Besides being particularly ugly, it dwarfs the residential buildings surrounding it. The construction will take years and years and absolutely ruin the daily lives of all people living in the upper Eastside.
The caliber of doctors at Lenox Hill has always been mediocre , and we don't need more of them. Why don't you go north where medical is at a low ebb.

From: Jane Droppa <[redacted]>
Sent: Thursday, March 9, 2023 3:07 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Tower/ Lenox Hill Hospital Huge Expansion

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To whom it May Concern:

PLEASE DO NOT APPROVE THE TOO TALL NORTHWELL TOWER/ LENOX HILL HOSPITAL EXPANSION!!!!!!

I live across the street from Lenox Hill.

Yes, I can see they might want to grow, **but what they are proposing is too large!!!**

It will make several blocks around the hospital totally congested and impassable!
Congested by ambulances, cars: private ones, Ubers, Lyfts, and Yellow Cabs.
Also congested by pedestrians – both the employees, as well as the patients.
The 77th street subway station is not big enough to handle all those people!!!
Where will all those people park, go to eat, run errands on their lunch hour??
The neighborhood will be completely overwhelmed!!!

It will also be an eyesore affecting the whole neighborhood: to be twice as tall as any building around it.
I thought the city was re-thinking granting pencil buildings permission to be built!!

This is a terrible plan. I totally oppose it! Northwell needs to downsize their plan!!!!

Thanks you,

Jane Droppa
888 Park Ave
NY, NY 10065
[redacted]

[redacted]

From: Dion Ehrlich <[redacted]>
Sent: Monday, March 13, 2023 9:57 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] OBject to LEnox Hill

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Why are you looking to destroy a residential area on a vanity project that yields
25 new beds - & takes 11 years of disruption. How does this help the citizens and the value of their life's investment in the homes they own in this RESIDENTIAL area!!!! Do you know how many times BIG HOSPITAL CORPORATIONS mess up and the chief exexutives and functionary planners simply move on from failed plans with big bonuses???? UNFAIR to the little guy, UNECESSARY, and worst of all a waste of taxpayer $$$. Hospitals are needed in other areas and boroughs of Manhattan who do not have easy access to all the specialty hospitals on the East side that already exist…..just more fancy healthy care for the Upper East Side Park Avenue Gang!!!! Put this money where it is most needed.

From: Heywood Epstein <[redacted]>
Sent: Monday, March 13, 2023 8:29 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Fwd: Northwell 76th St congestion

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Begin forwarded message:

To the City Planners :I did not realize the correct address for written submissions, and now forward my thoughts for your consideration. Thank you.

From: Heywood Epstein <[redacted]>
Subject: Northwell 76th St congestion
Date: March 4, 2023 at 12:56:05 PM EST
To: [redacted]

Dear Councilman Powers,

A 2 year window of opportunity exists until Northwell embarks on the much needed renovation of Lenox Hill Hospital …..

76th Street between Park and Lexington is often blocked because ***it carries wide vehicles***; semi-trailers, Ambulances, AccessoRide, Ambulette, UPS, USPS, Fuel-oil, NYFD.
This will be worse when demolition dumpsters and construction trucks are in place for years. A simple solution is to **widen that street now. Move the North curd uptown by about 30inches.** This leaves more than adequate pedestrian space.

How? Have engineers check out the hospital side of 76th between Park and Lex …..

...Several fire hydrants can remain in place, as hydrant islands. No lost parking. No new pipe work.

…The north side of 76th currently carries little pedestrian volume, such a dog walkers going to the park. Hospital patients and workers use 77th, (or the planned new corner entrance on Lex)

…There is no shopping whatsoever on 76th between Park and Lex. People going back and forth to work from apartments and townhouses use the adequate sidewalk of the south side.

…I reside on 76th between Lex and 3rd, and have long enjoyed unblocked, noise-free traffic because it is about 30 inches wider! It is not blocked by fuel trucks delivering to St Jean. It is not blocked by double-parkers, Ubers, school buses, UPS, USPS, deliveries, moving vans, or emergency vehicles of any type.

If you bring this to the attention of appropriate agencies and individuals it CAN BE DONE. It will become **4 lanes wide, like its neighbor** 1 block to the East. It will ease the renovation of Northwell and will be a benefit to neighborhood for decades.

Sincerely yours,
Heywood Y. Epstein MD
Retired radiologist.
155 East 76th St, [redacted]
[redacted]

From: Evelyn Finster <[redacted]>
Sent: Monday, March 13, 2023 6:00 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Health's Proposal for Lenox Hill Hospital

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Dear NYC Department of City Planning,

I write to express my family's vehement opposition to Northwell Health's proposal to expand Lenox Hill Hospital ("LHH"), and its request for zoning changes (including a zoning map amendment, zoning text amendment (including MIH), and special permit) that would allow them to build a grossly oversized facility in a residential neighborhood that has no need for the proposed expansion.

My parents have lived at 136 East 76th St. across the street from LHH since 1980, and my elderly mother still resides in the building. My husband and I bought an apartment in the same building twenty years ago and have been raising our children here. We are devastated at the specter of having a horrendous 11+ year construction period that would leave an enormous tower looming over us, that would rob us of light and air and fill our street with perpetual congestion. In addition, the economic value of our homes will be severely diminished by the LHH plans.

I have attended almost every Community Board 8 meeting at which LHH plans were presented, and I participated on the task force that Council Member Powers and former Manhattan Borough President Brewer hosted with the hope of getting LHH to right-size their proposal. Some of the faces on the LHH side have changed over the years, but unfortunately, they continue to push forward with the same outrageous plan that they presented to the task force, showing utter contempt for the community.

Community organizations have presented compelling evidence as to why the project, as proposed, would severely damage the community and exacerbate the health care inequities that were laid bare by the COVID pandemic. As we all know, the pandemic disproportionately devastated communities of color outside of Manhattan and put a spotlight on the long-existing problem of health care inequity in New York City and beyond. Northwell is shamefully using the pandemic as an excuse to rebuild LHH as a behemoth on the Upper Eastside – a neighborhood that is already blessed with an abundance of world-class medical facilities.

It is our hope that any environmental impact review of the LHH proposal will be extensive in scope and thorough in depth, and that it will expose the true short-term and long-term impacts that the community would have to endure.

Sincerely,

Evelyn Finster

From: Patricia Garbutt <[redacted]>
Sent: Monday, March 13, 2023 3:17 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] EARD Lenox Hill Hospital Scoping Meeting 3/2/23

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To whom it may concern:

We are writing as neighbors of the Lenox Hill Hospital and as family members of patients treated in Northwell Hospital.

We are aware that your buildings are old, you need to modernize to provide better care and single patient rooms are definitely the way to go.

However, we're OPPOSED to the proposed plan of constructing a building over 425 feet high in our neighborhood. While you call it 26 floors, that's a misrepresentation of its actual height. A building of that size has a very direct impact on the surrounding neighborhood.

While I haven't been involved in the EIS, I have prepared many as a professional. The impact of shadows, light and wind directly impacts the neighborhood and experience on the street and surrounding residential buildings. The length of construction and increased services provided will definitely impact the use of the side streets and the Avenues in and around your hospital.

There has to be other solutions and a compromise. This plan seems aggressive and out of character for the Upper East Side. Sharpe your pencils and come back agin with a more respectful plan.

Sincerely,
UES Resident

From: Simeon Gold <[redacted]>
Sent: Saturday, March 4, 2023 9:49 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Fwd: Lenox Hill Hospital Development Proposal

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I vehemently oppose this proposed project for the following reasons:

The tower is much too large for the site with very few additional beds added.

A hospital of this proposed size is an unwelcome burden on what is primarily a residential neighborhood. As it currently exists, the streets are not wide enough to accommodate the ambulances, delivery trucks and doctors' vehicles that currently clog our streets. The proposed plans don't alleviate these issues.

This is hardly an underserved neighborhood in terms of top-drawer medical facilities nearby.

All of those facilities (such as NY Weill Cornell, NYU Langone and Mt. Sinai) do not impose their presence on the surrounding areas nor are they located in a congested historic district.

This seems more of a vanity project than a necessary one being foisted on a community that already is inconvenienced by their presence.

Eleven years of construction (and probably longer) is outrageous … who are the beneficiaries?

If Northwell is looking to serve the community, Northwell should buy and renovate Metropolitan Hospital (as they have bought so many other facilities) which could use a "world class" hospital in an area which is not congested and could definitely be better served.

Money and union support should not be the determinants in allowing Northwell to build its monument. As a 38-year resident of this neighborhood, I hope that better heads prevail.

Respectfully, Simeon Gold, 136 East 76 Street, Apt 10F (neighborhood resident since 1985).

From: Gold, Heide <[redacted]>
Sent: Monday, March 13, 2023 2:16 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Development Project

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I vehemently oppose this proposed project for the following reasons:

The tower is much too large for the site with very few additional beds added.

A hospital of this proposed size is an unwelcome burden on what is primarily a residential neighborhood. As it currently exists, the streets are not wide enough to accommodate the ambulances, delivery trucks and doctors' vehicles that currently clog our streets. The proposed plans don't alleviate these issues.

This is hardly an underserved neighborhood in terms of top-drawer medical facilities nearby.

All of those facilities (such as NY Weill Cornell, NYU Langone and Mt. Sinai) do not impose their presence on the surrounding areas nor are they located in a congested historic district.

This seems more of a vanity project than a necessary one being foisted on a community that already is inconvenienced by their presence.

Eleven years of construction (and probably longer) is outrageous … who are the beneficiaries?

If Northwell is looking to serve the community, Northwell should buy and renovate Metropolitan Hospital (as they have bought so many other facilities) which could use a "world class" hospital in an area which is not congested and could definitely be better served.

Money and union support should not be the determinants in allowing Northwell to build its monument. As a 38-year resident of this neighborhood, I hope that better heads prevail.

Respectfully, Heide Gold, 136 East 76 Street, Apt 10F (neighborhood resident since 1985).

Heide Gold

Licensed as Heide Gold
Licensed Associate RE Salesperson

m: [redacted] | o: [redacted]

Wire Fraud is Real. Before wiring any money, call the intended recipient at a number you know is valid to confirm the instructions. Additionally, please note that the sender does not have authority to bind a party to a real estate contract via written or verbal communication.

From: Carole Goldfeld <[redacted]>
Sent: Monday, March 13, 2023 12:40 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell

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Hello,

I would like to register my strong opposition to the plan proposed by Northwell to expand their hospital. This neighborhood is not in need of additional beds, whereas there are other neighborhoods that are underserved.

The proposed plan would destroy this landmarked neighborhood for the sake of a vanity project to be the Ritz Carlton of hospitals. Real estate values with plummet, a real problem for all but especially seniors whose savings are tied into their homes.

I am not sure if the project still includes luxury housing, but there is surely no shortage of that on the Upper East Side.

We have enough natural disasters to cope with, we don't need one that is purely man made and motivated by greed, not serving the public good,

Sincerely,

Carole Goldfeld

From: ANN M GOODBODY <[redacted]>
Sent: Saturday, March 11, 2023 12:18 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] My testimony regarding the Lenox Hill Hospital expansion
Attachments: LHH City Planning.pdf

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Attached is my written testimony. Thank you for your services to the city.

Ann M. Goodbody
815 Park Avenue
New York, NY 10021

New York City Department of City Planning
Environmental Assessment and Review Division
Attn: Stephanie Shellooe, Director
120 Broadway, 31st Floor
New York, NY 10271

Dear Ms. Shellooe,

I am a resident of 815 Park Avenue, and I was born not far from here. My mother gave birth to two of her six children at Lenox Hill Hospital more than 60 years ago.

When the hospital was founded, it served an important need, serving an immigrant community. It also fit contextually within its neighborhood.

Overtime, the hospital expanded to what it is today, still serving a need but creating traffic congestion and noise disturbances for its neighbors yet tolerated by the community.

It is an unfortunate fact that the hospital was born where it was, but that does not give it the right to continue to expand where it does not fit.

A little over three years ago, Northwell presented its plan to expand Lenox Hill Hospital. Community Board 8, and Upper East Side residents resoundingly rejected the plan.

Other than the fact that Northwell has dropped its plan to build a high-rise condominium, the expansion is still massive. An eleven-year construction period, seven days a week, 12 hours a day would create hazardous conditions and result in unrelenting noise and dust and perhaps toxins; it would create traffic congestion up and down east side streets; it would exacerbate parking deficits; it would adversely impact schools and religious facilities, and local businesses.

The plan would be highly destructive of a residential neighborhood. **Zoning exists for a purpose.**

The biggest issue is that there is simply **No Need**! The UES is well-served by existing hospitals and healthcare facilities. Other areas of the city do have need.

The second important issue, as I have heard from the experts in the field, is that such an expansion would result in further healthcare inequities in conflict with city planning goals.

A third overriding issue is that the $1.6 billion dollar costs would be prohibitive. Revenues would have to increase tremendously to cover operating expenses and debt service. When I asked about that at the recent CB 8 meeting, Northwell cavalierly responded that their return is in the quality of care. Well, an institution cannot give good care if it would have to squeeze its staff and cut back on less profitable services, or alternatively, cater to private wealthy clients.

There are many other issues but those are enough.

Northwell's plan does not need further analysis; it is evident on its face that it is ill-conceived, unnecessary, in conflict with city priorities, and destructive of a residential area. City Planning must tell Northwell to return with a plan to improve the hospital within as-of-right zoning. The Community would support such a plan.

Yours truly,

Ann Goodbody

March 8, 2023

From: Jay Grossman <[redacted]>
Sent: Monday, March 6, 2023 4:55 PM
To: 23DCP079M_DL
Subject: [EXTERNAL]

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Dear Committee Members,

I am a decades-long resident of 136 East 76th street. All other residents I have spoken to, in our neighborhood at large, and I vehemently oppose the proposed Lenox Hill Hospital expansion project.

This project is completely unacceptable and intolerable for the residential area that is fighting to coexist around it. Like many have informed you already, the sidewalks, side streets and avenues surrounding the hospital are hazardous as it is. The additional burden to be put on us by 11 years of construction is unfathomable. Quality of life will be completely destroyed by the noise, fumes, vibrations and dust inherent in a project of this proposed magnitude.

At Thursday's Zoom meeting, the expansion was shown as unnecessary if not a vanity project. I agree with that assessment. Lenox Hill has been deceitful before in claiming they needed a separate residential tower on Park Ave. to finance this project. They are being similarly duplicitous in claiming that this project is badly needed. Lenox Hill is ranked as one of the top hospitals in the country so of course things couldn't be all that bad. I own several commercial buildings, all of which have high-grade medical offices with attendant equipment, instruments and doctors. We are able to relocate, modernize and alter these facilities without having to tear down the whole building. Rather we do whatever is needed without any undue hardship on other people or tenants. I am sure that the engineers and architects who

created these high-rise plans could just as easily figure out how to redo the interior of the hospital section by section while keeping the whole operation operational.

I thank you for your time and respectfully request that you reconsider this proposal.

From: Ursula Hautle <[redacted]>
Sent: Monday, March 13, 2023 12:47 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Tower

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Dear Ms Stephanie Shellooe;

I'm writing to you as a resident of 876 Park Avenue (78th Street) where my family has been living for the past 25 years. We occasionally were patients at the Lenox Hill Hospital and satisfied with the treatment received. Although there might be a need to renovate the hospital we don't see the need for a big hospital tower for the following reasons:

1) looking around our Park Avenue neighborhood I notice a homogeneous group of buildings 13-14 floors tall all the way from Fifth Avenue to Third Avenue, up into the 90s and down to 56 Street where unfortunately new commercial & residential towers disrupt the Aesthetic alignment of the beautiful mostly prewar buildings on Park Avenue. We would like therefore to preserve at least the historic and pristine appearance of the neighborhood up here in the 70s and 80s Streets

2) a construction of this magnitude will bring noise and disruption of traffic for many years. The noise level in this area is already very high with ambulances coming & going to the hospital so we don't need more. I don't even want to think of the congestion and additional traffic jams caused by this construction. The traffic on Park Avenue has already gotten worse because of the street closing on 78th Street during school hours and what about all the increased pollution as a consequence of this!
Also a hospital entrance on Park Avenue (for the maternity ward) would take away the peaceful
residential existence &
atmosphere we so treasure in our neighborhood.

Thank you for taking into consideration this email and kind regards,

Ursula Hautle-Striker
876 Park Avenue
[redacted]

From: Jojo Herzig <[redacted]>
Sent: Monday, March 13, 2023 12:03 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] STOP THE TOWER

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We are residents at 875 Park Avenue. Our neighborhood deserves to maintain it's peace and quiet. Building a tower would be a major disruption to our lives for the next 10 years. Stop the project and stop the tower in a beautiful residential neighborhood. We are concerned about the noise, the traffic and the dust that will come with this obscene tower.
We are opposed to this project!
Jojo and Michael Herzig

From: Deegan Hockstein <[redacted]>
Sent: Monday, March 13, 2023 2:13 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Please NO NWH Expansion!

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To whom it may concern,

I am a resident of 815 Park Avenue. The plan is egregious. The impact to the residents and the neighborhood will be disastrous. Street congestion is already untenable, and will only become worse. Pollution, noise, increased foot traffic, construction, difficulty parking, etc. will abound and transform this neighborhood for the worse. This project is one sided and skewed toward the interests of the few, and not the residents and their family that have lived here for generations, in some cases. The hospital must expand as-of-right, and no more.

Sincerely,

Deegan

From: Bob Hoguet <[redacted]>
Sent: Monday, March 13, 2023 2:51 PM
To: 23DCP079M_DL
Cc: Mr. + Mrs. Robert Hoguet
Subject: [EXTERNAL] Northwell Proposal for Lenox Hill Hospital

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March 13, 2023

To: Department of City Planning
From: Robert L. Hoguet
139 East 79th Street
New York, New York 10075
[redacted]

Re: ***CEQR No. 23DCP079M***: Northwell Proposal for Lenox Hill Hospital

Northwell's Environmental Impact Statement (EIS) should consider the following matters:

-Project Alternatives: Under the heading Purpose and Need, Northwell's Draft Scope of Work contains a cursory three paragraphs that do not justify the need for a project of the magnitude Northwell has proposed. The EIS should require Northwell to explain why health care needs in Manhattan and in New York City as a whole would be better served by building a mega structure that will degrade the livability of a densely populated residential neighborhood, as compared to renovating Lenox Hill Hospital within its current zoning envelope, and using the monies thus saved to improve or upgrade its many smaller facilities located throughout the city in areas that have greater need for medical services than Manhattan's UES. Additionally, the study should include an analysis of relative effects of health inequity as between the two approaches.

-Construction Alternative: The ten-year construction period Northwell proposes is inordinately long. By comparison, it took only six years to complete the extensive renovations at LaGuardia Airport, which remained fully-operational during the construction period. Northwell has made it clear that it intends to continue to operate during construction. It has also tacitly acknowledged that continuous operation would both increase the project's scale and extend the construction period beyond what would be needed if the hospital were shut down to get its construction done efficiently. Northwell's EIS should include a plan for

shutting down during construction and for patients to be cared for in other Northwell facilities or in those of the many other hospital operators available on the UES during this period.

-Demolition: The EIS should include a full description of the methods to be used in demolition and the impact of demolition in terms of dust, noise and other disturbance to the neighborhood. When the Hunter College School of Social Work on 79th Street just West of Lexington Avenue (the building next to us) was torn down about 12 years ago and replaced by a residential high-rise, the worst noise disturbance was during demolition. The worst of the worst, which made our adjacent building nearly uninhabitable during daytimes, was the mobile jack hammers the builder used to remove asbestos and other materials. Northwell should be required to use a quieter method of removing and disposing of asbestos and other insulation materials in the structures being demolished. More broadly, Northwell should be required to use construction and demolition methods that have the least noise, dust and other disturbance.

-Costs to the Community: It may be reasonably expected that property values in the immediate neighborhood of the project will decline during a ten-year construction period. And, property values may decline permanently due to loss of light, view and other factors over the long term. The EIS should include an analysis of the project's impact on neighborhood property values, using a discounted present value approach to account for the lengthy construction period.

-Traffic: Lexington Avenue is narrower than most other North-South Avenues in Manhattan and experiences heavy traffic even without the additional burden of an expanded Northwell. Also, Northwell's plan does not provide for parking space. The EIS should include a detailed study of the impacts of additional traffic that may be expected to result from the combined impact of the expanded hospital and Northwell's nearby facility being built on Third Avenue between 76 and 77 streets, and on the ability of neighborhood residents to park their cars.

-Shadow: The proposed tower will significantly extend the area in the neighborhood that is thrown into shadow all or part of the time. Light is a precious commodity in the neighborhood and in New York City generally. The negative impacts of lack of light are becoming increasingly well understood. The EIS should include a study of the shadows the new tower will throw, and of the resulting effects on mental and other health.

I have lived within a dozen blocks of Lenox Hill hospital all my life. My wife and I have lived at Lexington Avenue and 79th Street, two blocks from Lenox Hill Hospital, for forty years. Like many others in the neighborhood, we recognize and support the need to modernize the hospital. We use it ourselves. However, we think both New Yok City's health care needs and equity, as well as our residential neighborhood would be better served if Northwell were to scale back its ambitions for the Hospital to fit within the existing zoning envelope and put the dollars thus saved into improving its health care facilities into its other locations in New York City that are less well served.

Thank you for your attention.

Robert Hoguet

From: Susy Holiday <[redacted]>
Sent: Monday, March 6, 2023 8:01 PM
To: 23DCP079M_DL
Cc: Matt Tepper; Charlie Samboy; Daniel Baker
Subject: [EXTERNAL] Lenox hill planning board

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As a frequent visitor to the Lenox Hill Hospital neighborhood I am completely in favor of the hospital redevelopment plan. Removing ambulances from East 77 Street , relocating the main entrance to Lexington Avenue and and modernizing the subway entrance will be a great asset to vehicular and foot traffic.
Bringing LHH into a state of the art
facility will only enhance the performance of the first class physicians and other medical professionals Northwell Health has recruited and brought to Lenox Hill.
I live nearby on East 57 Street and consider Lenox Hill, MEETH and LHGV providers to be the best in their fields. Let's encourage everyone to support bringing the LHH main campus into a world class medical facility.

Thank you,
Susan Stat Holiday
[redacted]

From: [redacted]
Sent: Sunday, March 12, 2023 12:52 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Expansion Project

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I have lived in the Lenox Hill Hospital neighborhood for over 25 years and my three grown up children each live in their own apartments at 155 east 76th Street. We bought these apartments because of the wonderful neighborhood and the fact that there are zoning rules that would prohibit huge buildings to be built. The building that Lenox Hill Hospital (Northwell Health) proposes is totally out of character for this area. The proposed forty stories, 439 foot building is more suited for the midtown business area and not in a low rise dense residential area.
Northwell Health should rethink this project for several reasons

1. We were advised by the project architect that this huge 40 stories or 439 foot building will take 11 YEARS to complete. That is totally unbelievable--
11 YEARS of air pollution, horrible dust, 11 YEARS of constant construction noise even on Saturdays and Sundays (said the architect), 11 YEARS of total chaos, hazardous conditions and traffic congestion since streets will have to be closed off and traffic rerouted. This is a family neighborhood and subjecting families and children to this kind of ordeal for a vanity project that Northwell Health wants to build is really unfair.

2. At the recent community board zoom meeting it was obvious that the whole neighborhood was very upset about this project. Everyone who spoke at the 4 hour meeting was against this huge building. Contrary to what the hospital states that it wants to be a good neighbor, ramming this huge project against the wishes of people who live in the neighborhood is NOT being a good neighbor. The lone speaker who spoke in favor of the project didn't even live in the neighborhood (in Harlem) but was in favor since it would give him a good union job in construction.
At the planning scope zoom meeting everyone who spoke was against the current project with the exception of a few workers who again don't live in the neighborhood (they also were from Harlem) but were advised that they should support the project since it would give them good union jobs. I found this very upsetting that Northwell Health had asked people in various unions (Carpenters' Union, Local Union 79, Building Congress....) to speak in favor of this huge building. People who actually live in the neighborhood should have a say what happens in the neighborhood. One would hope that no matter where Northwell Health builds that they would use these loyal union workers.

3. The upper east side has enough hospitals and hospital beds so this expansion is really nothing more than a vanity project for Northwell since according to their presentation at the community board the new building, huge as it is currently projected to be will only add 25 beds.... If Northwell really wants to serve the community and is so concerned about meeting the needs of the public when they get sick then this project should be built in areas of the city that don't have enough hospital beds such as in upper Manhattan or the other boroughs, the east side of Manhattan has enough hospitals.

No one faults Northwell Health for trying to modernize this neighborhood hospital but the projected plan for Lenox Hill Hospital is totally out of scale and
goes against the wishes of the neighborhood. Therefore I hope that this plan would be rejected by the city and that Northwell Health would then be asked come up with a plan the suits the neighborhood and is in the same scale of the buildings in the area.

Thank you
Ruth Holzer

March 7th, 2023.

'23 MAR 13 AM 11:18

Ms. Shellooe:

North Well Hospital is not about health.

People in the Upper East Side pay a lot of state and federal taxes; yet, no local or other politicians have the courage and integrity to help the neighborhood on a major crises.

Everything about the foreseeing hazards to the environment that such a mammoth construction during 9+ years have been mentioned and complained about. However the electromagnetic fields levels will be greatly elevated. This is another environmental threat that many people are not aware of. People are constantly using wireless devices and some people who consciously avoid using any devises that require the use of WiFi, are becoming more sensitive to the negative side effects of the EMF radiating from all directions. Studies presented by, "The Environmental Health Trust and Other Org." have shown that the onslaught of EMF exposure and living in that electric fog around the clock, puts us at risk for diseases such as Alzheimer's, autoimmune, cancer and much more.

I'm not convinced by your business of mitigation. It's a booby trap. The great frustration of the neighbors is that we are powerless under your Bolsheviks' power.

I'm totally opposed to the madness of your project.

Sincerely.

Sz. Hoyt

Suzanna Hoyt
850 Park Avenue [redacted]
New York, NY 10075

March 7th, 2023.

'23 MAR 13 AM 11:18

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I'm totally opposed to the madness of your project.

Sincerely.

S. Hoyt

Suzanna Hoyt
850 Park Avenue [redacted]
New York, NY 10075

From: [redacted]
Sent: Tuesday, March 7, 2023 9:16 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] LLH/Northwell Hospital Expansion Plans -- SCALE BACK

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To Whom It May Concern March 7, 2023

Lenox Hill Hospital/Northwell – Upper East Side

REQUEST: **Please -- SCALE BACK *Some* of Your Expansion Plans**

After listening to the details of the LHH/Northwell expansion plans on February 28, 2023, I was frustrated and panicked about the details of the enormous Size of the **NEW** facility and length of time for execution. In its present form, there is no doubt it will have a ***Negative Impact*** on our precious neighborhood and community. I understand the need to upgrade hospital facilities and support that, but ***this*** Blueprint in some places reaches ***beyond the bounds of appropriateness for the surrounding area. Please* Be More Realistic in your goals.** Remember, thousands of families LIVE here and call this Home.

1. ***Why must the tower be 436-ft. tall***! It will dwarf the tightly-packed, classy surrounding area buildings, impact mightily on the feeling of 'home' to those of us who live here and have ramifications way beyond, i.e. blocking sunlight, etc. ***Scale back***.

2. How can you justify this huge expansion to include **Only 25 *NEW* Beds**. This does not warrant such a large investment of money and time. ***Please reconsider***.

3. ***The 11-year construction time projection is 'off the charts'***. How can you ask the community to endure this? Your present plan is completely without understanding of this beautiful area and of those who live here. ***Trim back to reduce work years.***

4. ***Noise*** and ***Congestion:*** You say you will mitigate Noise, Congestion as well. But in such a huge project lasting over such a long period of time, it is difficult to accept that Noise and Congestion will *not* be a significant accompaniment to the project. We already have both!

Noise: we now live and move amidst the current clatter of buses, trucks, cars, subways, delivery bikes, trailers, nearby ambulances & fire engines … and on and on.

Congestion: already there is double-parking all over Lexington Ave. often making only one drivable lane available. And East 76th St. between Lexington and Third Ave. backs up bumper-to-bumper in daytime because of newly installed lights on Third Ave. to help pedestrians. East 76th St. cars have longer wait times to move forward.

Please - Help our neighborhood find **PEACE & BREATHING SPACE!**

My Story:

The hospital matters to me personally. I was a **Volunteer** at the front desk of the old Lenox Hill Hospital for eight (8) years from the late '60s into the '70s. I loved my work!

I **moved to 155 E. 76th St. in February, 1982 not far from the Lenox Hill Hospital aging townhouse.** (I have now ***lived here for more than 40 years***) I am a healthy, retired, widowed lady in her late 70s. I brisk walk the neighborhood for exercise constantly when I am not visiting the stores and restaurants. I hope to live here a long time!

Please, do ALL you can to Scale Back *some* of your Wish List to Preserve our community and HELP Maintain some 'ease of living' here. Thank you very much.

Brooke

Brooke Janis

155 E. 76th St.

New York, NY 10021

From: [redacted]
Sent: Thursday, March 9, 2023 3:00 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] LHH/Northwell Expansion Plans -- Upper East Side

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2. How can you justify this huge expansion to include **Only 25 *NEW* Beds**. This does not warrant such a large investment of money and time. ***Please reconsider***.

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Brooke

Brooke Janis

155 E. 76th St.

New York, NY 10021

From: Michele Jeffery <[redacted]>
Sent: Friday, March 3, 2023 11:14 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Lenox Hill hospital redevelopment

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Good morning:

As a life-long Manhattan resident and having grown up in this neighborhood and reared my own family here I can't imagine not having Lenox Hill hospital nearby. The redevelopment project is crucial to maintaining the best care medicine can offer. If the pandemic taught us nothing else it is the importance of top notch medical care.

Private rooms are not for the sake of vanity. They are for the sake of all patients, keep infections lower, caregiving comfort and saving lives. Can you imagine the critical minutes that can be saved by being able to deliver ICU care in the patients' rooms?

We need a larger Emergency department. This hospital not only serves the surrounding community but emergencies from all over the city. Jamming 77th street and parading patients through the street into the hospital is uncomfortable at best. Get the ambulances inside in a proper bay for better community and patient care.
Yea, it will be uncomfortable and inconvenient. But it's necessary and it's temporary. Get it done! It's so important for everyone's sakes.

Thank you.

Michele B. Jeffery

From: Keith Jones <[redacted]>
Sent: Monday, March 13, 2023 10:59 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Norwell Hospital Tower In Upper East Side

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Good Morning,

My wife and I have owned a unit in the co-op at 71 East 77th St. for 17 years. We chose the location because it is in an historic district of a residentially zoned neighborhood. We strongly urge you not to destroy our wonderful residential are with the monstrosity tower that will blot our our skyline like some gigantic erect cement penis. Why? Why? Why? The Upper East Side already has more hospital beds than needed, and, if you haven't noticed, people are already fleeing New York City for a number of reasons. Why would you want to drive more high tax paying residents to the burbs by desecrating our neighborhood with construction grime, noise, a traffic congestion for years? Why? Why? Just to line the pockets of a half dozen multi-millionaire Norwell executives?

We are retirees. Please do not destroy the value of our largest asset, our co-op home.

Thank You.
Keith and Judith Jones
71 East 77th St. [redacted]

From: Kingham, T. Barry <[redacted]>
Sent: Friday, March 10, 2023 9:25 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] CEQR Submission / Northwell Health 23DCP079M
Attachments: CEQR submission.pdf

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Please see the attached submission.

Many thanks,

Barry Kingham
829 Park Avenue
New York, NY 10021

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Curtis, Mallet-Prevost, Colt & Mosle LLP (101 Park Avenue, New York, NY 10178)

Charlotte and Barry Kingham
829 Park Avenue
New York, NY 10021

March 10, 2023

Stephanie Shellooe, AICP
Director
Environmental Assessment and Review Division
Department of City Planning
120 Broadway
New York, NY 10171

Re: Northwell Health Draft Scope of Work, CEQR No. 23DCP079M

Dear Director Shellooe,

As residents of 829 Park Avenue, we live across 76th Street from the south side of Lenox Hill Hospital ("LHH"). We have lived in the building for 30 years. Northwell Health's LHH Redevelopment Project (the "Project") will have a significant adverse environmental impact on our neighborhood, our building and its residents' quality of life, particularly during the proposed ten years of construction. In short, we have standing to be heard as to whether the project should proceed. Thank you for giving us the opportunity to do so.

Current Issue: The current issue under CEQR is: what should be the scope of the EIS? Section 232.2 of the CEQR Technical Manual requires that the lead agency obtain public comments on a number of topics, including "Special conditions or concerns that the lead agency should consider." This letter addresses some of those concerns, offered from the perspective of residents who abut the proposed Project.

Overall Effect of the Project: The extraordinary adverse overall effect of the Project is obvious from all of the published images of the proposed new tower. A building of that size simply does not belong in the neighborhood. That should end the inquiry. As reflected in the Draft Scope of Work, the Draft EIS will surely address numerous issues, as well as how Northwell would propose to minimize or deal with them. But none of that should be necessary now, given how obvious it is that the plan exceeds all bounds of reason. This is not a matter of architectural

taste; it is a recognition of the type of neighborhood into which Northwell plans to drop a massive building – a neighborhood that is zoned to prevent such construction. The proposed tower is too tall, too bulky, too intrusive. Its density is found nowhere else in Manhattan except in Midtown and the Financial District. Northwell should not be allowed to destroy the physical profile and ambiance of the historically residential Lenox Hill neighborhood with such a building.

Environmental Effects: There are two periods to consider: ten years of construction on 76th and 77th Streets and Lexington Avenue; and the future use of LHH. As laypersons, we cannot predict the environmental conditions a decade in the future. But as 30-year residents of our building and longtime (one of us lifelong) residents of various neighborhoods of Manhattan, we have extensive experience with the adverse effects of building construction on people, businesses, schools, churches, streets, traffic and the air we breathe. Northwell has not presented any valid reason to justify imposing those effects on everyone (including its own patients) simply to serve its own corporate goals. It's not a fair trade.

Alternatives: In the Draft Scope of Work, Northwell devotes one small paragraph to the critical topic of Alternatives (pp. 22-23), brushing it off with the statement that "The alternatives are usually defined once the full extent of the Proposed Project's impacts have been identified." That is surely correct, but it does not provide the Department of City Planning with a sufficient basis to determine whether the Draft Scope of Work is sufficient. Northwell should be required to list potential alternatives now, so that the Department will have a context within which to judge the Project at this stage and the public can understand what a possibly realistic project could be.

Health Equity: The Draft Scope of Work does not address the impact of the Project on health equity in New York City. This critical point is reflected in the submission dated March 2, 2023 from Community Voices for Health System Accountability, and the persuasive testimony of Lois Uttley at the March 2 hearing. Northwell should devote its (supposedly not-for-profit) financial resources to communities that need the excellent medical care Northwell purports to provide, not to hyper-enhancing the LHH facility.

Labor's Views: At the March 2 hearing, a few union members expressed support for the Project because it will provide construction jobs. Their support is entirely understandable, but it does not address the Draft Scope of Work. Northwell should not be allowed to engage in a project that rips up a neighborhood and plants a huge tower in it because one positive side effect is creation of jobs for a limited time

period. After the work is done, the neighborhood will have to live with its product, as the workers will hopefully move on to other jobs. Northwell can surely find opportunities for these workers in other projects – for example, in the development of its property on Third Avenue and in an appropriately reduced-size renovation of LHH.

Supposed Need: In its slide presentation on March 2, LHH described its mission as follows: "To continue to provide highest quality care, the Lenox Hill Hospital facility must be reimagined." But nothing LHH has presented to the Department of City Planning supports the over-extended re-imagination reflected in its Draft Scope of Work. That mission can be accomplished with a much more reasonable proposal.

We request that the Department of City Planning reject the current Draft Scope of Work and require Northwell to provide a draft scope that addresses reasonable and realistic alternatives.

Respectfully,

Charlotte Kingham
[redacted]

T. Barry Kingham
[redacted]

From: Franziska Klebe <[redacted]>
Sent: Monday, March 13, 2023 1:40 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital
Attachments: LHH letter.pdf

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Please see attached letter.

FRANZISKA KLEBE
71 EAST 77TH STREET, [redacted]
NEW YORK, NY 10075
[redacted]

March 7, 2023

NYC Dept of City Planning
Environmental Assessment and Review Division
120 Broadway
New York, NY 10027
Attn: Stephanie Shellooe, Director

Dear Director Shellooe:

I reside at 71 East 77th Street and am writing to you in opposition of the proposed expansion of Lenox Hill Hospital by Northwell. While I am not conceptually opposed to the desperately needed renovation of the hospital, I am completely opposed to the project as currently proposed largely for the following two reasons.

First, is the size of the proposed building. As you know, Northwell's plan is to erect a 400+ foot tall tower in our historic neighborhood. This proposed massive and frankly, ugly, building is completely out of scale and character with its surroundings and will cast long shadows over our streets.

Second, is the mind-blowing proposed 11 years of construction as Northwell plans to keep the hospital open and functioning during such time. Of particular concern is the inevitable use of mobile AC/chiller units which are placed on the street and run 24/7. We had just one of these units on our block in 2019 during the renovation of Lenox Hill Radiology on East 77th Street and it was unbearable for the residents who had to live with constant humming and vibrations.

Any renovation should abide by the 170 ft height limitation as per the current zoning laws. And any construction cannot include the use of mobile AC units.

Sincerely,

Franziska Klebe

From: sharon korman <[redacted]>
Sent: Saturday, March 4, 2023 4:10 PM
To: 23DCP079M_DL
Cc: sharon Korman
Subject: [EXTERNAL] Lenox Hill Hospital Proposed Expansion Plans

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To the Department of City Planning;

I am writing in opposition to Northwell`s proposed expansion of Lenox Hill Hospital.
I have been a resident at 911 Park Avenue for over 25 years.

I am also a painter. And from that prospective, I must tell you that Park Avenue is beautiful and unique with its magical island that stretches the length of the avenue and changes with the seasons. Almost all of the buildings on Park Avenue were constructed approximately 100 years ago by architects who created unique structures that only get more beautiful with age.

The proposed new hospital complex would put an ugly scar on this historic unique environment which so many people in public service and neighborhood residents who have worked so hard to preserve.

Furthermore, there is no compelling reason to destroy the historic character of the Park Avenue neighborhood. The neighborhood has successfully managed to absorb a relatively small hospital facility which can be updated and modernized without expansion. Nearby there are major hospital complexes that serve the east side of Manhattan extraordinarily well: Weill Cornell Medical Center, HSS and Mt. Sinai.

I urge you to continue in the great tradition of this who have served before you and deny the expansion plans of Lenox Hill Hospital.

Sincerely,
Sharon Korman

From: Lewis Korman <[redacted]>
Sent: Saturday, March 4, 2023 4:34 PM
To: 23DCP079M_DL
Cc: Lew Korman
Subject: [EXTERNAL] Northwell proposed expansion of Lenox Hill Hospital

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TO THE NEW YORK CITY PLANNING COMMISSION:

I have been a resident at 911 Park Avenue since 1996. Park Avenue is one of the greatest “avenues” in the world. The width of the Avenue, with its center islands constantly changing foliage, and no truck or bus traffic, is very unique. This is complemented by the many “pre-war” buildings constructed by celebrated architects that line both sides of the Avenue.This historic neighborhood uniquely contributes to the “specialness” of NYC.

The building in which I rieside is almost 100 years old. The prior tenants of my apartment lived here for 25 years, which means that before them there were only two or three prior occupants. None of us really “owned” our apartments. We lived in them, preserving the historic beauty of the neighborhood for those who’ll come after us.

I am 78 years old. If the proposed expansion of Lenox Hill Hospital was ultimately approved, the process would take several years, so that construction would not commence for some time. By then, I would be a lot older, if I was still alive. So this is not about me.

This proposal is about wrecking one of the world’s unique avenues and for what? So that Northwell can continue it’s expansion as a mega hospital corporation, in a neighborhood that is already adequately served, no matter what Northwell says.

For me, this is about a legacy. The legacy that I would like to see passed onto future residents and citizens of NYC, of an Avenue that is special and which cannot be replicated.

So I ask every member of the Commission: search your consciences and ask yourselves what legacy do you want to be remembered for?

Sincerely

Lewis J Korman

From: sharon korman <[redacted]>
Sent: Friday, March 10, 2023 8:56 AM
To: 23DCP079M_DL
Cc: sharon korman
Subject: [EXTERNAL] Lenox Hill Hospital Proposed Expansion Plans

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To the Department of City Planning;

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I am also a painter. And from that prospective, I must tell you that Park Avenue is beautiful and unique with its magical island that stretches the length of the avenue and changes with the seasons. Almost all of the buildings on Park Avenue were constructed approximately 100 years ago by architects who created unique structures that only get more beautiful with age.

The proposed new hospital complex would put an ugly scar on this historic unique environment which so many people in public service and neighborhood residents who have worked so hard to preserve.

Furthermore, there is no compelling reason to destroy the historic character of the Park Avenue neighborhood. The neighborhood has successfully managed to absorb a relatively small hospital facility which can be updated and modernized without expansion. Nearby there are major hospital complexes that serve the east side of Manhattan extraordinarily well: Weill Cornell Medical Center, HSS and Mt. Sinai.

I urge you to continue in the great tradition of this who have served before you and deny the expansion plans of Lenox Hill Hospital.

Sincerely,
Sharon Korman

From: Lew Korman <[redacted]>
Sent: Thursday, March 9, 2023 6:42 PM
To: 23DCP079M_DL
Cc: Lew Korman
Subject: [EXTERNAL] NorthWell Proposed Expansion Of Lenox Hill Hospital

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TO THE NEW YORK CITY PLANNING COMMISSION:

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The building in which I rieside is almost 100 years old. The prior tenants of my apartment lived here for 25 years, which means that before them there were only two or three prior occupants. None of us really “owned” our apartments. We lived in them, preserving the historic beauty of the neighborhood for those who’ll come after us.

I am 78 years old. If the proposed expansion of Lenox Hill Hospital was ultimately approved, the process would take several years, so that construction would not commence for some time. By then, I would be a lot older, if I was still alive. So this is not about me.

This proposal is about wrecking one of the world’s unique avenues and for what? So that Northwell can continue it’s expansion as a mega hospital corporation, in a neighborhood that is already adequately served, no matter what Northwell says.

For me, this is about a legacy. The legacy that I would like to see passed onto future residents and citizens of NYC, of an Avenue that is special and which cannot be replicated.

So I ask every member of the Commission: search your consciences and ask yourselves what legacy do you want to be remembered for?

Sincerely

Lewis J Korman

From: Ellen Kruger <[redacted]>
Sent: Thursday, March 9, 2023 5:47 PM
To: 23DCP079M_DL
Cc: sreckler@savelenoxhill.org
Subject: [EXTERNAL] Lenox Hill Proposed Expansion

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My husband & I have been residents of the UES for 9 years, having lived in Westchester County for many years while our family was growing.
Retiring to NYC was always a dream, one in which we planned & saved for. Not only did we want to be closer to my husband's place of business, but also to participate in the many cultural offerings NYC has to offer. We love our neighborhood.
I have no problem with Lenox Hill Hospital updating & modernizing their facility while keeping their existing footprint. However, the new expansion plan is outrageous because of its effect on the environment, clean air, sunlight & congestion. Our streets are narrow & already congested. There is no need for a 400' tower between Park & Lexington Aves.
The eastside has a number of excellent hospitals "in the neighborhood "…New York Presbyterian, Mt. Sinai, HSS, NYU Langone Manhattan Eye & Ear, Memorial Sloan Kettering & Rockefeller Institute Hospital. Our eastside community is well served & that includes Lenox Hill Hospital.
The proposed project will take 11 years, 7 days a week & frankly, we all know projects of this size never finish on time. Many of us will never see the completion of this expansion.
It is my hope that Lenox Hill will expand into areas in the five boroughs that are currently underserved.
Ellen & Albert Kruger

Sent from my iPad

3/2/2023
TO: EARD
FROM: Stacy Krusch
RE: Testimony against the Lenox Hill Hospital Proposal

This is a vanity project - not a community NEED BASED project, and we task Lenox Hill Hospital (LH) to start from scratch, go back to the drawing board to plan and design a hospital renovation based on actual need not "WANT" that fits within the current and allowed zoning for this RESIDENTIAL neighborhood.

There is no way to shoehorn a 435' structure into a dense residential community.
This is not a mere request for "a variance"; it would be a destructive rezoning and would adversely impact our neighborhood during 11 year proposed construction and for the 10s of years thereafter that the building would be in use. It will also set a negative precedent that will be hard to ignore regarding future proposals by any other business looking to expand.

You can't expect to put one of the largest hospitals in the entire United States in this city block footprint! This building just doesn't fit in the neighborhood block in size or scope.

Bigger isn't better, and a monstrous physical facility doesn't make it a world class facility. Just because LH's current proposal isn't as giant as their original proposal says NOTHING – they're seemingly making accommodations – accommodations to a proposal that was absurd to begin with.

I am the neighbor; I am the community LH keeps referring to. This is not for THE COMMUNITY they so claim to care about. For the past 20 years, Northwell has let some of their Lenox Hill Hospital buildings crumble and sit idle. Where has LH been for the past 20 years? I have never seen anyone cleaning the sidewalks around the facility – the neighborhood is and has been already rife with debris from the Hospital.

Just because LH been here for years isn't a good enough reason to think they're owed this. This project is not justified in many ways. For example, Mr. Dowling (Northwell CEO) said in Crain's NY Webcast 8/31/20 the "hospital is only one link in the chain in the delivery of care." "Everybody focuses on the hospital, but most care is not going to be in the hospital in the future." So, in essence, this proposal is already outdated as a "facility of the future", and will be even more so before its anticipated 11-year completion process.

Constituent/community opposition to this oversized proposal has been in full force since day 1. No one I know disputes renovation of the outdated and crumbling facility -as long as it's at scale – "as of right" for the block. This is a NEIGHBORHOOD – not a commercial area.

The Community IS NOT interested in the egregious monolithic building with a fancy lobby and a towering structure above it that will cause environmental changes (forever – not just during construction). The proposed building will throw off artificial light, increase sound pollution,

block sunlight, increase noise, change natural airflow, emanate excess heat, increase pollution, increase foot traffic, increase vehicular traffic and this list goes on.

This isn't a CAMPUS, this isn't a commercial area; it's a RESIDENTIAL square block. The Community doesn't want a Hospital Café, we want our natural neighborhood quality of life - unencumbered by the largest building possible in the most residential of neighborhoods. This is a neighborhood of families, children walking to school, people walking their dogs, and the elderly trying to navigate the already crowded streetscapes. This quality of life will be gone – forever!

LH is not fooling the community, all they really care about is the INSIDE; not the community OUTSIDE –it's only because they have to say they care about the community that they say it. Northwell is a BIG BUSINESS (a "non-profit" for tax purposes only) with a wealthy board and only looking at how they can make more money INSIDE their building(s) and not how it will affect the local community, the environment, or the historical surrounding neighborhood.

If LH is so wed to the UES, I'm sure they can find a way to use their existing UES footprint - as of right – and construct a scaled back proposal, or perhaps the best boutique maternity hospital and/or ER in the existing space. If they want a NYC showplace facility, there is space elsewhere in the city with AMPLE space and in areas of true need than the already overbedded UES area.

So to summarize:
-There is no NEED in the overbedded and "healthier" area (and LH doesn't even come close to filling its beds currently and in the past many years)
-The neighborhood does not want and can't sustain this expansion
-Existing, thoughtful zoning prohibits this plan
-The environmental impact on our neighborhood is devastating
-The neighborhood cannot survive this project/building – during construction and for decades thereafter.
-The building will negatively impact and change the face of Lenox Hill Neighborhood… forever

[redacted]
Stacy Krusch
[redacted]
136 E. 76th Street [redacted]

From: Barbara Kummel <[redacted]>
Sent: Sunday, March 12, 2023 10:53 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital's Revitalization Plan

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Members of the Department of City Planning:

As a member of the Community Board 8 community and a resident of the Upper Eastside for over 60 years, I'm writing to strongly support Lenox Hill Hospital's redevelopment plan.
Having a modern, state-of-the-art facility with an expanded Emergency Department, will enable our doctors and nurses to continue to provide outstanding, quality care to its patients and our community.

In the past several years I have been a patient in the emergency room and personally experienced the cramped conditions; an expanded emergency department is a pressing need. For in-patients, more commodiously sized single patient rooms will benefit both patients and the staff who care for them and provide room for all the modern equipment needed at the bedside in this modern age of medicine; this will also help to reduce hospital-borne infections.

The extraordinary dedication and excellence of service provided by Lenox Hill Hospital during the pandemic to its community and non-local patients is one of the most compelling reasons to let the Hospital's plans for revital;ization move forward.

Sincerely,
Barbara W. Kummel
1035 Fifth Avenue
New York, NY 10028

From: Jane Kutnick <[redacted]>
Sent: Monday, March 13, 2023 2:31 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Expansion
Attachments: [EXTERNAL] Lenox Hill Hospital Expansion

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March 13, 2023

I am writing in opposition to the proposed expansion of Lenox Hill Hospital. While I do feel as though some modernization and expansion is called for, the scope of the project and the variances that are requested and the time frame of the project appear to be disproportionate to the actual needs of the community. A community that has easy access to a variety of top tiered medical care within close proximity to Lenox Hill Hospital.

Speaking of the plethora of hospitals in the neighborhood, Lenox Hill are asking for amendments to the Zoning Resolution that while seem to be site specific these might trigger similar requests from other hospitals or community facilities in other parts of the city. One might ask that the DEIS examine it's applicability in other parts of the city. What ramifications this will have on other health care facilities?

The following are just some additional concerns that need to be addressed.

First of all it seems a vanity project for an increase in rooms by about 25 and operating rooms by 5. Mostly private rooms with over 15 ft ceilings is my understanding. In an ideal world this would be lovely, however in an already crowded location this will add to the massive nature of the project. Northwell/Lenox Hill Hospital want the hospital to stay open during construction which will make the project last at least 11 years with possibility of construction 7 days a week. It is an untenable situation to ask the residents of the neighborhood to withstand this undeniable life intrusion for such an extended period of time. Even though on the surface they appear to be addressing the already overcrowded 77th street subway station. They will only be addressing the downtown subway entrance but have nothing in the works for the uptown access...so an elevator only accessible for one way. The environmental studies are being completed in a time when subway ridership has not returned to it's pre pandemic level. Traffic flow is an additional concern. While ambulance bays on the surface seem to address the crowding problem on 77th Street, the bays will require a backing in from 77th street which with increased use will definitely tie up traffic and not be a solution but rather a bandage to that problem among many on 77th Street.

Just the idea that there will be little to no construction in the Park Avenue Zone except for the fact that they are planning on having a maternity entrance on Park avenue with a park avenue address speaks volumes to the concept of a vanity project discussed under the auspices of helping the neighborhood.

It is my hope that the scope of this project will be reviewed and alternative scenarios presented that do not have individuals like myself who live in the neighborhood thinking that for the rest of my life my home will be upended as part of an unnecessary massive construction venture.

Sincerely,
Jane Kutnick
155 East 76th Street [redacted] NYC 10021

From: Mimi Lamia <[redacted]>
Sent: Friday, March 10, 2023 12:53 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Proposed Lenox Hill Tower

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As a resident of the upper east side, I am adamantly opposed to this type of unnecessary development. This is a vital residential community which is quickly being destroyed by such projects. Have the courage to vote “NO” and put aside special interests. Honor the vote of our city council member who represents the vote of the community. Not doing so wound seriously damage our democratic system.

Mimi Lamia

From: Donald Layton <[redacted]>
Sent: Monday, March 13, 2023 12:06 PM
To: 23DCP079M_DL
Cc: Stephanie Reckler
Subject: [EXTERNAL] Northwell Expansion Plans for Lenox Hill Hospital

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To whom it may concern:

I have lived at 885 Park Avenue, at 78th Street, since 1994, i.e. almost 30 years. My wife and I have raised our children in the neighborhood, and obviously we know it very well.

I wish to make three points in opposition to the plan:

1 - Zoning exemption. There has been a long-standing zoning in our neighborhood that I would summarize as follows, in practical terms: taller buildings on the avenues, shorter mid-block; avenue buildings not too tall, but being consistent with what exists already. Northwell needs a major exemption from that zoning - it will simply overpower any other building in the neighborhood (especially in its sheer bulk). There is no real reason to give that exemption - the zoning rules were adopted for good reasons and should stand.

2 - Disruption for a decade. The proposal to build while continuing to operate the hospital makes it seem that there will be major disruption in terms of traffic and noise for a decade. This is simply not reasonable, especially when dealing with the narrowness of Lexington Avenue (which is already traffic choked most business days). In my experience living in the neighborhood for almost three decades, such an extended disruption is unprecedented, and will put an intolerable burden on daily life in the area.

3 - Not medically needed. The Upper East Side is not a medically underserved area - quite the opposite. It does not require a hospital renovation/expansion of this magnitude. Other neighborhoods are underserved, and should be the focus of such investment by Northwell.

To summarize, this investment seems oriented towards Northwell wanting to meet its profit and financial goals, not the medical needs of the community. Thus, it should not be a priority for the NYC government to support it by giving a major zoning exemption and then subjecting our residential neighborhood to a decade of disruption.

Thank you.

Donald H. Layton
885 Park Avenue
NY NY 10075

From: anki Leeds <[redacted]>
Sent: Saturday, March 11, 2023 4:25 PM
To: 23DCP079M_DL
Cc: Stephanie Reckler
Subject: [EXTERNAL] Written Testimony: Committee to Protect Our Lenox Hill Neighborhood

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To Whom it May Concern,

I have been a resident of the Lenox Hill Neighborhood for 35 years. As a landmarked, historical district, Lenox Hill is a unique residential neighborhood in our ever-growing, ever-changing city, in that the neighborhood's current zoning regulations strictly bound the disposition of buildings to a specific height and mass. Though Northwell Health's multibillion-dollar proposal for the renovation and expansion of Lenox Hill Hospital has taken the current zoning regulations into consideration with their updated plan, they have failed to consider how the 11-year project will affect the well-being and environmental safety of the neighborhood and ongoing patient care. Probably no urban activity has greater impact on human health and the environment than building construction and use because of hazardous toxins of construction and demolition waste. For Northwell to propose that Lenox Hill Hospital will stay active during this construction, it goes to show that their priority to expand will only profit their vanity and not well-being of their patients.

Sincerely,
Christine Leeds

From: R lester <[redacted]>
Sent: Saturday, March 4, 2023 10:31 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill

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Dear Sirs, I have been in practice at 132 East 76 Street since July 1981 as an ophthalmologist. I am oppose to zoning variances for hospitals and schools.
They destroy the neighborhood. The current plan is totally wrong. If Northwell wishes a new hospital either work with the current zoning or move somewhere else.
There are plenty of beds in nearby institutions . The streets can not handle the current traffic , why should the city make it worse? I agree the current plant at Lenox Hill Is antiquated but the answer is to obey the zoning or better yet for both the city and the neighborhood move to an area that is not saturated with hospitals such as downtown , Chelsea , Long Island City or Midtown .
An honest evaluation is that the Upper East side has too many hospitals , is too crowded and there are a myriad places to put a new institution in areas that can handle it . Zoning variations are really stealing from the beleaguered inhabitants of this city that is suffering a rapid decline in livability . Sincerely Richard D Lester MD

From: Lisa Lippman <[redacted]>
Sent: Friday, March 3, 2023 2:10 PM
To: [redacted]
Subject: Lenox Hill hospital proposed expansion

I live on 76 th Street between Lexington and Park Avenues. I Not only with this unnecessary scope of expansion affect me, it will affect the integrity and fabric of our residential neighborhood. A hospital of this size doesn't belong on a city block on the Upper East Side. It seems to me it's an ego thing for the powers at be at Northwell Health Co.

You spoke about how you reduced the residential tower on park avenue like you were conceding to the neighborhood residents wishes. But you were not. Your proposed project just does not work! And to take 11 years to complete is ridiculous. It's a preposterous undertaking. Update your facility from within your existing blueprint. Look elsewhere outside Manhattan to build a monstrosity.

Lisa Lippman

Sent from my iPhone

From: Lisa Lippman <[redacted]>
Sent: Thursday, March 9, 2023 3:27 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Personal testimonial
Attachments: mime-attachment.eml

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Sent from my iPhone

Myles Ehrlich

From: Lisa Lippman <[redacted]>
Sent: Friday, March 3, 2023 2:10 PM
To: [redacted]
Subject: Lenox Hill hospital proposed expansion

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Lisa Lippman

Sent from my iPhone

From: Yvonne Logan <[redacted]>
Sent: Friday, March 10, 2023 9:21 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] testimony follows on from the Scoping Meeting held on March 2nd, 2023.

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Dear Director Shallooe

I am sending my testimony and thoughts concerning the plan to develop and massively extend the Lenox Hill hospital owned by Northwell Health between E76th and E77th streets.
This testimony follows on from the Scoping Meeting held on March 2nd, 2023. Here are my concerns and objections to the scope of the the project

1. The proposed skyscraper on Lexington Avenue is too tall for the neighborhood. It will overshadow and significantly change the atmosphere of the surrounding areas.. It is not in keeping with the nature of this historic district.
2. The project is clearly too massive in that it will require eleven years of disruption to the neighborhood. Eleven years is a very long time for all of us to be living with the noise, dust and disruption of the project.
3. And for what? A small increase in the number of beds? A luxury maternal ward there when there are no shortage of alternatives? The pain for all of us who live here versus the benefits doesn't warrant such a disruption and pollution of the local air..
4.Finally, I am not an expert on this,[but I understand that there are many other parts of the city that are in much greater need of more doctors, more beds and more medical facilities than the Lenox Hill neighborhood. It is very difficult to understand Northwell's motivation for pursuing this massive project in an affluent area of the city, if the welfare of the citizens of New York City is their priority then surely this same investment and effort should be directed to more needy areas of our city.
Sincerely
Yvonne Logan

Yvonne Logan

Act justly, love mercy, and walk humbly with your God.

Happiness is not an accident nor is it something you wish for ... Happiness is something you create!

From: Devon MacEachron <[redacted]>
Sent: Friday, March 3, 2023 2:47 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Proposal

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Dear Planning Department:

I am writing to express my deep concerns with respect to the proposed Lenox Hospital Redevelopment.

I am a resident of the neighborhood and am extremely upset that such an ill-suited project is under consideration. The height and scale of the project would truly destroy the neighborhood. It would ruin the historic look of Park Avenue, which would hurt not just the residents but tourists, visitors, filmmakers, and anyone and everyone else who appreciates its iconic nature. My home would no longer have any light coming in our windows. Shadows would be cast for blocks and blocks. It would be a blot on the city.

These are my concerns from an aesthetic viewpoint. But I am also concerned from a land use perspective. This is a residential neighborhood. We have homes, small shops, restaurants, and services to support those who live here. We don't need a massive hospital. I easily walk to appointments at Weill Cornell and Mt. Sinai.

The people the hospital would serve, I suspect, would be a largely affluent international crowd. Why do they need to destroy our neighborhood to serve non-New Yorkers? If we want to provide more medical space dedicated to New Yorkers then the hospital should expand in an under-served area.

The whole project makes no sense from any perspective I can think of, except that of filling the coffers of Northwell.

Please, please do not allow this monstrosity to happen!

Sincerely,

Devon MacEachron
71 East 77th Street, [redacted]
New York, New York 10075

Sent from my iPhone

From: MacEachron, Daniel <[redacted]>
Sent: Saturday, March 11, 2023 10:35 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Health Plan for Lenox Hill Hospital Site

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Dear City Planning:

I write to express my strong opposition and serious concerns about the Northwell plan for the Lenox Hill Hospital Site.

The reasons why I do not think the Northwell plan makes sense include:

1) To keep the hospital partially in operation while demolishing and rebuilding it in sections is a terrifically expensive and inefficient approach that will substantially prolong the disruption to the neighborhood for upwards of 10 years or more, not to mention creating a sub-optimal condition for the hospital employees and patients working adjacent to active construction work.

2) Midtown Manhattan is well served with a number of hospitals including, of course, Weill Cornell, NY Presbyterian, NYU Langone, and Mount Sinai. There are other locations in Manhattan, such as the new Hudson Yards neighborhood, and certainly in the Bronx, Queens and Brooklyn that would be better served with a brand new world-class facility than midtown Manhattan.

3) Northwell's objective in maintaining the Park Avenue address in Manhattan's upper east side is, I suspect, driven mostly if not entirely by the belief that it will attract wealthy patients from around the country and the world, as their families can stay in hotels nearby in the heart of Manhattan's high-end shopping neighborhood. However, a hospital with an exceptional reputation located anywhere in NYC will attract patients seeking world-class care; Northwell's desire to remain on Park Avenue suggests they think they need a marketing edge to compete rather than relying on the quality and reputation of the medical care they are providing.

4) It is difficult for me to imagine a rationale from a City Planning perspective for allowing a substantially increased FAR for the Lenox Hill site in the midst of a predominately residential neighborhood.

My career has been in the design and construction of large urban structures. As a project manager at Hines, from early 1983 through 1987 I managed the design and construction of 885 Third Avenue (know to New Yorkers as the Lipstick building), including taking the project through the ULURP process. (I worked with Con Howe and Lauren Otis in Manhattan's office of City Planning on that project, among others, and the structural engineer was Irwin Cantor, who many years later was a member of the City Planning Commission himself.) Also, while with a development firm called Bechtel Park Tower Properties (BPT Properties), I managed a competitive process that resulted in BPT being awarded the assignment to design and build what is now known as the Daniel Patrick Moynihan Federal Courthouse building in Foley Square. I mention this past experience only by way of explaining that my concern with respect to point number one above is based on 40+ years of professional experience.

My recommendation is as follows. Northwell should be encouraged, with as much help from the City as possible, to identify alternative sites in Manhattan or the outer boroughs. With a new site, Northwell could design a hospital that could be built from the ground up—rather than in parts—which could without question be accomplished more quickly (in 4-5 years from the start of construction, and possibly faster), less expensively, and with a better overall result. Meanwhile, the existing Lenox Hill Hospital could continue to operate without the disruption of being a continuous construction site for 8-10 years. Once the new hospital facility is occupied by Northwell, the existing hospital structure could be demolished and the site sold for residential and retail development with an FAR and sky plane in keeping with the adjacent predominately residential neighborhood. The value of the current Lenox Hill site for residential and retail development would, I believe, go a long way toward helping fund a new hospital facility if a less costly site can be found by Northwell in Manhattan or an outer boroughs.

Thank you for your consideration of my thoughts and concerns.

Sincerely,

Daniel MacEachron
71 East 77th Street
New York, NY 10075

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From: Elizabeth Maher <[redacted]>
Sent: Monday, March 13, 2023 9:16 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Lenox Hill Hospital

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To Whom It May Concern:
I am writing to express my complete opposition to the construction of a new hospital on the site of the present Lenox Hill Hospital by its owner Northwell Health.
Not only are the buildings as proposed inconsistent with the scale and architecture of the Lenox Hill neighborhood, the construction itself would have a negative impact on the neighborhood for years: noise from the machinery and traffic congestion being a major concern. There are a number of schools in the area and this would present a safety issue.
In addition, with two of the highest quality hospitals already on the Upper East Side, Mt Sinai and New York Hospital, there is absolutely no need for another hospital of the proposed size. Why not expand into an area of the city that actually would benefit more of our population?
The cost of this proposed project is an outrageous sum and Northwell shouldn't be spending that amount in an area of the city that doesn't need it.
Please take these objections into your consideration.

Elizabeth A Maher
775 Park Avenue
New York, New York 10021

Sent from my iPhone

From: Lawrence Maisel <[redacted]>
Sent: Monday, March 13, 2023 11:30 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] The Proposed Lenox Hill Hospital Expansion

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Dear NYC Planning Commission,

I am writing to oppose the proposed construction by the Lenox Hill Hospital of a very tall and large structure on Lexington Avenue between 76th and 77th Street. I have no problem with the hospital renovating and modernizing its facilities, but it should not be allowed to completely change the character and scale of a neighborhood which is primarily residential or low-rise retail.

I have lived on 79th Street for more than 25 years and other than an occasional loud ambulance siren, Lenox HIll Hospital has been a good neighbor. But that will clearly change if it greatly expands its size and the traffic coming and going to the hospital. The proposed tower is out of scale with its surroundings and will completely change the character of what has been a wonderful area in which to live.

There is already a choice of excellent hospitals within 15 or 20 blocks of Lenox Hill, and additional capacity is not needed for the health and welfare of the community. Let this investment be made in a community elsewhere in the city which is not so well served.

Sincerely,

Lawrence Maisel
136 East 79th Street
New York, NY 10075

From: Auroni <[redacted]>
Sent: Friday, March 10, 2023 12:28 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Fwd: NYC Department of City Planning

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To whom it may concern,

Hi, my name is Auroni Majumdar, resident at 301 E66th St. I am emailing you today, petitioning against the proposed New York Blood Center Development. I am in opposition of the development for several reasons related to neighborhood and quality of life changes that would result from the new building.

First and foremost, the impact to the community as it relates to pollution - environmental, construction and chemical waste, noise, sound and light - would result in irreparable impact to the block and neighboring areas. Traffic and people density related to the construction and prospective building operations including public transportation, building vehicles - ambulances & emergency - would further exacerbate the aforementioned impact and create an unlivable traffic and noise situation and further negatively impact the traffic associated with the 59th St bridge; the streets would be affected by 24/7 noise pollution from construction, operations, traffic and continuous honking that already plagues the neighborhood. Furthermore, the building at it's proposed heighting would block sun and airflow to some of the block's most precious green spaces, St. Catherine's Park. This is a beloved space in our community and is regularly frequented by children and adult residents.

Lastly, the mid-block rezoning would create a major, dangerous precedent for the Upper East Side neighborhood and other areas in Manhattan impacting the city's residential communities. This is a slippery slope that could have a long lasting detrimental impact to the city, industrializing areas that have a strong community and residential presence. Proposals like this bring us one step closer to making NYC an industrial dystopia.

Though I agree with some of the research objectives of the Blood Bank, a facility such as the one being proposed has no place in such a densely populated residential area and is better off being built in the outskirts of Manhattan. I work for IFF/DuPont Nutrition & Biosciences and I can vouch for the ability for large organizations being able to work remotely with today's technology - including telecommuting, team collaboration, sample delivery and analysis, integrated computing and general interconnectivity.

There is no good reason for a building of this size to be built in a tightly packed, already densely populated residential area.

I would be happy to discuss my concerns further, if desired.

Best,

From: Auroni <[redacted]>
Sent: Thursday, March 9, 2023 2:58 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] NYC Department of City Planning

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There is no good reason for a building of this size to be built in a tightly packed, already densely populated residential area.

I would be happy to discuss my concerns further, if desired.

Best,

From: Carol Malone <[redacted]>
Sent: Sunday, March 12, 2023 12:54 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Objection to the Proposed Renovation of Lenox Hill Hospital

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To the Planning Committee

As a resident of 74th Street who grew up on 77th Street, who served as a volunteer at Lenox Hill in my youth, and whose children and grandchildren continue to live and attend school in the immediate neighborhood I am deeply concerned that the construction of a large tower looming over 400 feet high will **alter irrevocably the character of our residential neighborhood** where my family has lived and served the community for over 100 years. The creation of such a tall tower would create a dramatic visual effect—the creation of a **gorge** along Lexington Avenue.

Hospitals are businesses. To argue otherwise is disingenuous. Having listened to the arguments by the Hospital administration, I conclude that their efforts constitute **a marketing strategy** to shore up the finances of the Hospital by offering to patients single rooms at no extra cost. Improvements in patient care, while beneficial for the few, ignore the effects on everyone else. Efforts to improve the ambulance lanes, the downtown subway stop on the southeast corner of Lexington Avenue, and the delivery truck docks on 76th Street are laudatory. **Those improvements would serve the neighborhood well but they do not mitigate the visual disharmony such a tall tower would create above the Avenue.**

Like others, I am convinced that years of construction would create unacceptable levels noise, dust and disruption. If the hospital's finances need bolstering there are other and better ways to serve the greater New York community than to enlarge the hospital at 77th St. Could the hospital not construct this state of the art facility in a location with lower population density? The hospital already serves many, many (most?) patients from the other boroughs. The Upper East Side is already well served by at least 7 major hospitals and the departure of Lenox Hill Hospital from the neighborhood, while undesirable, would not materially alter the availability of patient care to those who live on Manhattan.

Thank you for your consideration.

Sincerely,

Carol Collins Malone

Carol Collins Malone, Psy. D.
[redacted]
125 East 74th Street
New York, N.Y. 10021

From: Alan R Manheimer <[redacted]>
Sent: Monday, March 13, 2023 10:27 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Rejection of new Lenox Hill building proposal

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Dear NYC Department of City Planning,

My wife and I are opposed to the revised Lenox Hill Hospital construction on several grounds:
1. The building will be too tall and not in keeping with the neighborhood, at 400+ feet it will be out of proportion to other buildings in the residential area.

2. The project time of 11 years construction will be a burden that the neighborhood cannot bear. The disruption of traffic, noise, debris, etc. is too much to ask of the community. Based on past experience, these projects often take longer than planners expect.

3. While a new modern hospital would be wonderful and probably needed to replace the current “cobbling” of multiple buildings: The all single room hospital concept makes no sense. Medicare and several medical plans are based on double occupancy and therefore, the cost burden will likely fall on the patient.The net 25 bed increase seems hardly worth the investment and sounds more like a “vanity project” to compete with other N.Y. Hospitals by providing a more comfortable setting. (But at what cost?” The last time I checked, Medicare is in trouble and needs further funding.

4. We also don’t agree that the hospital must remain open during construction. Building a tower along Lexington Avenue and “overweighting” towards the avenue and not fully using the “middle space” more efficiently, so that the hospital can continue operations, only adds cost. Making better use of space and building it right the first time will create a more efficient and cost effective hospital. The design and not the desire to keep the hospital open, should be the driving force in planning such an important structure. Instead of 11 years, the actual project could be completed in a much shorter time period and less disruptive to neighbors in the area. In the end you will build a hospital that everyone will be happy with.

Thank you,
Joyce and Alan Manheimer
50 East 77th Street , [redacted]
New York, N.Y. 10075
cell: [redacted]

[redacted]

From: Nancy Meyrich <[redacted]>
Sent: Thursday, March 9, 2023 9:47 PM
To: 23DCP079M_DL
Cc: Stephanie Reckler
Subject: [EXTERNAL] Opposition to Lenox Hill Hospital Overexpansion
Attachments: Opposition to Lenox Hill Construction.docx

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Attachment for your consideration is my opposition to Lenox Hill Hospital's proposed over-building, over-expansion, neighborhood destruction plans.

Nancy Meyrich

830 Park Avenue
New York, New York 10021
[redacted]

March 9, 2023

To Whom It May Concern:

The new proposed Lenox Hill Expansion is cause for alarm to the community. To build a high-rise building in the heart of a landmarked, historic neighborhood violates the zoning restrictions in the area. The hospital should not be given the variance. The density proposed by this huge building exists no where else in the city. The streets around the hospital are already way over-loaded. In the morning trucks are lined up along Park Avenue between 76 & 77th Street and 77th Street is too often blocked by cars dropping off or picking up patients and ambulances. The ambulances noise is horrific. There are so many hospitals in the immediate area. There is no need for a huge facility here. The streets are clogged. What will happen to the neighborhood during the nine year construction of a new structure which will tower above everything else on Park. Avenue. Where on earth will construction vehicles standby - let alone machinery/ All this while the hospital expects to stay open. Have the environmental issues the construction will bring been explored? The shadow of the tower will block sunlight all the way to Central Park on 5th Avenue. The subway stop at 77th and Lexington is already way too crowded, bordering on dangerous. There is often no standing room on the platforms. There are areas of the city that need a hospital. Why doesn't Lenox Hill build to fulfill thiat need? I can see no purpose to their building a huge, overpowering facility here.

Thank you for carefully considering what this proposal would mean for the quality of life of residents in the area.

Very truly yours,

Nancy Meyrich

From: Jamie Olken <[redacted]>
Sent: Saturday, March 4, 2023 9:28 AM
To: 23DCP079M_DL
Cc: Barbara Mintz
Subject: [EXTERNAL] Vehemently opposed!

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From: Barbara Mintz <[redacted]>
Sent: Friday, March 03, 2023 11:37 AM
To: [redacted]
Cc: Steve Hoffman [redacted]
Subject: '[Ext:]'Proposed Northwell Hospital expansion

I vehemently oppose this project for the following reasons…
- tower is much too large for the site with very few additional beds added
-a hospital of this proposed size is an unwelcome burden on what is primarily a residental neighborhood. As it currently exists the streets are not wide enough to accommodate the ambulances, delivery trucks and doctors' vehicles that currently clog our streets. The proposed plans hardly alleviate these issues.
-this is hardly an underserved neighborhood in terms of top drawer medical facilities nearby
-all of those facilities such as NY Weill Cornell, NYU Langone do not impose their presence on the surrounding areas nor are they located in an congested historic district
-this seems more of a vanity project than a necessary one being foisted on a community that already is inconvenienced by their presence.
-eleven years of construction and probably longer…who are the beneficiaries?
-if Northwell is looking to serve the community, why not buy Metropolitan Hospital (as they have bought so many other facilities) which could use a "world class" hospital in an area which is not congested and could definitely be better served
-money and union support should not be the determinants in allowing Northwell to build its monument. As a 40 year resident of this neighborhood I beg that better heads prevail
Respectfully, Barbara Mintz
136 east 76 street
resident since 1981

Jamie Martin Olken LCSW, ACSW
Adolescent and Adult Psychotherapy
[redacted]
she/her/hers

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From: [redacted]
Sent: Monday, March 13, 2023 5:00 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital plan

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To whom it may concern,

As a neighbor of Lenox Hill Hospital I am shocked that the current plans have been allowed to progress as far as they have. There is nothing neighborly or appropriate about the proposal. It is out of scale, insensitive to the neighborhood and completely arrogant.

The notion that the hospital feels free to propose such a grossly offensive plan is indicative of the state of affairs in our city today. The only acceptable response is to reaffirm that the existing zoning stands and any renovation or building must conform to the current zoning.

The lack of detail in the proposal and the sheer bulk show a total disregard for the neighborhood. Tellingly, the bulk of the building is placed on Lexington Avenue rather than Park Avenue. The hospital clearly feels the east side of the block is less worthy and that spoiling the low rise of that avenue is preferable to Park Avenue.

The city should treat this proposal as a crime in progress: stop it, and tell the perpetrators not to try again. We'd all like more room in our spaces, but normal people move to obtain extra space rather than destroying the fabric of the city for selfish purposes.

Sincerely,

Len Morgan

From: Anne Namm <[redacted]>
Sent: Friday, March 3, 2023 2:06 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Expansion

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To Whom It May Concern:
Testimony regarding Lenox Hill Hospital expansion.

It is not acceptable to the neighborhood that Lenox Hill Hospital expands.
There is no reason for the hospital to request or be granted exceptions/variances to the building codes. The codes were established to protect the community. When the rules fall apart it is not ethical or moral. Citizens moved to the area, purchased or rented apartments, offices or stores with the understanding that the area was to be kept as a community without a big bully pushing the envelope to grow beyond what is the law, necessary or reasonable.

We do not need a bigger hospital, as the upper east side is well served. This is a real estate grab to enhance the profile of the Northwell people. Lenox Hill Hospital was always intended to be a small community hospital to serve the historic area and the environs.

The streets surrounding Lenox Hill Hospital are small, the sidewalks are narrow it is not reasonable to build towers and tunnels. It is unconscionable to take ten years or more to expand and profit from the hospital. There are school children and residents that will suffer as a result. We the people of the neighborhood do not want this expansion. Build the hospital in an under served community and gently renovated your existing buildings within code.

The hospital has a huge area (now leveled) on Third Avenue at 76th Street to build a bigger presence, it is enough already. Stop the nonsense regarding the main campus on 76th-77th Streets between Park Avenue and Lexington Avenue.

Thank you,

Anne Namm
875 Park Avenue
New York, New York 10075
[redacted] cell
[redacted]

From: Jamie Olken <[redacted]>
Sent: Monday, March 13, 2023 6:34 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Fwd: Vehemently OPPOSEDto Northwell's vanity project

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Jamie Martin Olken LCSW, ACSW
Adolescent and Adult Psychotherapy
[redacted]
she/her/hers

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Begin forwarded message:

> **From:** Jamie Olken <[redacted]>
> **Date:** March 13, 2023 at 4:01:15 PM EDT
> **Cc:** Steven Olken <[redacted]>
> **Subject: Vehemently OPPOSEDto Northwell's vanity project**

> Please hear us as individuals and community members .
> Lenox hill hospital has been here for many decades and has been a disinterested neighbor .

The streets are blocked daily , garbage is not cleaned, buildings And are left unkept, staff smoke all over our streets and once again you are asking to build a skyscraper in our beautiful , lovely neighborhood and they are unable to take care of the community at this present level.
Northwell is aiming for a market that is Clearly not community .
It is international . The remarks made need to be justified .
11 years …. Of construction …. On a tiny street and tiny avenue . How disrespectful , inconsiderate and for what ???? It is clear that virtual urgent care, telehealth and less hospitalizations have been their message to the public yet this huge , out of line , very little improvement will address any of these new ways of caring of patients . My suggestions are. To :
Level the hospital
Build what you want within the allowed zoning . But to use being the "largest employers ", good for unions (they will work on any project), and offer something that is already duplicated all through the upper Eastside and NYC. We don't want it , need it and politicians should not be bought by this business . Community hospital not a " vanity project ".
Too Big
Too high
Too long
Too intrusive
Too political
Too dangerous
Too many pollutants
Too much noise
Too much for too little
Too little gains
Too damaging to the community
Please stop this unnecessary destruction in this beautiful community .
Putting a circle in a square - with a huge huge negative impact on our community , city, mental and physical health . Please hear this and make decisions as thoughtful leaders not fearful politicians / thank you

Jamie Martin Olken LCSW, ACSW
Adolescent and Adult Psychotherapy
[redacted]
she/her/hers
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From: Steve olken <[redacted]>
Sent: Monday, March 13, 2023 7:08 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Bldng Opposition

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Lenox hill hospital has been here for many decades and has been a disinterested neighbor .
The streets are blocked daily , garbage is not cleaned, buildings And are left unkept, staff smoke all over our streets and once again you are asking to build a skyscraper in our beautiful , lovely neighborhood and they are unable to take care of the community at this present level.
Northwell is aiming for a market that is Clearly not community .
It is international . The remarks made need to be justified .
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Level the hospital
Build what you want within the allowed zoning . But to use being the “largest employers “, good for unions (they will work on any project), and offer something that is already duplicated all through the upper Eastside and NYC. We don’t want it , need it and politicians should not be bought by this business . Community hospital not a “ vanity project “.
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Too damaging to the community
Please stop this unnecessary destruction in this beautiful community .
Putting a circle in a square - with a huge huge negative impact on our community , city, mental and physical health .
Please hear this and make decisions as thoughtful leaders not fearful politicians / thank you

Steve Olken
Senior Project Manager
Color X
866 Sixth Ave.
Sixth Floor
New York, NY 10001
[redacted]

From: Ingrid Ongaro <[redacted]>
Sent: Thursday, March 9, 2023 3:17 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill NOrthwell expansion

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This project will have disastrous impact on the residents in our neighborhood.
The construction time frame alone will disrupt our neighborhood As we slowly return to life from the impact of Covid 19…small businesses under scaffolding and streets dug up..This is a neighborhood for walking dogs and small children with a number of schools in the area…..
NOrthwell should build it's residential tower elsewhere… Ingrid Edelman
775 Park Avenue
New York, NY. 10021

From: Brigitte Osborne <[redacted]>
Sent: Friday, March 3, 2023 4:19 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill hospital project/addition

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I am AGAINST the proposal.
B.Osborne

From: Peter Pfeffer <[redacted]>
Sent: Saturday, March 11, 2023 2:45 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Draft Scope comments

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I have several comments in relation to what I believe should be included in the analyses in Task 7, Urban Design, and Task 15 Neighborhood Character, as well as in the Alternatives.

The proposed Lexington Avenue building would be 436 feet high and encompassing the entire 200 foot block front, whereas the current zoning has a 175 foot maximum height.

The discussion should make clear that the new construction along Lexington at 77th and 78th streets has complied with that height limit while extending for half the block front (100 feet). This is important to fully understand the impact your new construction would have along Lexington Ave.

Moreover, although peripherally excluded from the 400 radius, the discussion should definitely include the Third avenue frontages on the west side of east 76 and East 78th streets, namely the Siena which is 379 feet high, and the Empire which is 337 feet high. It should be noted that those buildings only take up a 100 foot street frontage at those heights.

Also, the currently proposed Lexington Avenue building envelope indicates an undifferentiated and unarticulated street frontage above the ground floor up to the 195 foot setback which will greatly contribute to the impact of overwhelming mass. An effort needs to be made to further articulate the facade.

Additionally, and most importantly, the analysis of Alternatives should include a discussion of the feasibility of lowering the height of the Proposed Lexington Ave building by
-adjusting floor heights,
-reducing the programmed uses,
- reducing mechanical floor heights by lowering those individual heights or consolidating mechanical,
-shifting some mechanical further into the midblock beyond the current proposed envelope,
- and most significantly the feasibility of shifting some of the overall bulk further into the midblock or to the underutilized portions along Park Ave.

Respectfully submitted,
Peter Pfeffer

From: carole pinto <[redacted]>
Sent: Saturday, March 4, 2023 6:12 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Expansion of Lenox Hill Hospital in New York

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Sir:
I listened to the presentations by the representatives of Lenox Hill for the construction of a tall tower on Lexington Ave, and the work on this site that would take eleven years.
I find this absurd as well as totally ridiculous, given that all you would be adding is 25 beds. I cannot conceive of spending that kind of money and putting the neighborhood through at least 11 years of noise, dust, traffic, and discomfort for 25 additional beds… it seems absolutely crazy.
In addition to the discomfort, the height of the tower would block sunlight as well as the sky, and destroy the quality of life that New Yorkers try to enjoy, although that quality is quickly disappearing.
Please don t change zoning laws – they are there for a very good reason – to preserve the quality of our city's streets and parks and keep New York livable.
Thank you
Carole Pinto

Sent from [redacted]

From: Katherine Post <[redacted]>
Sent: Saturday, March 4, 2023 11:09 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill expansion

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I am very much opposed to this expansion. I think it is harmful to the neighborhood in that it will block light for many residences, cause unbelievable noise for years to come, and make traffic with closed streets unbearable. It is simply the wrong neighborhood to put up this tower. HSS put up a new facility on the lower west side. Why can't you look there?

Katherine Post
[redacted]

From: Katherine Post <[redacted]>
Sent: Thursday, March 9, 2023 8:31 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill tower

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I don’t think this addition is right for the UES If other hospitals have enlarged in other areas of NYC you can also
Katherine Post

Sent from my iPhone

From: Katherine Post <[redacted]>
Sent: Thursday, March 9, 2023 8:17 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Tower

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I highly disapprove of building this tower Build it in another part of town Katherine Post

Sent from my iPhone

From: Katherine Post <[redacted]>
Sent: Monday, March 13, 2023 1:04 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Tower

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I am very opposed to building the Lenox Hill Tower. It should not be on the Upper East Side.
Put it somewhere else if need be. It would disrupt light & noise and traffic, to say nothing of the years to build it!

Katherine Post
[redacted]

From: ra potasznik <[redacted]>
Sent: Friday, March 3, 2023 10:42 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill expansion

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I am a neighbor to the Lenox Hill Hospital which is expanding and engaged in construction on 3d Avenue and is proposing a massive extension on Lexington Ave between 77th & 76th Sts.
The proposed extension is very large and will negatively impact the community and many commuters who must use the 77th St subway.

The proposal is now estimated to take 11 years! This amount of construction and impact on the community is not necessary and will negatively impact the health & well being of the community due to the excessive noise, the lack of space on narrow streets already congested, the dust and inconvenience of lack of access to subway. The “need” for all private rooms which will require the larger height is totally unacceptable. It appears Lenox Hill is making a luxury hotel rather than a medial facility.

In a neighborhood which already has construction on almost every corner the quality of life in the area is being decimated by the destruction of any corner low rise buildings, creating more shadows, lack of air, space and sunlight. Also these buildings will generate more heat in an ever increasing warming City.

This project is not necessary and the negative health and environmental impacts far outweigh the claimed benefits.

I hope you will take the community’s concerns in your decision regarding this ill conceived project.

Sincerely,

Rachel Potasznik
247 East 77 St
NYC

From: ra potasznik <[redacted]>
Sent: Thursday, March 9, 2023 2:39 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Fwd: Lenox Hill Hospital expansion

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Please confirm receipt.
Thank you.

_____

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This project is not necessary and the negative health and environmental impacts far outweigh the claimed benefits.

I hope you will take the community’s concerns in your decision regarding this ill conceived project.

Sincerely,

Rachel Potasznik
247 East 77 St
NYC

From: Adrienne Quirolo <[redacted]>
Sent: Sunday, March 12, 2023 10:24 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Written testimony from Scoping Meeting on March 2nd
Attachments: LenoxHill testimony.docx

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Please see attached testimony.

Thank you,
Adrienne Quirolo

Sent from [redacted]

155 East 76th Street, [redacted]
New York, NY 10021
March 12, 2023

Environmental Assessment and Review Division
New York City Depart of City Planning
120 Broadway
New York, NY 10027

Dear Environmental Assessment and Review Division:

I am a resident of the Queen Anne building, located one block away from Lenox Hill hospital. I have been living here since 1999. I've listened to Northwell Health present their plans at community board meetings in 2019 and again in 2023. Both times, Northwell elaborated extensively on their intentions to improve patient outcomes. Yet they presented their proposal with no consideration as to how 11 years of construction, 7 days a week, will impact the mental and physical health of the community. Studies shows that even short-term exposure to noise pollution can temporarily raise blood pressure. Studies also show an association between long term exposure to noise and cardiovascular disease, sleep disturbances, stress, mental health and cognition problems, including memory impairment attention deficit, childhood learning delays and low birth weight. As a resident of the Lenox Hill neighborhood, it is very difficult to digest the hypocrisy of an organization that claims to be interested in public health, when in fact it will be destroying it.

Much of Northwell's proposal is based on having large, single bed rooms that can accommodate entire families during a patient's hospital stay. Larger rooms for a temporary hospital stay, should not take precedence over the *long term* health and living conditions of an entire community.

While almost everyone is in support of updating Lenox Hill Hospital, most of the community is requesting that Northwell do this while maintaining the architectural integrity of our historic neighborhood. This message was sent loud and clear to Northwell in 2019. Their revised plan, presented in February 2023, does little to address this concern. They are still proposing to build the second tallest hospital in the world, in a residential neighborhood, on one of the narrowest avenues in Manhattan. Their plan continues demonstrate a complete disregard for the character of our neighborhood.

Surely there must be a less grandiose way of updating Lenox Hill Hospital to meet the genuine healthcare needs of patients without the adverse impact it will have on the mental, and physical health of the community over an 11 year period. There must be a way of expanding that does not destroy the character of the neighborhood**.** I have no doubt that a more *modest* proposal could serve the common good, both for present and future generations.

Sincerely

Adrienne Quirolo

From: Patricia Raciti <[redacted]>
Sent: Monday, March 13, 2023 4:55 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Opposition to Lenox Hill Hospital Construction Plan

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Dear Honorable Members of the Department of New York City Planning,

I write as a distressed and concerned member of the Upper East Side community that will be impacted by the proposed Lenox Hill Hospital renovation.

I've followed Lenox Hill's plans closely and the plan, at its essence, is an attempt by Lenox Hill to break the law by constructing hospital tower that will allow Northwell to make the most money out of that hospital site. Except they are asking city and government officials to allow them to break the law under the guise of providing better healthcare to the 'community'.

They have planned a large obstetrics/labor & delivery center where all of the rooms are single rooms. This is to directly compete with the Alexandra Cohen Hospital for Women (here) at NYP, a 246k square foot facility. A quotation here says it best: "With this new hospital, the competition is going to be all about how much hospitals can make themselves like hotels," said Bonu deCaires, a longtime doula and educator. "Are there private rooms? What is the food like? How plush is it? But what really matters is the care that you receive, not the thread count." Although hospital officials stated this would not cost the patient more, that is **untrue**—insurance will either be forced to pay more or the patient will have to cover the difference. Either way, more money is coming to Northwell's pocket—without any guarantee that it improves any outcome. And I wonder which celebrities will be on the top floor hospital rooms, which they will certainly bill as having sweeping views of Manhattan and Central Park (a disturbing, little discussed trend among hospitals and yet another point against which to compete for patients/customers).

They have planned a state of the art neurosurgery suite. They did so purely to attract Neurosurgeons. Why? Because it is well known that, "On average, a neurosurgeon generates more revenue for a hospital than all other specialties but invasive cardiology and orthopedic surgery. According to Irving-based physician recruitment firm Merritt Hawkins, a single neurosurgeon produced his or her hospital an average revenue of $2.45 million in 2015" (reference).

They have proposed subway upgrades. This is the MTA's responsibility—not that of a private hospital. But Lenox Hills has done so because they know that the MTA, which is in desperate need of funding, cannot make upgrades to individual stations, let alone those on the Upper East Side, which are likely *least* in need of upgrades (compared to outer borough stations). What an easy way for Lenox Hill to appease and appeal to city officials having to consider this plan.

They plan to convert the rooms to single rooms. But the room size they have chosen for private rooms is way above the minimum size for single rooms, probably because it leaves them the option to convert them to double rooms later on, since they are building them so they are large enough to legally accommodate two patients (reference). The crowding of the area in an already hospital-saturated neighborhood (Cornell, MSKCC, HSS, MSSM north, NYU south….) would be unimaginable.

Cornell, MSK and HSS are on York Avenue (a four lane, two way road) with wide side streets and with ground floor drive ways and parking garages. Lexington Avenue is essentially 2 lanes (1 lane is a bus lane) with 76th and 77th Streets being single lane, one way streets. The congestion during construction and more importantly, in perpetuity should this plan be approved would be unimaginable with Uber/Taxi, buses, subways, cars from patient visitors, cars from the neighborhood, hospital deliveries and ambulances—let alone emergency personnel if there were a fire or real emergency! During the height of the pandemic, Lenox Hill parked a mobile morgue on 76th Street and this alone shut down the street for almost an entire year. Moreover, can you imagine the amount of construction and medical/biohazardous waste that need to be disposed of simultaneously and seamlessly for 11+ years of construction?

Why would officials approve such a plan? Because Northwell is a big employer in New York State? Because the plan offers benefits to the city (ie, subway upgrades) that the city could not otherwise perform? Because it brings wealthy insurance-carrying, patients to the city? Because the downside is only 11 years and affects a handful of city blocks directly?

All of these things are true. But real city planning does not involve giving into large corporations, but having a larger vision, independent of corporate input, and then forcing corporations to make concessions that fllow the vision that city leaders have (such as here). What does that vision look like? A Lenox Hill Hospital relocated to Hudson Yards, in a new biotech/pharma corridor, where the hospital can : 1) build according to existing code, 2) move to an area that desperately needs a hospital (it terrifies me to think what would happen if there were a major attack at the Javitz Center; an aviation accident on the Hudson River; or a public transportation incident on a Westside bridge or tunnel). Lenox is firm in its stance that it doesn't want to move—it serves the 'local community" and many patients from Queens, Long Island etc. But if it really wanted to serve the local community, it would focus on more holistic care than maternity and neurosurgery; if it was eager to serve Queens and Long Island, it would build a hospital in Queens or Long Island. What it really wants to do is profit off the reputation of the Upper East Side as 'high end' so that it can attract the richest, non Medicare/Medicaid patients from Queens and Long Island.

I leave you with this quotation from a research paper in Nature Urban Sustainability, on infrastructure in urban and rural systems. It highlights the issues we are dealing with precisely (though we're not dealing with urban-rural tensions): "Decisions on how to build infrastructure are made on the basis of technical and engineering considerations. While these decisions involve mostly policymakers and professionals, they in turn reflect existing economic and political structures and interests and can shape or exacerbate social and racial inequities and historical biases, which can contribute to health disparities12,13,14,15. By political, we are referring to "the contestations, collaborations, and negotiations through which collectives govern their everyday affairs"16 (p 527). Such a blend of political and technical considerations influences who benefits from or bears the costs of infrastructural development, who participates in decision-making, and how stakeholder participation affects the short- and long-term trade-offs of infrastructure.

We argue that the development and management of sustainable urban infrastructure must focus on interactions across

urban–rural systems to ensure that the benefits and burdens of different types of infrastructure are equitably distributed, including across distant constituencies and environments. For this purpose, it is necessary to understand how decisions about infrastructure systems are made at different levels, who participates and in what position, as well as the extent to which normative decisions consider trade-offs and disparities in health and well-being across as well as within urban and rural places. We call for a transdisciplinary research agenda that addresses the following four points, with an explicit focus on urban-rural systems: (1) How trade-offs and synergies between services that are provided by infrastructure impact health and well-being, (2) How decisions are made about the short- and long-term trade-offs created by infrastructure, (3) How different institutional arrangements that govern the appropriation and provisioning of infrastructure systems interact, either aligning or conflicting across jurisdictions, and (4) How governance, including planning, development, and management, can facilitate or constrain effective co-production of knowledge for sustainable infrastructure across diverse places and communities"

Lenox Hill wants more customers in the form of patients, and they do not have any regard for the local community or the effects that 11 years of construction would have. Many humans on this earth would love to make more money by doing illegal things under the guise of goodwill, but luckily, the legal system prevents them from doing things illegally; allowing Lenox Hill to break the years long rules would be a total failure of government and thoughtful planning.

Sincerely,

Patricia Raciti, MD

From: Donna Ramer <[redacted]>
Sent: Sunday, March 12, 2023 11:28 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] In support of Lenox Hill Hospital Redevelopment

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I have been very pleased to follow the redevelopment plans of Lenox Hill Hospital and look forward to it's completion. Despite living in the Union Square area, which provides easy access to other major NYC medical centers (NYU, Mt. Sinai Beth Israel), I most often choose to use healthcare professionals affiliated with Lenox Hill, have had several surgeries at it's MEETH site, and will prefer to use the Greenwich Village emergency center should the need every occur.

As such, I feel very much a part of the LHH community, and LHH has always been a community hospital.

There are three salient reasons I support this redevelopment:
1. It will alleviate significant traffic issues along 77th Street;
2. It will expand much-needed health resources for the community; and
3. It will generate much-needed revenue for local businesses.

Any and all issues associated with redevelopment can be overcome so I look forward to a new Lenox Hill Hospital in the near future.

Please let me know if you need any additional information from me.

Donna K. Ramer
111 Third Ave, 11E
NY NY 10003
m: [redacted]
e: [redacted]

From: Amie Rappoport McKenna <[redacted]>
Sent: Wednesday, March 8, 2023 9:13 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Written Submission for "Scoping Meeting" about Northwell Lenox Hill construction project
Attachments: Amie McKenna - submitted Letter to Northwell Scope Committee.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

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Attached please find a PDF of the letter included below. If you have any questions or require additional information, please let me know.

March 8, 2023

To Whom It May Concern:

As a resident of the Lenox Hill neighborhood for 45 years and having given birth to my two children at Lenox Hill Hospital, I submit the following written testimony.

I am gravely concerned by Northwell's proposed renovation that requires unprecedented variances and other zoning changes to enable it to construct a building that is not needed for health care purposes nor wanted in this residential community. Northwell must submit a proposal that could be built "as of right" without variances and that abides by all other zoning regulations and historic district regulations that other buildings and businesses have abided.

The building's construction and its long-term impact on the community will have grave effects on the environment in many different ways that must be studied. Eleven plus years of construction affecting the quality of life of the residents, patients, workers, businesses is unfair for a "for profit" project that will not enhance the community or the city. The project will increase traffic, reduce already limited parking, and will shut the downtown subway entrances for years. In addition, after construction, Northwell intends to push upon the community the issues it does not want to solve or invest in. It is inappropriate for the community to absorb and take care of problems created by Northwell. Northwell is behaving unfairly to taxpayers and residents like no other community members.

Northwell's proposed building plan increases workers to the neighborhood daily, does not increase an already decades-outdated subway platform; forces ambulances and service trucks to back into traffic, and does not provide for additional parking. In addition, its outsized height will create long lasting shade and other effects/issues. In addition, it appears that the non-reimbursable nonprofit areas of the hospital like truck bays and ambulance bays and parking have been minimized or deleted. For example, instead of creating a driveway between 76th and 77th streets for patient drop off, ambulances and delivery and service vehicles, Northwell will continue to burden the neighborhood by stopping traffic, forcing ambulances and trucks to back into oncoming traffic.

Of course, the size and scope of the project is not safe or an appropriate fit for this residential community. For decades, this community has relied upon and been forced to abide by stringent, specific regulations to maintain a specific atmosphere specific to a few NYC neighborhoods and resident-taxpayers have adhered to those regulations. No one resident or business should be allowed accommodations around those regulations. The plot of land between the train and subway tracks will require deep penetration underground which may create other issues delaying the completion and affecting surrounding buildings.

This committee should consider the following:

<u>Economic</u>

1) Northwell's lack of transparency with its other east side projects to appropriately consider this proposed construction project together with Northwell's needs and intended plans
2) Northwell's present and projected financial health to oversee this or any construction and budget to maintain the new building once built without the aid of city, state and federal grants or bonds because this project. This project's goal is to create an income stream for Northwell
3) The true purpose for the single patient rooms is to force insurance companies to pay the price of the single room because there aren't any double rooms available. Over time, the insurance companies will steer patients to other hospitals enabling Northwell to convert to a destination hospital to fill its beds and not be burdened with insured patients

<u>Leadership</u>

1) The leadership of Northwell today will change and will change before this 11-year project is finished. Those new leaders may further delay the completion and could change the scope, exacerbating the long-term impact on the community.

<u>Environment</u>

1) A comprehensive short- and long-term impact study must be conducted to appreciate the detrimental effects of Northwell's proposed construction project.

<u>Patients</u>

1) The type of patients who will actually be admitted during construction

2) The type of the patients who will actually be admitted if it is allow to become a global destination hospital in a luxury neighborhood and deprive Medicare and Medicaid patients with a place for care
3) The patients who will be deprived care from Northwell at this institution because their insurance carriers will not cover the private room rates or inflated costs for care that Northwell plans to provide.

Quality of Care

1) Patient care will be diminished if the operating rooms and in-patient rooms stay open during construction
2) The quality of care provided by doctors and health care providers during the stress of construction will also diminish.

Effects on Local Businesses

1) Without a downtown subway stop, local businesses will be hurt with a shortage of labor which will affect businesses, services and our community.
2) Deliveries will be curtailed because of the downtown traffic on Lexington avenue caused by construction
3) The noise will cause reduction of businesses especially restaurants because patrons do not want to listen to construction – this will cause restaurants to close like what happened on second avenue which will affect the entire community.

Quality of Life for Community

1) Eleven years of construction, increased noise, increased inconvenience, and increased stress will gravely diminish the quality of life of residents and visitors
2) Inability to access the Downtown Subway entrance for years will affect residents' quality of life and productivity as well as income.
4) When construction is finished, the Increased ridership of both uptown and downtown subways will further exacerbate the issues of the too small platforms of the 77th street subway stops. Northwell's plan enlarges only the downtown stairwell and provides an elevator, but does not provide for expanding the uptown or downtown platform size.

Northwell's plan to continue to stay open when it has many alternatives to shorten construction and curtail the impact of long-term construction is egregious. Inconveniencing the neighborhood for 11 years so it can stay open will affect far too many for its sole profit.

Northwell must present a proposal for what is possible to construct "as of right" and that also rectifies longtime issues it has hoisted upon the neighborhood to endure.

This project's scope and scale are not appropriate for the neighborhood nor does the city need additional care in this neighborhood. This community has other great hospitals. Residents also have the means to travel to other hospitals.

Lastly, countless community buildings in our community like neighborhood schools have had to curtail much needed enlargement plans. Northwell does not have a reason and

politicians do not have the right to grant any variances to enable them to build this proposed project.

Sincerely,
Amie Rappoport McKenna

Amie Rappoport McKenna
cell: [redacted]
email: [redacted]

AMIE RAPPOPORT MCKENNA
885 PARK AVENUE ◆ NEW YORK CITY ◆ 10075
[redacted]

March 8, 2023

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Sincerely,
Amie Rappoport McKenna

From: Stephanie Reckler <[redacted]>
Sent: Monday, March 13, 2023 8:34 AM
To: 23DCP079M_DL
Cc: Stephanie Reckler
Subject: [EXTERNAL] Submission by Stephanie Reckler
Attachments: Stephanie Reckler.pdf

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Stephanie H. Reckler
885 Park Avenue
New York, New York 10075

March 13, 2023

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

Dear Ms. Shellooe,

This is Stephanie Reckler; I am in strong opposition to the current Northwell plans for Lenox Hill Hospital.

I am a resident of the UES. I cannot claim to be a zoning expert, or a city planning expert or a healthcare expert. My claim is that I am a native New Yorker who has lived within a 12-block radius of Lenox Hill Hospital all my life. I currently reside at 885 Park Avenue where I have served as President of the cooperative's Board for over twenty years. I retired from a salaried position five years ago and I am even more involved in community affairs than I was previously.

I am one of the original members of the Committee to Protect Our Lenox Hill Neighborhood which was formed to oppose Northwell's plans to build an out-of-scale hospital and residential complex from 76th and 77th Streets between Lexington and Park Avenue.

I represent over 6,300 supporters, with almost 3,000 who live within the Lenox Hill zip codes. We are against the Northwell plan as it currently stands. Northwell is Goliath and we are David but MIGHT DOES NOT MAKE RIGHT. Northwell gave up plans to build the residential tower two years ago. This does not justify the current plans.

Lenox Hill Hospital was built in the late nineteenth century as a community hospital to serve the local population of Yorkville. What Northwell wants to do to LLH is the equivalent of excessive BOTOX on a very vain woman. The design of the building is too plump; it is huge. Just as Madonna was unrecognizable at the Grammy awards, and the online community laughed at her misguided vanity, Northwell CEO Michael Dowling plans to show the same misguided narcissism. The enormous increase in square footage results in a barely noticeable increase in bed capacity.

Northwell talks about delivering excellent patient care. But Northwell neglects to consider the health and welfare of the residents who live near the hospital. How ingenuous is that! Eleven years of construction to keep the hospital going has

great consequences on the community. There is no need to keep operations going during construction. Doctors could practice at Northwell's numerous satellites throughout the city or patients could go to the many world-class hospitals on the Upper East Side.

Eleven years of construction will have an impact on the air we breathe, the safety of our children, the livability of our homes. Where are the provisions in the new plans for the remediation of carbon emissions generated by building of this size? The hazardous environmental conditions in a densely populated area will cause preventable deaths AND increase liability for the city, its taxpayers and Northwell.

Traffic will forever be a problem. Lexington Avenue is terribly congested now. It is the narrowest avenue on the east side. Patient drop-off on Lexington Avenue will only increase the congestion. Is the City going to remove the bus lanes; will the City agree never consider bike lanes for the avenue?

76th and 77th Streets are narrow now. Recently I saw eight ambulances parked on 77th Street. The current plan has bays for only four ambulances but these are without drive-throughs. Ambulances will have to back into one bay and drive out the same bay, blocking sidewalk and street traffic.

No consideration has been given to parking. There is a very limited number of parking spaces now in the neighborhood. Where will the overflow of ambulances park? Where will residents, patients and visitors to the hospital park?

I have not been aware of any repairs to the façade of the building since Northwell bought the hospital eleven years ago. By design Northwell has let it crumble, obviously with the intention of building the building that they have just presented you with.

There should be no zoning credits for the enhancement of the subway entrance. The new design for the subway entrance on the west side of Lexington is more cosmetic than utilitarian. Yes, the proposed entrance is made wider and sheltered. With an elevator, the subway will be handicap accessible. However, with the increased number of people needed to service the building, there will be increased number of people on the platforms. And the platforms cannot be made wider. At rush hour the overcrowding will create an even more dangerous situation than there is now.

The $1.6 billion estimate on the project is a reckless expenditure. The inevitable cost overruns will make the project even more expensive. In order to pay for the debt service, Northwell will necessarily drive up medical fees. This will have an impact on healthcare costs throughout the city.

And finally, I resent Northwell's evasiveness and insincerity with which our questions have been addressed. They are not building this hospital building for the benefit of anyone else but themselves.

This is a vanity project for the ego of the CEO Michael Dowling and certainly not meant to benefit the neighborhood. I urge you to direct Northwell back to the drawing boards and design a hospital that will serve the local community that it was meant to serve.

Ms. Shelloe, we are counting on you and your commission to stop this fool heartiness.

Best regards,

Stephanie H. Reckler

Stephanie H. Reckler
885 Park Avenue
New York, NY 10075
[redacted]

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Best regards,

Stephanie H. Reckler

From: Nick Reece <[redacted]>
Sent: Friday, March 3, 2023 9:55 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Objection to Northwell's Lenox Hill Hospital Plan

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Dear Department of City Planning,

I live in the neighborhood and am writing to express my strong objection to Northwell's proposed plan for Lenox Hill Hospital (LHH).

There is simply no justification for this expansion project. The Upper East Side already has an abundance of health care facilities, and other neighborhoods are in greater need of such services. Furthermore, Lenox Hill Hospital is not overcrowded. On the contrary, the hospital has excess capacity. Any renovation plans should contemplate *_lowering_* the height of the building rather than raising it.

The proposal won't benefit the community. It's unlikely to even benefit Northwell Group's stakeholders. The organization seems to be run exclusively for the benefit of management. The expansion plan is clearly a vanity project for the top executives. Northwell Group is technically a 501(c)(3) non-profit, but the CEO pays himself over $4 million a year, and there are an additional 15+ executives getting paid over $1 million a year.

Northwell Group's mission statement is "to improve the health and quality of life for those we serve by providing world-class service and compassionate care." The only people this proposal serves (and improves quality of life for) are the wealthy elites on the executive team.

Management needs to think about the community at least a little bit. The proposal will in fact hurt the community Northwell purports to serve and decrease the quality of life in the neighborhood. The proposed building plan might be suitable for a commercial area in midtown but not for a low-rise residential area. The current plan will have deeply negative impacts on livability of Lenox Hill. Again, if the hospital needs renovation, by all means, but contemplate a size that is appropriate to the need, considering that there is already excess capacity at LHH.

City Planning should require the applicant to present an as-of-right alternative and alternatives that mitigate other severe impacts, including construction, land use, public health, community character, and shadow impacts, at the very least.

Also, please look closely at the environmental impacts as put forward by CPOLHN and its advisors. I urge you to take a hard look at alternatives to this proposal, including no rezoning.

To reiterate, I am deeply concerned about this project and the negative impacts it will bring to Lenox Hill and other parts of the city.

Thank you for your time and consideration.

Sincerely,
Nick Reece

__
Nick Reece
[redacted]
cell: [redacted]

From: Gail Hunt Reeke <[redacted]>
Sent: Monday, March 13, 2023 11:14 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Expansion Plans

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To Whom it May Concern

The proposed expansion of Lenox Hill Hospital is completely out of proportion with the residential neighborhood as it currently stands.
There are already large hospitals nearby, and it would make more sense to build or expand somewhere else, where the need is greater and where the zoning laws are not being seriously upended. Lenox Hill's plans are a travesty that will have an impact the entire Upper East Side, not least if a change in zoning regulations creates a precedent for more egregious violations of the neighborhood scale.

Sincerely,

Gail H. Reeke
430 East 63rd St.
[redacted]

From: David Reid <[redacted]>
Sent: Monday, March 13, 2023 4:45 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Redevelopment

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To whom it may concern

NYC Department of City Planning

I am writing in response to the proposed redevelopment of Lenox Hill Hospital.

Where I live

I have lived for over thirty years at 131 East 74th Street, in a brownstone on the northside of the street between Park and Lexington Avenues.

The proposed development

The proposed development at Lenox Hill Hospital is out of scale and proportion to the site and the neighborhood for the following reasons:

1. Lexington Avenue is a narrow avenue and the buildings in the area are 10 to 15 floors. The proposed tower will be 40 floors and over 436 feet tall. It will occupy almost half the block from Lexington towards Park Avenue between 76th and 77th Streets. It will be a massive monolith oppressing Lexington Avenue and the immediate neighborhood. A mid-rise building extending across the whole block would be more appropriate than one weighing down one end of the site.
2. By locating the subway entrance, the emergency entrance and the main entrance of the hospital on Lexington between 76th and 77th Streets will create greater pedestrian and traffic congestion than the current layout or a new plan that places greater separation between these busy entryways. Having so many entrances and egresses on Lexington Avenue will create traffic congestion and hazard.
3. The size and scale of the Lexington tower changes the character of the neighborhood, which is predominantly residential. Yes, there are “institutions” there but they are predominantly houses of worship (some with pre-K and elementary schools attached) or schools in low-rise buildings dispersed and embedded in the community, with a different schedule and intensity of use, as compared to a hospital with an emergency department. The hospital tower on Lexington is not only grossly out-of-scale with its neighbors, but also out-of-synch with the community.
4. The height of the Lexington Avenue tower will block the view of the sky from the rear of our house. The rear of our house is currently surrounded by medium-height apartment buildings with the exception of the view to the north through a gap between two apartment houses to the Classical-style garage at 115 E. 75th Street, and beyond to the blue sky above the current Lenox Hill hospital buildings. That sky would be filled by the tall tower of the new hospital building.

It is obvious there will be enormous noise, pollution and other disruption during the extended construction. That price of progress is worth paying if the result justifies it. The Lenox Hill proposal looks like a design born of desperation – “let’s

just dump a big tower on the Lexington half of the site and be done with it". As a house of healing and respected healthcare institution, Lenox Hill Hospital deserves better – and so do we in the neighborhood.

Thank you for your attention.

Sincerely

David Reid

--
David Reid



From: Shirley Romig <[redacted]>
Sent: Monday, March 13, 2023 11:17 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Testimonial from a Resident in Lenox Hill

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Dear Department of Planning:

I am a resident at 135 East 74th Street. I am two blocks away from the proposed Lenox Hill hospital expansion. We have live on this block for nearly 10 years. In recent years, what has become unbearable is the amount of traffic Lexington Avenue sees, directly due to all of the construction. Specifically in this Lenox Hill hospital area, there is effectively ONE lane for cars, and one lane for the bus because the other lanes are taken up by double parking and construction staging all the other times. This makes traveling on the street with young children, difficult, if not downright dangerous to constantly be watching out for swerving vehicles, dodging road closures and the amount of incomprehensible noise that comes from the construction.

Furthermore, there are several schools right near the hospital (Buckley School K-8 on 74th between Park and Lexington, Resurrection Episcopal Day School at 119 E 74th which is a preschool, Allen-Stevenson K-9 at 78th and Lex, and Wagner Middle School on 76th and 3rd avenue.). There are thousands of children in the neighborhood crossing the streets, breathing this air. What can the city do to insure that dangerous cancer causing agents do not get into the air and poison our three-year olds on their way to preschool every day? How do we ensure that a main avenue, Lexington, actually stays functional when we are already down to effectively ONE LANE of non-bus traffic? We are not talking about a couple of years here, we are taking 11, but likely even more years of living in a construction zone for a building that is 3-10 times the size of their neighbor buildings. **That is 4000 plus days of hardship and actual physical danger for the tens of thousands of people that live or work here every day.**

If this 11-year monster project is allowed, this would mean for 11 years (and most likely more because we know all construction end late, never have I ever seen a construction project end early or even on time.), children from babies to teens will need to walk through debris, loud construction during their school hours, which will make it difficult if not impossible to learn. They will also be breathing in potential toxic air from the asbestos that is indisputably in the old building at Lenox Hospital. How can you let this happen to the children of this city? How is this equitable to all the children who are trying to learn and thrive if they are living with an endless construction projection of a massive scale meant for Midtown Manhattan, not a historical neighborhood district?

We all know the reason why Northwell wants to build this hospital is **not** for 'patient interest'. We all know Northwell wants a crown jewel in the middle of Manhattan. But, if this project is allowed to proceed, this will be an unforgivable injustice and inequity to not just the people in the immediate neighborhood trying to live a quality of life, but to the outer borough residents who can actually use a state of the art hospital to improve their quality of care. The upper east side does NOT need yet another fancy hospital. The elderly, disadvantage or patients that don't live on the UES do NOT benefit from this Lenox Hill expansion. People simply do not benefit from this hospital if they don't live near by. They want quality hospitals in the community they live in. Traveling far distances should NOT be something they need to deal with in addition to the ailments that bring them to seek care.

If NYC City Planning and Northwell actually cares about doing the RIGHT THING for your community as you say you do, the best thing Northwell can do is to look for here communities are actually underserved, and invest there. Investing billions in already a wealthy neighborhood is a total smack in the face to the under served, BIPOC residents that can use this level of care. It is saying to these people "We only care about rich people, the rest of you fend for yourselves." That is so deeply unfair that I don't know how City Council and City Planning can look at New Yorkers and say that is good for the city and our residents.

If NYC truly cares about equity as it says it does, it would start right now to look at equitable access to healthcare of BIPOC patients in their communities, so they can get high quality care without needing to travel an hour in the subway to get there, each way.

I implore you to do they right thing and consider the destruction to the neighborhood, quality of live, learning loss, and physical danger this monstrous project will put tens of thousands of people and children in every day for over a decade if this project is allowed to go forward in its current forum. All this for single occupancy rooms a decade from now? Is it really worth it? Can you honestly answer to New Yorkers who can ACTUALLY benefit for this level of care in Brooklyn, Queens, The Bronx, and Staten Island? Can you say how THIS benefits THEM publicly? I don't think so.

Sincerely,
Shirley Romig
[redacted]

From: Susannah Rose <[redacted]>
Sent: Monday, March 13, 2023 2:10 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] STOP Northwell Health's Massive Development Project

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Dear NYC Department of City Planning,

I live on East 78th Street and I am very strongly opposed to the development plan currently proposed by Northwell Health for Lenox Hill Hospital between 76th and 77th Streets. The proposed building dramatically exceeds current zoning standards, and would irreversibly destroy the character and nature of residential neighborhood if the building was to be built.

The enormous condominium and hospital tower do not comply with current zoning and if allowed will permanently destroy the primarily residential character of the neighborhood, while further congesting and overwhelming the resources available in the community. The area wold no-longer be a quiet residential neighborhood and instead would grow to resemble a bustling, high-density, mid-town business district.

Increasing the size of the hospital will not benefit residents, but will attract patients and visitors from outside the neighborhood, and outside the city. The increase in visitor activity will result in significantly increased congestion, related traffic, noise, and trash, all of which would negatively impact the environment. This primarily residential neighborhood cannot sufficiently sustain the increased congestion, and increased activity which would result from this gross over-development. The existing zoning laws were developed and implemented to prevent these exact problems by discouraging too much density and congestion, and should not now be ignored or re-written to promote excessive density and congestion in our neighborhood. While the entire City is actively taking steps to reduce congestion, increase open space and improve quality of life, Northwell Health is asking this neighborhood to increase density and congestion for the hospital's benefit, while ignoring the impacts to and rights of it’s neighbors.

This plan ignores all of the stated goals of the NY City Council in the the "Speaker’s Planning and Land Use Guidelines”, which states the City is seeking to “elevate the role of planning in the land use process”, and wants to "ensure equitable economic development, increased affordable housing, while improving open space and streets, and ensure equitable access to health care in all neighborhoods". By enlarging the existing hospital in an already privileged neighborhood, that is already over-saturated with medical services, and experiencing robust economic activity, other disadvantaged neighborhoods are loosing out. This proposal fails to further these stated objectives of the CIty Council, neglecting other disadvantage neighborhoods in need, and will simultaneously result in permanent damage to the existing historic residential neighborhood. In this regard, I do not know who this project will benefit other than Northwell Health.

Please reject Northwells’ request for re-zoning, and in doing so further the City Council’s stated objective to “ensure equitable access to healthcare in all neighborhoods” while helping to prevent further congestion in the city.

Sincerely,

Susannah S. Rose
106 East 78th Street
New York, NY 10075

From: Brandon Rose <[redacted]>
Sent: Friday, March 10, 2023 12:07 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] STOP Northwell Health's Massive Development Project

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Please reject Northwells’ request for re-zoning, and in doing so further the City Council’s stated objective to “ensure equitable access to healthcare in all neighborhoods” while helping to prevent further congestion in the city.

Sincerely,

Brandon Rose
106 East 78th Street
New York, NY 10075

From: Peggy Rosenblatt <[redacted]>
Sent: Monday, March 13, 2023 4:45 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Support for Lenox Hill Hospital

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Greetings - I am writing in support of the proposed Lenox Hill Hospital renovation project. I have lived in the Community Board 8 area on the Upper East Side for over 50 years and I currently reside at 60 East End Avenue.

My children were all born at Lenox Hill Hospital and I have been a patient there several times for various surgical procedures, including a one week stay in 2021 following spine surgery. While the quality of the nursing and medical care I received while in the hospital was excellent, I can personally attest to the need for an updated facility. The proposed improvements - including the need for all private rooms - clearly make sense to me as a patient.

While many people have been fortunate enough not to require in-patient care, if they should I would expect they would come away with the same same feelings. I found it quite unfortunate that many of those speaking at the recent hearings did not understand that what the hospital is proposing are not luxury hotel accommodations but practices that are the current standard of care.

While the immediate neighbors are not unreasonable to express some concern regarding the potential short-term impacts from construction, I think that opposing the proposed improvements for these reasons is equally short-sighted. New York is a dynamic environment and a growing city and accepting the NIMBY attitude would prevent any new development. In the last 5 years, I have experienced a new school built immediately adjacent to my building, another new school addition a block away and two new apartment buildings within two blocks on East End Avenue. Although this very quiet residential neighborhood was “subjected” to short-term construction impacts, the end result is an enhancement and well worth the limited inconveniences.

I also note that Lenox Hill Hospital is a very good neighbor in so many ways. At the Third Avenue Street Fair, they annually give out 1,000 bicycle helmets which protect cyclists in the neighborhood from potentially fatal or seriously life changing accidents. The hospital provides clothing so that any patient who comes in without suitable clothing can receive what they need to be discharged appropriately. The Hospital also supports a primary care clinic at the women’s shelter at the Park Avenue Armory to provide medial care for the homeless, undocumented or those otherwise in need of primary care. Through the Center for Attention and Learning Disorders, the hospital provides a unique educational program for New York City children struggling with attention and learning disabilities.

The statistics presented clearly show that Lenox Hill Hospital serves more than just an affluent group of some on the UES and adds much to the community. Preventing the proposed improvements will be a significant loss for all.

Sincerely,
Peggy Rosenblatt

Sent from my iPad

From: Rowe, Paul K. <[redacted]>
Sent: Monday, March 13, 2023 3:49 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell
Attachments: Letter-3 (Formatted like Firm Letter).pdf

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Thank you in advance for your cooperation and assistance.
==========

Paul Rowe

I write this letter to offer my testimony with respect to the proposal by Northwell to build a tower -- literally a behemoth of a building -- on its property located on Lexington and Park Avenues between 76th and 77th Streets.

I have been a resident of the neighborhood since 1986. I have taken the subway from the 77th Street stop to my office on 52d Street for much of that time period.

I strongly oppose this proposal for the reasons stated below, and I hope the planning commission will reject Northwell's plan, or require it to be reduced in size and impact on the community.

THE FUNDAMENTAL PROBLEM

The root of the problem with the Northwell Tower is that is imposes a large-hospital model on too small a piece of property, and places it into a locality whose streets and sidewalks are not equipped to handle the additional burdens the tower will impose. Large hospital complexes require special access for ambulances and other vehicles conveying patients from nursing homes.Such complexes require large and frequent deliveries of medical chemicals. None of New York's major hospitals -- Weill Cornell, Mount Sinai, Columbia-Presbyterian, NYU Langone -- try to shoehorn their facilities into a single block.

All of them follow a "campus" approach. All these campuses are located at the edge of residential communities, not smack in the center. Thus Weill, Columbia, and NYU are next to the city's East River boundary, and Mount Sinai faces Central Park.

Northwell simply doesn't have the real estate to do what it wants with the parcel of land that it owns.Too bad for Northwell's ambitions. Our local community should not have to pay the price for Northwell's attempt to enter the big leagues of the large-campus hospitals.

Northwell's Lenox Hill facility is a historical anomaly. So long as it retains its current size, the neighborhood can and must live with it. But turning this Northwell property into a vertical version of the large-campus hospitals will overburden, if not destroy, the Lenox Hill neighborhood.

CONGESTION IMPACT

The 77th Street stop of the subway is already over-crowded during morning and evening rush hours. This enormous tower will push crowding over the edge.

The streets and sidewalks surrounding the tower will become virtually impossible for ordinary pedestrians to use, given the enormous increase in foot traffic, Uber and car traffic, ambulance traffic etc. the tower will create.

Due to the congestion the tower will cause, I think the only local businesses that will survive in the radius of the tower will be fast-food outlets. This will reduce residents' ability to shop in their own neighborhood, and damage the character of the neighborhood.

AESTHETIC CONSIDERATIONS

The tower Northwell wants is out of place visually. It will block sunlight and stand out like a sore thumb. If it is permitted at all, its height should be reduced.

* * *

I thank you in advance for your consideration of these and similar criticisms my neighbors submit to you.

Sincerely,

Paul Rowe
840 Park Avenue,
NY, NY 10075

From: Patricia Rung <[redacted]>
Sent: Monday, March 6, 2023 4:46 PM
To: 23DCP079M_DL
Cc: Stephanie Reckler
Subject: [EXTERNAL] Proposed development of Lenox Hill Hospital

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Greetings from a concerned longtime resident of the Upper East Side, East 79th Street between Lex and Third. While it is true that Lenox Hill Hospital needs improvement and modernization, this plan is excessive and will not serve the community or NYC. This could be designed in a much smarter and smaller-scale way if Northwell Health would go back to the drawing board and radically rethink their plans. The advantages that are emphasized in the presentations Northwell has done are primarily for themselves...to build their "brand." The years of degraded environmental factors, traffic and quality of life to our many residents cannot be justified. I worked for many years in hospital administration in San Francisco. Over the last several decades the trends have been away from inpatient acute care to ambulatory short stay facilities. Northwell itself recognizes this in the large Third Avenue site they're developing on Third Avenue, another huge and years-long construction project in our neighborhood. Please do not approve this plan as currently submitted.
Sincerely, Patricia McAndrews Rung
180 East 79th St, Apt [redacted], New York, NY 10075 [redacted]

Sent from my iPad

From: [redacted]
Sent: Friday, March 3, 2023 11:23 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital

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I shall keep my comments brief.

I watched this week's Northwell presentation with astonishment and, of course, no surprise. It was an insult to the residents and other inhabitants/visitors of this jewel of a neighborhood.

When Lenox Hill Hospital first began to grow on the Upper East Side, the surrounding streets were primarily simple brownstones, many of little consequence. Witness the hospital's ancient, decrepit slum still standing on the corner of Lexington and 76th street. The original hospital buildings even pre-date the Park Avenue apartment buildings. As New Yorkers moved uptown, the area around the hospital improved significantly, and it is now one of the finest neighborhoods in New York City. The hospital continued to grow as well, for the most part within the zoning rules of the area and in consideration of the neighborhood. The large, tall, massive hospital buildings going up near the East River, along First and York Avenues did not appear on Lexington or Park. AND THEY SHOULD NOT!

In a way, I am sorry to say, Lenox Hill Hospital is in the wrong place at the wrong time. Everything around them has changed and they feel that we need to adapt to what THEY want. But it is the other way around. When the hospital spoke about the new project improving the street life on Lexington, I couldn't help but say to myself - 'You have got to be kidding!'

Like so many residents, I have used Lenox Hill Hospital. I am not against them being where they are and they should have the right to improve their buildings. But if they want to explode their size and truly help New Yorkers in areas of true need, they should buy a huge plot of land in Harlem, or the Bronx or Astoria, and build a state-of-the-art facility.

The proposed monster has no place between 76th and 77th street. It is as simple as that.

Alan E. Salz

From: Martie Samek <[redacted]>
Sent: Monday, March 13, 2023 8:42 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] No to Lenox Hill Hispital Expansion!

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While acknowledging and having had firsthand experience that Lenox Hill Hospital can give excellent, life-saving treatment, the proposed skyscraper addition is both unnecessary and inappropriate for this beautiful Upper Eastside historic district.

Is there consideration that the city needs to destroy this neighborhood to become another major medical center in the city? It would seem with all the recent acquisitions of buildings and the new construction on third Avenue that there is a plan to make this Medical Center. This is particularly frightening for the real estate values in this neighborhood that does not seem to be a consideration.

ENTITLEMENT:
While hospital officials during the public hearing acknowledged that they want to be good neighbors, the hospital does not exhibit that currently. Ambulances spread to every open space on 77th St., and up and down on Park Avenue spewing fumes as engines idle, sometimes for hours on end. The only way for residents at 863 Park (with entrance on 77th St.) have any hope of getting into the building with suitcases or packages is that the building has put out orange cones . Ambulance drivers have been known to move those cones which is really appalling when the space is then taken by an ambulance sitting there idling for lengthy periods of time. There seems total disrespect.. and yes, entitlement that the hospital, their employees can do anything they wish in this neighborhood.

Sometimes that includes spreading at lunch on the steps of local buildings before being politely asked to find another place. There seems to be no place for employees to go to rest other than to stand on 77th St., opposite the hospital, smoking, throwing their various assortments of butts, cups, masks, surgical caps, and other debris. It is disappointing to see groups of hospital employees standing in front of no smoking signs, smoking away and then throwing the butts on the sidewalk!

Further, In terms of being good neighbors, I would question the initiation of the hospital's valet parking service business on 77St which is already dangerously clogged by ambulances and taxis.

77th St. is congested and dirty! Often it is virtually impassable for significant amounts of time. While not an isolated experience, only yesterday, while crossing 77th Street in a taxi , we waited more than 10 minutes for the street in front of the hospital to clear enough for the taxi to get through. Ehile waiting there was a an ambulance directly behind us, blaring its deafening siren and pushing to get through.

Lenox Hill Hospital has put his tentacles into this entire neighborhood with the new building on third Avenue. Using this and the other buildings it has acquired, it would seem that there is adequate space for the hospital to continue operating effectively.

It is disappointing and discouraging that this lovely neighborhood has the potential to become a major medical center.

Generally, there is a lack of trust of respect and trust of Lenox Hill Hospital. For example, the Hospital talks of demolishing the town houses on 77th St. to store equipment and then to run a tunnel under the street. What is the guarantee that such actions will really take place? Has the city approved a tunnel that would possibly conflict with sewer, water and electrical lines?

From: Martie Samek <[redacted]>
Sent: Monday, March 13, 2023 4:43 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] NO TO LENOX HILL HOSPITAL EXPANSION

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>>>> To whom it Might Concern:
>>>>>>
>>>>>> While acknowledging and having had firsthand experience that Lenox Hill Hospital can give excellent, life-saving treatment, the proposed skyscraper addition is both unnecessary and inappropriate for this Upper Eastside residential and historic district.
>>>
>>>>>> This neighborhood is already severely jammed with Hospital traffic, lack of parking hospital, hospital employee generated trash on the streets…among other challenges!
>>>
>>>>>> The skyscraper hospital project appears to be a vanity project designed to be an element and a statement in the Manhattan hospital competition! Does the tallest hospital in the hospital say anything about its quality or about its relationship to the neighborhood?
>>>>>>
>>>>>> Does the hospital need to destroy this neighborhood to build another major medical center in the city? It would seem with all the recent acquisitions of buildings by Lenox Hill/Northwell and its new construction on Third Avenue that there is a plan to make this yet another large Manhattan Medical Center. And at what cost to the neighborhood and to the health of the city.

>>> The proposal is particularly frightening for the real estate values in this neighborhood. Knowing the possible coming chaos, noise, pollution it is questionable that our apartment even at greatly reduced prices would be sellable, making us prisoners of the situation!
>>>>>>
>>>>>> ENTITLEMENT:
>>>>>> While hospital officials during the public hearing acknowledged that they want to be good neighbors, the hospital does not exhibit that currently. Ambulances spread to every open space on 77th St., as well as up and down Park and Lexington Avenues, double parking and spewing fumes as engines idle, sometimes for hours on end.

>>>>>> The only way for residents at 863 Park (with entrance on 77th St.) have any hope of getting into the building with suitcases or packages is that the building has put out orange cones . Ambulance drivers have been known to move those cones which is really appalling when the space is then taken by an ambulance sitting there idling for lengthy periods of time. There seems total disrespect.. and yes, entitlement that the hospital and their employees can do anything they wish in this neighborhood.
>>>>>>
>>>>>> Sometimes that entitlement includes spreading out lunch on the steps of local residential buildings before being politely asked to find another place. There seems to be no place for employees to go to rest other than to stand

on 77th St., opposite the hospital, eating, smoking, throwing their various assortments of butts, cups, masks, surgical caps, and other debris. It is disappointing to see groups of hospital employees standing in front of no smoking signs, smoking away and then throwing the butts on the sidewalk! How could 100s of additional workers for construction be accommodated in this noisy, crowded, congested neighborhood? Where would they park? Heat? Take breaks?
>>>>>>
>>>>>> Further, In terms of being good neighbors, I would question the initiation of the hospital's valet parking service business on 77St which is already dangerously clogged by ambulances and taxis.

>>>>>> 77th St. is congested and dirty! Often it is virtually impassable for significant amounts of time. While not an isolated experience, only yesterday, while crossing 77th Street in a taxi , we waited more than 10 minutes for the street in front of the hospital to clear enough for the taxi to get through. While waiting there was a an ambulance directly behind us, blaring its deafening siren and pushing to get through.
>>>>>>
>>>>>> Lenox Hill Hospital has put his tentacles into this entire neighborhood with the new building on Third Avenue and aquisition of other substantial real estate in the surrounding area. Using this and the other buildings it has acquired, it would seem that there is adequate space for the hospital to continue operating effectively without building a skyscraper hospital in addition!
>>>>>>
>>>>>> What the hospital says about itself, and how it portrays itself seems to be at direct variant to what actually happens. Generally, there is a lack of trust and respect of Lenox Hill Hospital. For example, the Hospital talks of demolishing the town houses on 77th St. to store equipment and then to run a tunnel under the street. What is the guarantee that such actions will really take place? Has the city approved a tunnel that would possibly conflict with sewer, water and electrical lines? How would all this affect the emergency entrance for ambulances?
>>>
>>> In short, it is my sincere hope that these considerations will be taken into account andthe hospital skyscraper will not be approved!
>>> Thank you,
>>> Marthann Samek
>>> 863 Park Avenue
>>>

From: Ed Samek <[redacted]>
Sent: Monday, March 13, 2023 5:01 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Objection to Northwell/Lenox Hill Hospital application/plan for 76/77St Park/Lexington Ave.

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The purpose of this email is to register my objection to a large majority of the plans proposed for Northwell/Lenox Hill to build/rebuild on the site of the current Lenox Hill Hospital on the block between Park Avenue and Lexington Avenue bordered by 76 and 77th St. in Manhattan.

1-they propose this work in an historic district where the zoning changes are unnecessary, and therefore an appropriate.

2-while the hospital may need an update or modernization, it's not necessary to increase its size dramatically… particularly in the middle of the corpus of the city where work, traffic, and other local conditions are inconsistent with their needs.

A few xamples of those are that 77th St is frequently totally clogged and impassable because of ambulance and other hospital vehicles combined with taxis, Ubers and others dropping off and/or picking up patients/passengers. While not an every day, occurrence, it's not uncommon to see patients on gurneys on the sidewalk, awaiting a pick up.

A larger Hospital will have greater than current need for vehicles such as ambulance, entrance/egress for patients and employee traffic and more.

The demand on the #6 77st subway, stop, already challenging snd overcrowded , will become excessive.

There's a great deal more I could comment on, but I'm sure you've heard it from others.

I would also like to point out that the hospital is disingenuous in making comments like "we're putting it all single beds." New York state requires all new hospital beds be singles. For the hospital to claim they're doing so gratuitously is just fluff and proof of their aggressive intent.

Edward Samek
863 Park Avenue

Sent from my iPhone

From: Lara Santini <[redacted]>
Sent: Friday, March 3, 2023 6:38 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Concerned about Lenox Hill Hospital Expansion

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I was not able to attend the meeting, but would like to voice my concern over the Lenox Hill hospital expansion. This expansion, which my understanding is it requires zoning changes, will fundamentally change the neighborhood including access to sunlight for surrounding buildings, traffic, and noise, without offsetting benefits to healthcare. In an area of the city that has access to several hospitals, the benefits simply do not outweigh the costs.

Further, the expected length of time the construction would take is excessive and would be a nuisance to all that call the neighborhood home. While I understand the need to do renovations, the size and scale of this project will negatively impact the community rather than contribute.

Thank you.

Regards,

Lara Santini

From: Jordan Saunders <[redacted]>
Sent: Friday, March 10, 2023 4:32 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Health's proposed expansion plans for Lenox Hill Hospital
Attachments: Jordan Saunders Testimony in Opposition to Northwell Expansion (1).pdf

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Dear NYC Department of City Planning:

My written testimony in opposition to Northwell Health's proposed expansion plans for Lenox Hill Hospital is attached.

Jordan Saunders

IVOR

& Company

Mary Jordan Saunders

Written Testimony Opposing Lenox Hill Hospital Expansion

March 10, 2023

I was a longtime Trustee of Northwell Health and am one of only 11 of its Life Trustees, and I strongly oppose Northwell's plans for expanding Lenox Hill Hospital.

For more than 50 years I lived in the neighborhood and currently own property at 130 East 75th St and 812 Park Avenue. Lenox Hill was our community hospital and has been important in my family's history. My long-standing leadership of and devotion to this hospital must first be noted to fully appreciate that I do not make these comments lightly.

Lenox Hill's proposed expansion plans are fiscally irresponsible, will cause permanent harm to this iconic neighborhood, are violative of zoning laws, and will have a detrimental impact on the environment. In short—these plans must be halted.

Borrowing more than a billion dollars and investing more than $1.5 billion on the Upper East Side of Manhattan is reckless overreach which raises serious questions about the ability of Northwell to service its debt and will be an onerous burden on patients, insurers, and the City. The staggering cost will make it impossible to deliver adequate return on investment. It is a poor and imprudent value proposition.

The Hospital proposes doubling in size to create the type of footprint that Level 1 Trauma Centers and academic health centers have, but Lenox Hill Hospital is neither. It seeks to add operating rooms despite empirical evidence that fewer operating rooms are required and has wildly underestimated the cost per square foot of its nearly 640,000 new square feet!

Compounding the bad investment decision is the chaos this project would leave in its wake.

Northwell is singularly focused on building big and offers no environmental mitigation measures to the inevitable damage it will do. No green roof to ameliorate the gasses the building will generate. Then there are the more common, and equally legitimate concerns of neighborhood residents—blocked sunlight, impeded viewsheds and material diminishment of residents' use and enjoyment of their properties. Many years of construction-related detours, and traffic jams. Construction will bring attendant noise pollution day and night, and air polluting particles will make even breathing difficult. A huge influx of people and garbage mean more garbage trucks, more sirens and permanent traffic issues—round the clock neighborhood disturbance.

Worst by far is the irreparable harm that the proposed expansion will do to the character of this iconic neighborhood. It will change the core of this historic residential New York Community into little more than a behemoth sterile medical complex with some adjacent housing.

Northwell's initial modernization and renewal plan, which may have been appropriate is gone, replaced by expansion plans that cut against the best interests of both Northwell and the Lenox Hill neighborhood. They are plans that must be stopped.

Sincerely,

Jordan Saunders

Jordan Saunders

From: Lydie Shufro <[redacted]>
Sent: Monday, March 13, 2023 4:38 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Expansion project
Attachments: Lydie T.docx

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Lydie T. Shufro
885 Park Avenue, [redacted]
New York, Ny 10075

March 13, 2023

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

Dear Ms. Shellooe

I am writing to voice my strong opposition to the revised plan presented by Northwell Health for Lenox Hill Hospital Expansion at the Committee Board 8 meeting on February 28, 2023. I have lived at 885 Park Avenue since 1985. My building occupies the northeast corner of Park Avenue and East 78th street. My apartment faces south on 78th street, between Park and Lexington avenues and I have a direct view of Lenox Hill Hospital on East 77th street.

I understand that Lenox Hill Hospital that was built at its current location over 150 years ago, with subsequent additions, needs to be updated.

I have followed the Northwell Health proposals for Lenox Hill Hospital Expansion since they were first presented to the community at the CB8 meeting in March 2019. The latest revised plan presented on February 28, 2023, despite some changes, is still unacceptable.

Many issues remain that are cause for concern.

- **The anticipated duration of 11 years for the Project is unacceptable.** This project already has had a negative impact for the local since 2018, and there is no date yet for when the actual work will start The life in the community has been disrupted since 2018 by the demolition of several buildings in the area, on Lexington, Third Avenues , and as far as First Avenue, leaving gaping craters in their place, and as a result, several important retail businesses in the area no longer exist. Among these are restaurants such as **Haru** for Japanese food, or **Atlantic Grill**, the only seafood establishment in the area, both patronized for years by local residents and their families.
- **Concern about the air quality during the demolition of buildings with asbestos, as well as by dust generated during construction for both in and outpatients since the hospital expects to be remain in operation , and for local residents.** About 15 years ago I suffered serious upper respiratory problems that, after a multitude of tests and consultations with pulmonary specialists were attributed to work done on the façade of the building across the street , on the south side of 78th street. Although I kept my windows closed, the fine particles of dust still penetrated into my apartment. They were also present in the air outside. I still have a chronic residual cough. So, I have real

concerns about the air quality during the demolition phase of buildings with asbestos. How will the patients in the hospital be protected? How will the local residents be protected?

- **Congestion in the area:**
    1- The probable closure to local traffic of East 76th and East 77th streets during both demolition and construction phases will not only impact residents on the south side of 76thstreet and the north side of 77th street, but will no doubt add to the congestion on other side streets.
    2- Where will the dumpsters collecting the debris, be located?
    3- Where would the trucks carrying debris be parked and because of normal traffic both on Park and Lexington Avenues during the day , would they be loaded at night? And would they drive through as the ambulances do, on East 78th street between Park and Lexington Avenues to reach the hospital?
    4- Will the ambulances be still discharging patients on 77th Street.
    5- <u>6 new ambulance bays</u>: will the new ambulance bays be built so the patient can be discharged inside the hospital, thus entering on west bound 77th street and exiting on 76th street?
    6- <u>Receiving bays:</u> The plan calls for adding 4 receiving bays to the 3 already in existence on 76th street. Where would the new receiving bays be located? Where would the building materials be stored?
    7- <u>New 77th street southbound subway entrance:</u> The original presentation in March 2019 mentioned a new subway entrance on Lexington Avenue, and the widening of the sidewalk on the west side of Lexington Avenue that would lead to the loss of one of the traffic lanes. Taking away another lane would leave only one functioning lane for normal flow of downtown traffic. This would add to the circulation nightmare for traffic on Lexington Avenue, already troubled by gridlock because of the dedicated bus lane and double-parked delivery vehicles; it would also lead to an increase in the noise level caused by impatient irate motorists blowing their horns. This is not acceptable.
- **Parking:** there is already a serious problem for parking in the area. Currently there are less than 10 spots reserved for doctors to park on Park Avenue, and no parking garages for hospital visitors and ambulatory patients in the immediate vicinity. Will the expansion plan include an underground garage on the premises?
- **Hospital beds and Private room**s: The plan calls for no more shared rooms. Currently there are 172 beds in single rooms and 278 beds shared rooms for a total of 450 beds in 311 rooms. After construction, there will be 475 beds in single rooms , therefore an addition of 25 beds, with a new total of 475 rooms, an addition of 164 rooms….. This seems to be way out proportion.

- **In conclusion: Why should this project not go ahead as proposed and take 11 years?**

In recent years there has been a great change in the delivery of medical services with the advent of hospital connected satellite clinics.

With the advances of technology and telemedicine, fewer patients go to a hospital for treatment of issues that do not require an overnight stay. Instead, they often chose to go to a local satellite clinic connected to the hospital where a large number of tests , as well as certain medical and surgical procedures can be performed on ambulatory patients. These clinics are well-staffed and offer excellent medical care. They played an important role during the Covid pandemic for patients with mild medical issues who did not want to be in a crowded hospital emergency waiting room, in close contact with seriously ill people.

Most people who are admitted to hospital as in-patients are those scheduled for major surgery and post-op observation and recovery, maternity patients, emergency cases, following car accidents and sadly enough, shootings. Patients want to go home as soon as possible after treatment., when it is safe for them to do so. For the majority of hospital inpatients, the length of their stay is dictated by their insurance company. As a rule, maternity patients are discharged the day after delivery, except for those who deliver by C-section and are ”allowed” to stay up to 5 days!

Since many procedures and treatments can be provided to ambulatory patients in local satellite clinics, fewer facilities offering these services in a hospital setting would be needed. This would help reduce the size of the new footprint without affecting the expansion and upgrade of operating rooms and affiliate labs, and the modernization of hospital rooms. I understand and I am not opposed to providing inpatients with private rooms. But, is there a need for these rooms to be as large as luxury hotels ?

I am grateful to the staff of Lenox Hill for their selfless service during the pandemic. Yes , I am not surprised to hear that during that period the hospital provided care to patients from other areas of the city. I still get emotional thinking of the “seven o’clock banging” every evening, during the pandemic, a loud daily reminder to thank the staff.
Why not offer to build new satellite facilities in those areas, where they are sorely needed. Not only would this greatly benefit these outlying areas, but it would also eliminate the stress that I and my neighbors are experiencing because of the untenable grandiose plan of expansion for Lenox Hill Hospital offered by Northwell Health, with total disregard of the needs of the local community.
Sincerely,
Lydie T Shufro

From: Stephanie Sigler <[redacted]>
Sent: Saturday, March 4, 2023 9:42 AM
To: 23DCP079M_DL
Cc: Brent Gdula
Subject: [EXTERNAL] Re: lennox hospital

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> On Mar 3, 2023, at 3:27 PM, Stephanie Sigler <stephanie.sigler@gmail.com> wrote:
>
> Please take this email as testimony that we are very opposed to Lennox hill building a tower in a residential area. It is both unnecessary and unwelcome by the community.

From: Charles Silber <[redacted]>
Sent: Friday, March 10, 2023 2:51 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Construction

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To whom it may concern

The current plans to dramatically expand the footprint of Lenox Hill Hospital by building a tower so much taller than neighboring buildings will adversely change the nature of our historic neighborhood.

Sincerely,

Charles Silber
830 Park Avenue
New York NY 10021

From: Alexandra Silber <[redacted]>
Sent: Sunday, March 12, 2023 12:51 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Opposition to proposed plans

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To whom it may concern,

I have lived on the Upper East Side of Manhattan my entire life - and between 73rd Street and 76th Street in particular. I currently live across the street from Lenox Hill and have benefitted from the sun that comes streaming into my apartment due to the low height of Lenox Hill as it is currently designed.

But my extreme concern is more than just personal; I am worried about the neighborhood as a whole. The new structure will be ruinous for our neighborhood; the tower will cast a monstrous shadow across the neighborhood, thousands of us will have to endure the constant noise and pollution that comes with a massive construction site - and this will last for years. Moreover, 76th street is not a commercial district or an area with mainly pied-a-terre apartments - on the contrary: 76th street is at the heart of the most residential of areas of the upper east side.

And I know I am not alone in feeling great upset and angst about the proposed plans. Even though the Park Avenue tower has been thankfully abandoned, the Lexington Avenue tower will be just as ruinous for all residents.

I implore you to reconsider this monstrous project and to leave our neighborhood as it is: peaceful, quiet and sunlit.

Thank you,

Alexandra Silber

From: William Silver <[redacted]>
Sent: Thursday, March 9, 2023 2:49 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Lenox Hill proposed plans

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To whom it may concern,
I am a resident of the upper east side , living at 76th street and Park Avenue, I am astounded at the idea that a 400foot+ tall building is being considered for my neighborhood.
The shadow will remove whatever sunlight I have enjoyed for the past 50 years and the plantings in the center of Park Avenue and in front of my building will wither.

Why is the project necessary? The upper east side is more than well served by major medical facilities. This seems like an ego play for Northwell when they should be identifying a
neighborhood more in need.

Lastly, preserving historic districts has always been a priority of NYC. This project would put us on a path to destroying all that we have tried to preserve. It will be referred to as the ideal
precedent for many future projects.

William Silver
Managing Member
MNS International , LLC
110 East 42nd St. [redacted]
New York, NY, 10017

From: Ruth Silverman <[redacted]>
Sent: Thursday, March 9, 2023 1:15 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital

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What an advantage to have a hospital if this value in our neighborhood
It adds comfort to new babies, the greatest of er which I can attest to. And high value physicians performing state of the art operations. It gives me joy that I have been on the Auxiliary for many years
I will always work to support this wonderful hospital
Ruth Silverman member of hospital auxiliary

From: [redacted]
Sent: Monday, March 13, 2023 4:08 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital/Lexington Avenue proposed project
Attachments: Lenox Hill Hospital.docx

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To whom it may concern,

Attached, my letter of opinion about the proposed Lexington Avenue Lenox Hill Hospital project. Thank you for your consideration.

Thank you,

Tom Smajlaj
Resident Manager
885 Park Avenue
NY NY 10075
[redacted] v
f

This transmittal and / or attachments may contain confidential or privileged information. If you are not the intended recipient, you are hereby notified that you have received this transmittal in error; any review, dissemination, distribution or copying of this transmittal is strictly prohibited. If you have received this transmittal and/or attachments in error, please notify me immediately and delete this message and all attachments.

Good afternoon, ladies and Gentlemen,

My name is Tom Smajlaj. I not only have the privilege of living within a block of Lenox Hill in this beautiful neighborhood, but I also work as a Resident Manager of the very same building I live in. I have been here for the past 19 years and have lived on the Upper East Side for 50 years, within walking distance of Lenox Hill Hospital.

Both of my children were born in Lenox Hill Hospital. We had a wonderful experience for both life events. At the time, I did appreciate having a hospital so close to where we live.

I have watched Lenox Hill/Northwell Health grow beyond their original location throughout this neighborhood. Never could I have imagined the day would come where that growth would lead to a severe disruption to the neighborhood I love so much!

The proposed building for Lexington Avenue would have a very severe and negative impact to this area. Already, we are burdened with constant deliveries to locations across the street from the proposed building site, namely Starbucks and Walgreens. Now we are forced to endure a supposed eleven year project because Northwell wishes to continue health services at their current location. Lexington Avenue has become a one lane street due to bus and bike lanes but also the constant and never-ending double parked cars and trucks. This is an impossible project that does a disservice to the homeowners in their own neighborhood so as not to inconvenience Lenox Hill Hospital. There is simply no way that this project can be completed in the time proposed with the current conditions of this area. A 400+ foot structure is unimaginable here with nothing in the immediate area even remotely as tall.

Northwell now has a site on third avenue. I believe this site would be ideal for their main hospital. A tall structure would fit well in this area. Third Avenue is a very wide street that's more than twice the width of Lexington Avenue and considerably wider that both 76th and 77th streets. This site can and should be developed and built while still maintaining operations at the current hospital. Once that site is completed, services can be transferred to the new location. The old location, in its entirety, the complete square block, should then be demolished. This will allow heavy machinery and equipment to operate within its own footprint, greatly reducing the stresses to the surrounding homeowners. In this location, structures should be built at a smaller scale to fit the neighborhood better. Finally, this will also greatly reduce the time to completion.

Lenox Hill Hospital has outgrown practical use of the area surrounding it. 76th street and 77th street are too narrow and Lexington Avenue is even worse. Building this behemoth on Lexington is simply not for this neighborhood and not something those with homes around it should endure for the next eleven, but most definitely more, years.

A comment made several times during a recent Video conference call with the Northwell Health team struck me as very dishonest. The comment was, This Is Our Home and We're Not Going Anywhere. I believe there has been a hospital in the original location for 160 years or so. I can say without a doubt, it has never been and never will be your home. It has always been your place of business and always will be. This is the home of those surrounding you where you happen to be conducting your business.

Lastly, to my brothers and sisters in Local 79, I too am Union, being a member of Local 32BJ for over thirty years currently. I can tell you Lenox Hill Hospital among other hospitals, is a place I can no longer go to for health services. My Union has told its members that Lenox Hill services can no longer be utilized because they did not negotiate fair charges with us. If we were to use their services, there would be no coverage by our Union. Also, please realize the only reason Northwell has made a commitment to Union labor is because they would rather not have a two story inflatable rat at their construction site.

I thank you all for taking the time to read my story about the neighborhood and its people I care very deeply about.

Thank you,

Tom Smajlaj

885 Park Avenue

New York, NY 10075

[redacted]

From: Sarah P <[redacted]>
Sent: Monday, March 13, 2023 10:17 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Expansion Plan in Lenox Hill - Opposed

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Dear Chair Garodnick and Commissioners,

The Northwell Health expansion far exceeds the needs of the community and will have a negative lasting impact on the neighborhood of Lenox Hill, which aside from residents is made up of local churches and schools. Please deny this application.

Sincerely,
Sarah Smith

From: Debbie Socolar <[redacted]>
Sent: Monday, March 13, 2023 5:00 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Fwd: comments on Lenox Hill Hospital proposed construction project

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---------- Forwarded message ---------
From: **Debbie Socolar** <[redacted]>
Date: Mon, Mar 13, 2023 at 4:53 PM
Subject: comments on Lenox Hill Hospital proposed construction project
To: <[redacted]>

March 13, 2023

To: Stephanie Shellooe, AICP Director
Environmental Assessment and Review Division, NYC Dept. of City Planning

From: Deborah Socolar, MPH - [redacted] (Manhattan resident)

RE: Northwell proposal to expand and renovate Lenox Hill Hospital

Dear Director Shellooe:

Thank you for this chance to expand on my oral comments offered at your recent hearing. I have worked as a health care policy analyst for many years, am a health justice advocate with several organizations and an upper Manhattan resident -- and years ago, an intern in the Queens office of the City Planning Department.

I urge the Department to disapprove, or to recommend greatly downsizing, the extravagant and mostly unneeded project that Northwell has proposed for Lenox Hill Hospital. This project would expend huge sums to improve and slightly expand a hospital in an already amply-bedded community, the one in New York City that least needs additional hospital resources. **If New York permits this, city policy and Northwell would be worsening the existing enormous inequities that prevail across NYC in terms of access to hospital care.**

The pandemic has intensified -- and increased awareness of -- the vast disparities in hospital capacity and other hospital resources in New York City. The wealthy Northwell system should be pushed to invest much more in gravely underserved areas of the city, including particularly in Queens and Brooklyn, closer to its main base on Long Island.

Apart from the construction's prolonged and predictably severe disruption to the neighborhood, **it is clearly an inappropriate project given that City Planning's assessment criteria for evaluating projects include socioeconomic impact on neighborhood character.**

A predominant feature of this neighborhood's character is its wealth. While it certainly has middle class residents, many are highly-paid upper middle class professionals and business people -- and, further, the Upper East Side of Manhattan is well recognized as one of the 2-3 wealthiest parts of New York City. Few data gathered in the United States capture information on wealth, but median household incomes in zip codes 10021, 10028, and 10075 are all reportedly above $100,000 -- and housing/condo sale prices in the area help reveal the astonishing wealth that is far from rare on the UES.

It's important to note, of course, that there are also poor people on the Upper East Side -- recent estimates put the UES poverty rate at 7 percent. But that is well below the citywide average, and far, far below the prevalence of poverty in some NYC neighborhoods.

This proposed project would predictably skew even farther towards the wealthy the hospital, its patients, and commercial services catering to its patients and visitors.

The predominant feature of this hospital's patient population is also wealth. Medicaid cover**s nearly half of New York residents, but only about 3% of Lenox Hill inpatients** (one in every 33) have Medicaid.

Although several Harlem residents praised the project in your recent hearing, Lenox Hill -- which has been determined by the Lown Institute to be **the 2nd least racially inclusive hospital in New York State** (and the 9th least racially inclusive hospital in the United States), apparently does not serve many Harlem residents.

This project's predominant impact would be to make Lenox Hill even more a hospital for wealthy, well-insured, white and world-traveling patients.

That would also skew the neighborhood and local businesses even more to catering to wealthy visitors. Northwell apparently hopes to win prestige and rich international donors with this huge, glossy tower -- rather than benefiting the surrounding community.

Inequities in New York City would be widened if the city approves this project.

The pandemic has illuminated and worsened New York's severe health and economic inequities. Yet this is how Northwell proposes to use its vast resources, even though Northwell has a base in Queens and Brooklyn -- both enormously diverse and extremely short of hospital capacity.

Consider the hospital bed supply by borough in New York City. As reported in testimony by Community Voices for Health System Accountability,

> The Upper East Side is already well served with health care providers compared to other neighborhoods across the city. Residents of the Upper East Side have access to far more existing hospital capacity than other New York City residents. There are 9.66 NYS DOH certified hospital beds [per 1,000 residents] in the Upper East Side, compared to 2.64 across the city and nearly twice the rate of relatively well-served Manhattan (5.40 per 1,000 people) as a borough. By comparison, there are just 1.6 certified hospital beds per 1,000 residents in Queens, 2.34 in Staten Island, 2.02 in Brooklyn and 2.43 in the Bronx.

That means the bed-to-population ratio on the Upper East Side is an astounding SIX TIMES as high as in Queens. The UES ratio is

- almost double (1.8 times) that of Manhattan
- 3.7 times the citywide average
- 4 times the Bronx and Staten Island ratios
- almost 5 times (4.8 times) the Brooklyn ratio, and
- fully 6 times the bed-to-population ratio in Queens.

Why is Northwell proposing to spend on the Upper East Side, which is so amply resourced? Clearly because it is prioritizing attracting wealthy patients, both locally and internationally.

The hospital resource disparities are not by any means seen only in bed numbers. Emergency rooms in hospitals elsewhere in the city are swamped, and lack of bed capacity keeps patients backed up in the ERs. So -- as CVHSA's testimony documented from NYS DOH data -- median time to transfer to an inpatient bed after a decision to admit an ER patient was (pre-pandemic) just 76 minutes at Lenox Hill, but, for example, 5 times or more as long at some others. It was 392 minutes at Brookdale in Brooklyn, and 360 minutes at St. John's Episcopal, in the Rockaways in Queens. Those disparities have surely worsened since the pandemic hit.

Rather than exacerbate inequity by allowing a lavish, unneeded tower in the posh and over-bedded Upper East Side, New York City needs Northwell to invest in some of the gravely underserved neighborhoods of Queens -- from Arverne, Bayside, and Cambria Heights to Woodside and oZone Park.

(Please see the compelling evidence on inequities -- as seen in Brooklyn, Queens, and Lower Manhattan COVID death rates, infant mortality, lack of timely prenatal care, and more -- in the written comments submitted by CVHSA.)

Northwell should be encouraged to re-submit a much scaled-down proposal to do modest structurally and medically necessary upgrades at Lenox Hill.

Note that Northwell proposes to convert all its patient rooms to single-bedded rooms, asserting that this is now the "gold standard" for hospitals. The pandemic has surely increased awareness about infection control problems for airborne diseases, including transmission of infections in shared spaces -- and inadequate ventilation.

Surely **Northwell could do more to address infection control concerns and expand the availability of single-bedded rooms citywide by switching existing rooms to single-bed use at Lenox Hill, doing less costly, less disruptive construction projects in the outer boroughs where more beds are needed** -- and also using some of the currently proposed $1.6 billion for this project to upgrade ventilation throughout their network and at other affiliated hospitals in poorer communities.

Thank you.

From: Andrew Soussloff <[redacted]>
Sent: Friday, March 3, 2023 9:05 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Northwell Health Proposal for Lenox Hill Hospital
Attachments: NYC Department of City Planning 03.02.23.docx

Follow Up Flag: Follow up
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I am pleased to submit the attached letter of comments. As requested by the hearing moderator, I am submitting this written testimony a second time in order to ensure delivery.

Andrew Soussloff

830 Park Avenue
Apartment [redacted]
New York, NY 10021

March 2, 2023

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

Re: Northwell Health Proposal for Lenox Hill Hospital

Dear Director Shellooe,

I am a resident of 830 Park Avenue and a founder of the Committee to Protect Our Lenox Hill Neighborhood, a non-profit organization formed to protect and promote the unique residential nature and historical character of one of the most iconic neighborhoods of New York City. I have been a neighbor of Lenox Hill Hospital for more than 20 years.

I am shocked and appalled by the height and mass of the building proposed by Northwell for the Lenox Hill Hospital site. While this project will have adverse effects on many aspects of life in the Lenox Hill neighborhood, I am going to focus my comments in this letter on its impact upon the public transit, streets and parking infrastructure. The Lenox Hill neighborhood, one of the most densely populated in the City, cannot sustain a project of this size.

Traffic

Car use and traffic congestion have gone up in our neighborhood since COVID, and we expect a fancy new hospital on this scale will generate substantially more patients arriving by car.

- Northwell is proposing to increase the size of the hospital's Emergency Department by 30%. Ambulance drop-offs as well as truck deliveries will increase.
- The neighborhood streets are narrow and already blocked multiple times a day by Northwell's ambulances and trucks. A few ambulance bays and truck bays on narrow side streets don't solve that problem—it will only get worse with increased volume.
- The increase in the number of vehicles coming into the neighborhood if this project is completed will be material.

- I urge City Planning to make sure the traffic analysis takes these factors into account. You should require Northwell to undertake new, independent traffic studies at the site and at comparable sites.

Public Transit

Public transit access in the area surrounding Lenox Hill Hospital is inadequate and already overcrowded at peak times.

- Northwell is proposing to modify the DOWNTOWN entrance to the Lexington Avenue subway to make it larger and handicapped accessible. What about the UPTOWN side? It is ludicrous and insulting to make the subway handicapped accessible in one direction and not the other.
- Modifying the subway entrance does nothing to increase the capacity of the narrow platforms or the trains. Overcrowding will be even worse if this project goes forward.
- Lexington Avenue is the narrowest of the East Side avenues. Traffic in the blocks around the hospital is already limited to a single lane, with one lane reserved for buses and one lane filled by on-street parking and restaurant sheds. How will it work for Northwell to have a major entrance to the hospital on the west side of Lexington, which is currently a MTA bus stop? Where will the buses go?

Parking Capacity

Parking capacity is limited in the Lenox Hill neighborhood and will get worse if congestion pricing is implemented in Manhattan below 60th Street. Northwell's expansion of Lenox Hill Hospital will materially increase traffic volume in the area. There will be no place to park and residents will have even fewer options than we have today. Northwell has proposed NO SOLUTION to the parking problems this project will exacerbate. City Planning should require that the parking shortage be addressed.

* * * *

Northwell has not answered any of these questions and claims that the effects on transit, traffic and parking are not material. Their self-serving conclusion cannot withstand examination. In the public interest, City Planning is obligated to seek answers.

Sincerely yours,

Andrew D. Soussloff

From: Steven Spiegel <[redacted]>
Sent: Monday, March 13, 2023 8:48 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Hospital Proposal

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While I fully support renovation and updating of the Hospital, I just don't understand the need or the benefits for the community of expansion involving massive dislocation and disruption of the neighborhood. A project that will take over 10+ years that is complicated and massive will naturally result in overruns and delays so that the timetable is just unpredictable. Also, in my opinion. the seminal issue is "does New York City" really need new hospital beds and additional capacity. We arguably have three outstanding medical Centers and I just don't see the benefits of adding another one to our roster. At best it's misguided and at worst it's all about the Board's collective ego.

Steven Spiegel
850 Park Avenue

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From: Susan Steiger <[redacted]>
Sent: Tuesday, March 7, 2023 4:26 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill

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I did not speak the other night as i was learning the details of the extreme and damaging Northwell plan for Lenox Hill Hospital.
The hospital has always served the community . But there are several other major hospitals in the near vicinity that serve community needs so that another behemoth is not called for.
A building three times larger will not increase the quality of the health care but it will destroy what is a residential community. This godzilla of a building will block light, interfere with traffic, cause health problems with construction noise starting at 7 in the morning and destroy property values. I was shocked to hear them blithely say that it would take eleven years for this project to be done. That is eleven years in which adjacent apartments cannot be sold by families with children who want to move to the suburbs, by elderly people who need to move to assisted living, for younger people who want to build their careers elsewhere. or by people whose lives are upended by continuing noise, traffic and the inability to even walk on the streets near their buildings.
I was amazed at how they confidently said health care would be better because everyone would have a single room. I do not believe that there is no extra cost of a single room and some cannot afford it. Would doctors and nurses not maintain the same level of care for a person in a double room??
I fear the political clout of Northwell and I hope that this committee and the city council, community boards and the Mayor (and maybe even the Governor) will defend us against this outrageous, heavy handed plan..

Susan Steiger
60 East 42nd Street [redacted]
New York, New York 10165
[redacted] ph
fx

From: Susan Steiger <[redacted]>
Sent: Thursday, March 9, 2023 8:05 PM
To: 23DCP079M_DL
Cc: sreckler@savelenoxhill.org
Subject: [EXTERNAL] Testimony re Northwell Project

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I did not speak the other night as i was learning the details of the extreme and damaging Northwell plan for Lenox Hill Hospital.
The hospital has always served the community . But there are several other major hospitals in the near vicinity that serve community needs so that another behemoth is not called for.
A building three times larger will not increase the quality of the health care but it will destroy what is a residential community. This godzilla of a building will block light, interfere with traffic, cause health problems with construction noise starting at 7 in the morning and destroy property values. I was shocked to hear them blithely say that it would take eleven years for this project to be done. That is eleven years in which adjacent apartments cannot be sold by families with children who want to move to the suburbs, by elderly people who need to move to assisted living, for younger people who want to build their careers elsewhere. or by people whose lives are upended by continuing noise, traffic and the inability to even walk on the streets near their buildings.
I was amazed at how they confidently said health care would be better because everyone would have a single room. I do not believe that there is no extra cost of a single room and some cannot afford it. And would doctors and nurses not maintain the same level of care for a person in a double room?? And it is not at all clear to me what all the extra floors are for other than just providing better space for hospital functions. Is something useful being added??
I fear the political clout of Northwell and I hope that this committee and the city council, community boards and the Mayor (and maybe even the Governor) will defend us against this outrageous, heavy handed plan..

Susan Steiger
60 East 42nd Street [redacted]
New York, New York 10165
[redacted] ph
fx

From: Jackie Stein <[redacted]>
Sent: Monday, March 13, 2023 4:58 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Proposal

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I have lived directly across the street from Lenox Hill Hospital for more than 20 years, and I do concede that LHH is in need of a renovation. However their proposal is absolutely outrageous. Following are my concerns and comments:

1. Then height and bulk of the building does not belong in a residential neighborhood, let alone on one of the narrowest avenue blocks in the city.

2. The projected time of completion is an extraordinary 11 years! This ridiculous amount of time is because the plan is to keep the hospital operational during construction. Why can't patients be relocated to Northwell's satellite hospitals so that the hospital can be closed during the renovation? This will reduce the amount of time it will take to complete the project. Besides the surrounding community being affected by construction noise, how do the doctors, other hospital workers and patients feel about this? What about people who work from home? Children trying to do homework after school? Retired people who may be home during the day? Shut ins? Babies who nap during the day?

3. Construction will take place from 7 AM to 6 PM and also on Saturdays and Sundays with permission. Eleven years of construction 6 days a week and possibly seven is extreme.

4. I have concern for the impact this proposed construction plan will have on the environment, as well as the traffic and congestion that will be caused. Also a concern is vermin infestation.

5. There are other communities that will be better served by the construction of a hospital. The upper east side is hospital saturated.

I do hope that Lenox Hill Hospital will take the community concerns into action and seriously think about submitting a new proposal.

Thank you.

Jacqueline Stein

From: WN Tanenbaum <[redacted]>
Sent: Friday, March 10, 2023 1:28 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill expansion plan

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My husband and I have been residents of 136 E. 76th St for 40+ years. Our building is directly opposite the proposed construction of the 435 foot tower that is being proposed. The length of the project, the noise it will create and the congestion that will be greatly increased are just a couple of the changes in our neighborhood that will make our lives hell. We are elderly, almost fully retired and spend a lot of time at home. The magnitude of the project will substantially lower the value of our apartment if it is at all marketable.We are sure that others who live in the 82 apartments in the building feel the same way. The plan as it stands now is absolute insanity for us, our neighbors, and local businesses. Please do not let this happen.

Warren and Nina Tanenbaum

From: Tavakoli, Daniel <[redacted]>
Sent: Monday, March 13, 2023 4:37 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Testimony against Lennox Hill Expansion

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Dear NYC Department of City Planning,

I am writing to express my severe opposition to the senseless project proposed by Northwell to expand Lennox Hill hospital.
I recently moved across the street into an apartment that I want to raise my family in – and raising a family did not mean that I signed up to subject them to 11 years of construction that will barely result in any increased hospital capacity.

The hospital is claiming to be a good neighbor, but it has no concern or care for the environmental impact such a project will have, the traffic and congestion that will take place on a very busy intersection of Lexington avenue, and the severe impact it will have on the quality of life of all the residents and workers of the neighborhood. This is not a project that is appropriate in scope for the upper east side – what they have proposed belongs in midtown Manhattan.

I strongly oppose this project as presented and I hope you will ask Northwell to resubmit plans that complies with the current zoning.

Daniel Tavakoli
Akin
One Bryant Park | New York, NY 10036-6745 | USA | Direct: [redacted] | Internal: 38046
Fax: [redacted] | Mobile: [redacted] | [redacted] | akingump.com | Bio | LinkedIn

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Nancy W. Trowbridge
139 East 79th Street
New York, New York 10075

'23 MAR 13 AM 11:18

March 9, 2023

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

Re: Northwell's Plan for Lenox Hill Hospital

Dear Ms. Shellooe:

I have lived on the upper east side for 55 years. There have been changes during this time period, but none as drastic as the plan of Northwell--essentially for the demise of our neighborhood's Lenox Hill Hospital and perhaps the demise of our neighborhood itself.

The first and most obvious drawback to Northwell's plan is that our neighborhood does not need a giant Northwell Hospital. It is already well served by excellent major nearby hospitals. There is no unserved need in our neighborhood.

Northwell's plan is illegal under current zoning law. Our neighborhood contains a landmarked, historic district that limits heights and densities. Northwell's plan to build the second tallest (and exceedingly dense) hospital in the world in a residential community is a poor choice of location. This building would forever change the environment in which we live.

I do not see a plan for parking for the proposed building. Northwell plans their proposed structure to be a destination hospital. If so, there would be people from all over arriving at all hours. But the plans do not show any parking for these new customers, nor for staff and doctors. The main entrance to the proposed facility is on Lexington Avenue, which, as you surely know is itself already almost a parking lot on many days. Traffic there is very heavy. There are a few parking spots near the hospital, but not even close to the number that would be needed. There appears no place for the cars to go.

Note too that Lenox Hill Hospital is located between two narrow side streets, 76th and 77th Streets. If Northwell is allowed to build its behemoth, what will happen to these streets and the people who live on them, or near to them and everyone in the neighborhood trying to get to the subway entrances on 77th Street? The area will be choked with hospital traffic and become unlivable for us residents.

I have now heard that Northwell is saying that construction might take 11 years. During that long time period, our neighborhood would become unlivable. Businesses and stores would close. We know what it is like to live with construction. But 11 years of it? For no good reason but Northwell's desire.

Please turn down Northwell's plan for our neighborhood.

Sincerely,
Nancy Trowbridge

[redacted]

From: Bryan Verona [redacted]>
Sent: Tuesday, March 7, 2023 5:17 PM
To: Stephanie Shellooe (DCP) <[redacted]>
Cc: Jacques Blinbaum <[redacted]>; Seth Schochet [redacted]>
Subject: [EXTERNAL] Lenox Hill Hospital Redevelopment

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Bryan Verona
122 East 78th Street
New York, NY 10075

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

Dear Ms. Shellooe:

As part of the environmental impact study (EIS) for Development Site 1a on the north side of East 77th Street, I am writing to formally request that the agency review the electromagnetic emissions, and related emissions, including noise and pollution from the power generation at the site.

As a concerned resident of the community, it is essential to conduct a comprehensive study of the potential environmental impacts that may result from the power generation activities at Development Site 1a. Electromagnetic and related emissions, such as noise and pollution, can significantly affect the environment and public health. I will note that I live directly behind the development site at 122 East 78th Street. Furthermore, there are other adjacent buildings and impacted communities including a school (the Allen Stevenson School at 132 East 78th Street), a church (the Eighth Church of Christ Scientist at 103 East 77th Street), a multi-tenant apartment building (117 East 77th Street), and other townhomes on the South side of 78th street (including, but not limited to 120, 118, 116, and 114 East 78th Street). It is, therefore, necessary to analyze these factors in the EIS before any further development occurs.

I am particularly concerned about the potential health effects of electromagnetic emissions from power generation activities. These emissions can adversely impact nearby residents, including increased cancer risk, headaches, and other health problems. Additionally, noise pollution from power generation activities can cause stress, sleep disturbance, and other adverse health impacts.

Therefore, I request that the agency conduct a thorough analysis of electromagnetic and related emissions, including noise and pollution from the power generation at Development Site 1a, as part of the EIS. The analysis should include the identification of potential risks to public health and the environment, as well as strategies to mitigate these risks.

Thank you for your attention to this important matter. I look forward to hearing from you soon regarding the next steps in the EIS process.

Sincerely,

Bryan Verona
Phone: [redacted]

Additional Signatories:
Seth Schochet
120 East 78 Street Associates, LLC

Jacques Blinbaum
114 East 78th Street

From: VICTORIA VOUGHT <[redacted]>
Sent: Monday, March 13, 2023 3:34 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] LENOX HILL PROPOSAL

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To the NYC Department of City Planning:

I am writing to express my horror to the proposed designs for the Lenox Hill Hospital renovations. My apartment at 136 East 76th Street , which has been in my family for decades will be great effected by these plans notwithstanding what it will do to iconic Upper Eastside skyline. It is inconceivable to me that after already enduring years and years of renovations with dumpsters outside our front door with 4-5am pick up times, Lenox Hill now wants to monumentally disrupt our lives and now subsequently devalue our homes. The construction alone will be beyond disruptive but increasing the size of the hospital to 26 stories towering over every historic building on Upper Eastside and stripping every apartment of either its light, view or quietness. Increasing the size of the current hospital to this proposed design will only add to the noise level and traffic. This part of the city was not designed for a building of this magnitude and scope. This is why the other NUMEROUS hospitals on the Upper Eastside are located on York Avenue or on the upper part of Fifth Avenue. I cannot believe that NorthWell Lenox Hill has such disregard for the Upper Eastside and its residents to destroy its beauty in this manner. Why not put this energy and money into providing hospital options for downtown or in other boroughs? They are seriously lacking in facilities in those parts of the city. NorthWell has already diminished the neighborhood of quality of life by leveling the buildings on Third Avenue. Our neighborhood restaurants that we all dined at for years and created a lively Third Avenue are gone. I cannot begin to tell you how unsettling Third Avenue is now an not to mention that most of our dining options have been reduced to "grab-and-go" places.

Aside from my utter disgust in the design of this new hospital, it will ruin the apartments in my building. The light in our apartments will be greatly diminished and our views from my side of the building will be that of hospital rooms. The value of our apartments will be far less and with these proposed designs and years and years of construction, for me I would be unable to sell my apartment. And to be honest, I don't want to sell my apartment. Like I said it has been in my family for decades. We don't need a 26 story building towering over the Upper Eastside. Make continued renovations to the hospital but DO NOT RUIN OUR LIVES AND HOMES in the process. There are many options to improve the over all look of the hospital without having to build this monstrosity. I just don't understand that if you had any respect for the neighborhood and the overall look of Manhattan, that you would think that this building was a good idea.

Sincerely,

Victoria Vought
136 East 76th Street
NY, NY 10021

From: Gwendolen L Wade <[redacted]>
Sent: Monday, March 13, 2023 1:18 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Testimony against the proposed expansion of Northwell Health in Lenox Hill

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This proposed expansion will overcrowd and ruin an already crowded and busy residential and commercial area which is not currently zoned for the proposed expansion.

Our apartment faces the hospital and the proposed tower will substantially cut the light in our apartment and decrease its value.

Thank you for receiving our comments.

Gwendolen and George Wade

Gwendolen L Wade
136 East 76 Street [redacted]
New York, NY 10021
[redacted]

PO Box 487
Waitsfield, Vermont 05673
[redacted]

[redacted]

From: Ben Weintraub <[redacted]>
Sent: Monday, March 13, 2023 9:46 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Scoping Hearing Testimony - Ben Weintraub
Attachments: Northwell Lenox Hill Hospital Scoping Hearing Testimony.pdf

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Attached is my written testimony for the March 2, 2023 scoping hearing on Northwell's proposed expansion of Lenox Hill Hospital – CEQR No. 23DCP079M.

Please let me know if you have any questions.

Ben Weintraub
136 East 76 Street
New York, NY 10021

March 13, 2023

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

Re: Lenox Hill Hospital Redevelopment – CEQR No. 23DCP079M
Comments on Draft Environmental Review

Dear Director Shellooe:

I am opposed to Northwell's proposed expansion to Lenox Hill Hospital. I have been in the technology business since the 1990s. I created an online learning company, Merit Software, whose tools have been used worldwide by millions of students. I have also lived on the Upper East Side for over 25 years.

Based on my experience, we are on the cusp of technological changes that Northwell has not, and cannot, account for in their Draft Environmental Review statement. The changes I am referring to are the impact of 5G broadband and a "tactile internet" on healthcare practices.

Several factors slowed the rollout of 5G in the United States.[i], including the public's alarm about the size of 5G base stations, [ii] but these issues are beginning to be worked out. For internet providers it is no longer a matter of whether 5G will scale, but when and how to do it.[iii]

5G is fast enough and stable enough to permit real-time transmission of feeling information (i.e., touch, actuation, motion, vibration, and surface texture) in addition to video and data traffic. Industry insiders refer to these phenomena as a "tactile internet."[iv]

A 5G tactile internet will enable a variety of new products and services, many of the most important ones will be in the healthcare industry.[v]

Countries in Asia and Europe have made deeper advances implementing 5G than us and we can learn from them.[vi] In February 2023, with the help of a 5G-powered robot, a surgeon in China removed a gallbladder from a patient 2,800 miles away.[vii]

U.S. entrepreneurs are making moves which reflect the possibility that remote healthcare can be a big business. Last year MIT engineers announced they devised a joystick-operated robot to treat stroke victims remotely.[viii] In March 2023 Best Buy and Atrium Health teamed up to provide hospital care at home.[ix]

During Northwell's proposed 11-year Lenox Hill Hospital construction period, is there any doubt 5G connectivity will increase significantly? Is there any doubt the way the healthcare industry functions in this country will change? The answer is "No" to both questions. And bear in mind further broadband improvements in the form of 6G are in development.

We need to face the truth – in this new era of technological change in the medical world, it is impossible for Northwell executives to predict demand for hospital beds 11 years from now.

I am 100% in favor of Northwell updating their Lenox Hill Hospital facility. However, they should not be given zoning variances to make permanent changes to our neighborhood based on pure speculation.

Sincerely,

Ben Weintraub
136 East 76 Street
New York, NY 10021

P.S. I previously submitted verbal testimony about my mother-in-law growing up on the Upper East Side and my mother's experience at Lenox Hill Hospital in 2020. I added additional testimony in this format because I felt I couldn't adequately present it in the three minutes allocated to each speaker.

References:

---

[i] Woodie, A. (2022, March 3), "The 5G Data Deluge Has Been Smaller Than Expected," *Datanami,* https://www.datanami.com/2022/03/03/the-5g-data-deluge-has-been-smaller-than-expected/

[ii] Garber, N., (2022, December 5), "Huge 5G Towers May Come to 18 Upper East Side Blocks, City Says," *Patch Upper East Side, NY,* https://patch.com/new-york/upper-east-side-nyc/huge-5g-poles-may-come-18-upper-east-side-blocks-city-says

[iii] Essing, N.H., Bucaille, A., et. al., (2022, November 30), "5G's promised land finally arrives: 5G standalone networks can transform enterprise connectivity," *Deloitte Insights,* https://www2.deloitte.com/us/en/insights/industry/technology/technology-media-and-telecom-predictions/2023/technology-media-and-telecom-predictions-standalone-5g.html

[iv] Sharma, S.K., Woungang, I., & Anpalagan, A., (2020, March 8), "Toward Tactile Internet in Beyond 5G Era: Recent Advances, Current Issues, and Future Directions," *Institute of Electrical and Electronics Engineers,* https://ieeexplore.ieee.org/document/9034103

[v] Kochhar, R.K., (2019, April 24), "The 5G tactile internet is here. What next?," *Ericsson Blog*, https://www.ericsson.com/en/blog/2019/4/5g-tactile-internet

[vi] Panday, K., Te, A.G., et. al., (2022, August 5), "Leveraging 5G for robotic surgery and cancer care," *Cancer Cares*, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9351674/

[vii] Zhenhuan, M., (2023, February 28), "Gallbladder surgery done at long distance with 5G," *China Daily,* https://www.chinadaily.com.cn/a/202302/18/WS63f0223ea31057c47ebaf7e9.html

[viii] "MIT engineers develop joystick-operated robot to help surgeons treat stroke remotely," (2022, April 27), *Neuronews*, https://neuronewsinternational.com/mit-engineers-robot-remote-stroke-treatment/

[ix] Repko, M., (2023, March 7), "Best Buy will set up in-home hospital care through a new deal with Atrium Health," *CNBC*, https://www.cnbc.com/2023/03/07/best-buy-atrium-health-in-home-hospital-care.html

From: Andrew Zarrilli <[redacted]>
Sent: Monday, March 13, 2023 11:00 AM
To: 23DCP079M_DL
Subject: [EXTERNAL] Strongly opposed to rezoning of Lenox HIll for a Mega Hospital

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Dear Stephanie Shellooe,

I am writing to encourage you not to allow Northwell Health to make a mockery of Lenox Hill's zoning laws. We have these laws for a reason and a mega hospital much taller than any surrounding buildings will be terrible for the neighborhood. Northwell Health does NOT care about the community and there is no reason for a hospital of this size/scale. Northwell should use its current space or rebuild to a similar scale on the current property. But it must not be allowed to go forward with its proposed plan to create a building meant for midtown manhattan in the center of residential Lenox Hill.

Please do everything you can to make sure the community's strong opposition to this plan protects our zoning laws and keeps Lenox Hill a place that people want to live.

Best,
Andrew

--
Andrew Zarrilli
cell: [redacted]
email: [redacted]

From: karen zukerman <[redacted]>
Sent: Monday, March 13, 2023 6:07 PM
To: 23DCP079M_DL
Subject: [EXTERNAL] Lenox Hill Expansion

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The proposed expansion that Lenox Hill Hospital proposes would be a disaster for the upper east side residential neighborhood that would be impacted. It would be massive and destructive change and would cause years of noise and congestion up and down Park avenue and the side streets. This would have an adverse impact on the neighborhood children, schools and businesses around the proposed work. In addition, there already is an abundance of hospital capacity for people living on the upper east side. How could we need more in this area? I strongly oppose this expansion as a resident of 770 Park avenue and for my children and grandchildren who live in the neighborhood.

Transcript

CITY OF NEW YORK

DEPARTMENT OF CITY PLANNING

----------X

VIRTUAL SCOPING MEETING

RE: LENOX HILL HOSPITAL

----------X

March 3, 2023

2:00 p.m.

B E F O R E

STEPHANIE SHELLOOE,

DCP, Director of EARD

A P P E A R A N C E S:

FROM THE DEPARTMENT OF CITY PLANNING:

Stephanie Shellooe

Evren Ulker-Kacar

Stacey Barron

Azka Mohyuddin

FROM THE APPLICANT:

John Flanagan, Northwell Health

Dan Baker, Executive Director of Lenox Hill Hospital

Tomas Rossant, Ennead Architects

Melanie Meyers, Fried Frank

Lisa Lau, AKRF

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P R O C E E D I N G S

MS. SHELLOOE: Good afternoon, everyone. Welcome to the public scoping meeting for the Lenox Hill Hospital proposal.

I'll note for our records that the City Environmental Quality Review, or CEQR, number for the application is 23DCP079M.

My name is Stephanie Shellooe, and I'm the director of the Environmental Assessment and Review Division here at the Department of City Planning.

Evren Ulker-Kacar, deputy director of EARD will cohost today's meeting; and in the event of any technical difficulties, Evren will take over hosting this meeting.

And we appreciate everyone's patience with this remote meeting format and really appreciate all of your attendance here today.

We'll acknowledge that this -- our technology isn't perfect, but it's an invaluable tool that allows us to continue having these critical land use and environmental review processes meetings.

I'll also emphasize that we'll hear from everyone who wishes to speak today, and the meeting will remain open until we've heard from all registered speakers.

We also welcome written comments and testimony, and we will accept those through 5:00 p.m. on Monday, March 13th, 2023. We do provide written comments at the same close attention and consideration as comments provided live at this meeting.

And with that, we will now proceed to the public scoping meeting for the Lenox Hill Hospital proposal. Again, the CEQR environmental quality review, or CEQR application number, for the project is 23DCP079M.

Today's date is March 2, 2023, and the time is approximately 2:01 p.m.

Next slide.

Again, my name is Stephanie Shellooe, director of the Environmental Assessment and Review Division or EARD at the New York City Department of City Planning, and I will be chairing today's scoping meeting.

The Department of City Planning is acting on behalf of City Planning Commission as the lead agency for this proposal's environmental review. As lead agency, the department will be responsible for overseeing the preparation and completion of the proposal's Environmental Impact Statement, or EIS.

Next slide.

Joining me today are several of my colleagues from the Department of City Planning.

As I mentioned, Evren Ulker-Kacar is the deputy director of EARD.

Stacey Barron is the Environmental Assessment and Review Division project manager for the project.

From the department's Manhattan office, we're also joined by Azka Mohyuddin, team leader and project manager for the land use proposal.

We also have a large number of DCP staff helping us in the background to ensure that the meeting runs smoothly. Thanks again for everyone who is helping support today.

Next slide.

Together we're here to receive your comments on the draft scope of work for the Lenox Hill Hospital proposal. The draft scope of work identifies the subjects that will be analyzed in the upcoming draft environmental impact statement, or DEIS, and describes the methodologies that will be used in those analyses.

The draft scope of work materials are posted online on the Department of City Plannings's website on the staff portal.

Next slide.

The purpose of our public scoping meeting today is to allow for public participation in the preparation of the DEIS at the earliest stage possible in the environmental review process. Specifically, scoping allows the public to help shape the DEIS before it is written. To that end, the department, acting as lead agency, will receive verbal testimony on the draft scope of work from elected officials, government agencies, representatives of the local community board and the public.

As mentioned, we also welcome written comments on the draft scope of work, which can be submitted through 5:00 p.m. on Monday, March 13th, 2023.

Next slide.

At the end of the written comment period, the department, as lead agency, will review all comments, those we hear today as well as any written comments that we receive. After carefully reviewing all comments, the department will decide what changes, if any, need to be made to the draft scope of work, and we will issue a final scope of work. It is the final scope of work that serves as the basis for preparing the draft environmental impact statement.

Next slide.

Today marks the beginning of the written comment period on the draft scope of work, and no decisions will be made today regarding the draft scope. Again, the purpose of today's meeting is to allow the public to provide their comments on the draft scope of work, allow the department to listen and

consider these comments. It's important for all voices to be heard.

Next slide.

I'll now describe the structure of today's meeting, which will be divided into three parts. The applicant team, first, will make a brief presentation describing the Lenox Hill Hospital proposal and will provide a brief summary of the environmental review's draft scope of work. This is about 20 minutes or so.

During the second part of the meeting, the department will hear testimony from any elected officials, government agencies and those people speaking on behalf of the local community board in the second part of our meeting.

During the third and final part of the meeting, we will receive testimony from members of the general public.

And, again, the meeting only ends when everyone who has signed up to speak has been heard.

Next slide.

A few logistics for today's

meeting. If you wish to speak and are accessing the meeting online using a computer or tablet, please remember to register online through the Lenox Hill Hospital public scoping meeting entry of the NYC Engage portal. A link to join us and provide your testimony will be emailed to you after you've completed the registration process, and you'll be added to our speakers list. It is only possible to speak if you have registered through our online portal or through the participant hotline.

Next slide.

When we reach you in our speakers list and when it is your turn to speak, your name will be called. You will be promoted to panelist, which will allow you to unmute your microphone and the ability to turn on your camera if you wish. There will be a short period that it appears that you're no longer in the meeting. Don't be alarmed, as you automatically rejoin the webinar as a panelist.

At the time, you will be asked to convey your remarks and to allow us to hear from everyone who wishes to speak. We ask that you

limit your remarks to three minutes. A three-minute countdown clock runs on the screen if you're participating online. After the three-minute mark, your time expires and you will be asked to conclude your remarks.

Please note that promoting speakers and unmuting does take a moment, so please be patient. And if you choose to turn on your camera, we will be able to see you.

Next slide.

For those of you joining us by phone today, if you wish to provide testimony via telephone, I'll give you a prompt at various points of the meeting at which you can dial star nine. Please listen for me to call out the last three digits of your phone number, at which point you'll be given the temporary ability to share your testimony. And you will press star six to unmute your phone, and you -- we will be able to hear you speak live at this meeting.

And when your testimony is complete or when your three minutes have expired, whichever comes first, you'll press star six again to mute yourself.

We would, however, encourage all dial-in participants who wish to provide testimony to register using the dial-in participant hotline.

Note that muting and unmuting registered speakers does take a second, and we appreciate everyone's patience.

Next slide.

A note on time limits. Speakers from the general public, as I mentioned, have three minutes to give testimony. There are a few exceptions to the three-minute limit. Elected officials, for example, are given the courtesy of jumping to the front of the queue and are not limited to three minutes.

And a reminder to those viewing us on the livestream and wishing to testify, please be mindful of background noise during your testimony and make sure that the livestream is muted when you begin your testimony to avoid hearing an echo.

If anyone is viewing today's presentation but does not wish to provide testimony, we encourage you to livestream the

meeting video via the YouTube link provided on NYC Engage and the New York City Planning website to help us manage the participants in Zoom.

Next slide.

If you wish to submit written testimony, it can be submitted to the Department of City Planning. Our mailing address is 120 Broadway, 31st Floor, New York, New York 10271. Attention to myself, Stephanie Shellooe.

We also have an email address that you send comments to via email. This project's email is: 23DCP079M_DL@planning.NYC.GOV.

This information can be found on the NYC Engage page and our city planning website, NYC.gov/planning.

And as a reminder, we accept comments on this project for ten days following this meeting, through Monday, March 13th, 2023, at 5 p.m.

Next slide.

Back one slide.

Just to wrap up here, if you

missed the instructions or any of the information that I've covered so far, you can visit NYC.gov/NYCengage for instructions on how to participate and provide testimony.

At this point, we are going to move on to the first part of today's meeting where the applicant will present an overview of the proposed project, followed by the environmental consultants summarizing the draft scope of work.

I will now turn it over to the applicant team for their presentation.

MR. FLANAGAN: Good afternoon, everyone. My name is John Flanagan. I serve as senior vice president for government affairs for Northwell Health. Very happy to be here today. Stephanie, to you and your team and the commissioner and the department, we want to thank you for the opportunity to be here. I really appreciate all the procedural and logistical assistance that we got from you and your team to be able to appear today.

So I'm -- my presentation is the briefest part. I'm here to, basically, put the

governmental face on Northwell but also to speak to our colleagues who are seated with me.

Dr. Dan Baker is the executive director of Lenox Hill Hospital, and he is, as I described, our executive lead on this project.

Tomas Rossant is with Ennead Architects.

Melanie Meyers is our land use counsel with Fried Frank.

And Lisa Lau is here with AKRF, our environmental consultants.

And we are, essentially, ready to present because I know this is a very straightforward presentation, but we really want to express our gratitude for the opportunity to be here today. Thank you.

DR. BAKER: Thanks, John.

As John said, I am Dan Baker. I'm the executive director of Lenox Hill Hospital. I'm also an emergency physician and have been working at Lenox Hill and serving our community for over fifteen years.

Next slide.

So taking a look at who we are

today, Lenox has been serving the community of New York City for over 160 years. We're very proud of that service, and we're very proud of the clinical care that we offer each and every day.

We currently operate about 450 beds as an acute care facility, and we see about 144,000 annually. This includes 4,000 deliveries, as well as over 50,000 emergency department visits.

We serve patients from a wide geographic base of around 241 different ZIP codes in all five boroughs.

We also employ 4,000-some team members, which are equally a component and integral piece of this project to revitalize and modernize our hospital.

And we're, again, very proud of the care that we're able to give the patients that we serve. We have been recognized as a top 50 hospital in the United States by Healthgrades for two years in a row. Additionally, accolades from U.S. News and World Report and a myriad of other quality-based organizations.

Next slide.

Taking a look at who we are today, when we started on the Upper East Side over 100 years ago, we developed a patchwork quilt of buildings and now occupy ten different buildings, spanning from Lexington Avenue across the park.

You can see on the Lexington side are some of the older buildings, from our 1800s brownstone all the way over to the newer buildings on the Park Avenue side. However, our latest building still is some 50 years old. While we've put significant improvements into our facilities since 2010 and our partnership with Northwell, there are limitations based on the configuration, the ceiling heights and multiple other components that really don't allow us to push where we need to be on the frontier of medicine.

Many of our beds are shared patient rooms. We have operating rooms that, unfortunately, are currently undersized for modern technology. And our emergency department -- again, a special home for me for

many, many years -- is undersized for its current and projected need.

Next slide.

Taking a look at some of the key components and drivers of why the need for revitalization and modernization are the single-bed patient rooms. And this is all about care, it's simply better care for our patients. It's better clinically, it decreases any exposure to infectious disease. It also allows the partnership of the care team with the patient and their family so that we can align goals of care to meet exactly how the patient wants to experience the treatment that is necessary for their medical condition.

You can see that on the picture on the top left is one of our shared rooms. It doesn't allow for the requisite privacy that someone should have at a time period of anxiety in our lives. And it certainly doesn't allow them to have those that they love and hold most dear to be partnered with them during this.

Next slide.

Another component and key aspect

is state-of-the-art operating rooms. We have world-renowned surgical practices from our neurosurgery program to our best in the state heart surgery outcomes, and we're very proud of that. But we need to be able to modernize to continue to push those outcomes and continue to push for our patients.

You can see on the picture on the right that this is a modern OR, and it is more equipped to what an office might look like. It is filled with equipment. It has multiple monitors, and there's room for things like robots and imaging; and, equally, it needs room for the people that are going to treat and provide that surgery to our patients.

Next slide.

Again, with our emergency department, we are very proud of the care that we provide the community for anyone who walks in 24/7. Yet, with that, we still need to do better, because we need to be able to provide our patients, again, that privacy, that allows them at a time period that is their most anxious during an emergency to be able to receive the

care in an environment that allows that care to be at its best.

We need for -- again, as we learned in the pandemic -- for people to be able to spread out. For people to have room for infectious disease entities like that, whether it's the flu, RSV or COVID, and be able to handle those better in an environment of space. Equally, this is important for our team members to be safe in that environment and also to be able to provide that care.

Next slide.

Another component that's important to this revitalization is becoming better neighbors to the immediacy of our Upper East Side. When we take a look at these four pictures, it tells a bit of a story how we don't do so and how we need to be better at it.

The top left picture is our ambulance bay, which is 77th Street. It's bad for patients in that there's no covering to allow for inclement whether to protect them as they come into the emergency department. It's bad for the vehicles that get congested as

they're trying to go through 77th Street, and it's equally bad for pedestrians and the bike lane that exists on that street. And this should improve.

The top right shows 76th Street, and this is our loading dock. It is not sized for a modern facility and the amount of materials that we need to receive on a regular and daily basis. The picture depicts the trucks that actually don't fit fully within the building and, unfortunately, stuck out into the street.

And while we're proud that we've been able to understand some operation improvements where we use smaller trucks that don't mount (audio disruption) block the actual street itself, this should be sight unseen to anybody who is walking around in the building, and, in particular, those living across the street from us.

The bottom left is, unfortunately, an eyesore to the entire community. This is an 1800s brownstone. It is in a state that it can no longer be repaired,

and it needs to come down and be transformed into a new opportunity for an entrance to the hospital that's commensurate with what the community should experience.

And the bottom right is the 6 train stop. This, I take to work each and every day, and I can tell you that it's congested. It needs to be improved. It needs to have ADA access. And that is what we're working with the MTA to provide in this project.

Next slide.

So where we take a look at our project, it's really three stories. We have our patient story, so that Ms. Lee who has high blood pressure and is, unfortunately, affected by a stroke, can receive care by her neurologist and her physical therapist with her daughter and her husband at their bedside, improving the outcomes both of her care as well as her experience.

It improves the aspects of our care teams so that Nurse Williams, equally providing for Mrs. Lee, has the opportunity to be able to use the equipment that she needs to

be able to document as she needs. And then, also, she needs to be able to take a break in an area of respite. We know that our healthcare workers have faced tremendous burnout, and so they need to be able to compress as they work.

And then as our neighborhood, we need Mr. Perkins as he walks around our street and feels invited into the hospital into our community areas to also not see things like vehicular traffic, the loading docks and our ambulances now removed from 77th Street.

Next slide.

So this is our project overview. And as you can see from the top picture, gone is that 1800s brownstone, and it's been replaced by a far more inviting and transformative entrance to the hospital. This allows a much better opportunity for our patients, as well as our community members, to interact with our hospital.

We have the focus of single-bed patient rooms at no cost to the patients. We have state-of-the-art operating rooms. We have a right-sized emergency department, and we can

now dedicate part of our hospital as a mother-baby facility so that joyous moment that every mother and family is experiencing can be done in an environment commensurate with need.

This is a flexible design, and it takes into account all of those lessons that we've learned in the worldwide pandemic of COVID-19. This will equally improve both vehicular and pedestrian circulation around the buildings and will be internalizing our ambulance bays and expanding our loading dock.

This will also improve access to the 77th Street subway station, as I referred to earlier. And the key component that's on this slide is that we are going to maintain ongoing hospital operations throughout construction. We have a diligence to our patients and our community, and we need to continue to provide that excellence that we do on a daily basis.

Next slide.

So this is a rendering of what the building could look like. And I'm going to pass it along to my colleague to take us through where we are today.

MR. ROSSANT: Thank you, Doctor.

I'll take you through the new proposal and explain the project physically and programmatically.

As Dr. Baker just said, this is what the building looks like today. The design will, of course, evolve and change during the ULURP process and after. But what is demonstrated here are some foundational and aesthetic principles to adopt the white and red coloration of the historic Upper East Side architecture and urban fabric and to break down the mass of the building to smaller geometric volumes to modulate the visual scale of the new facility.

Next slide, please.

Here's some quantitative information on the program that compares the hospital to today with the proposed expanded hospital. The current hospital has 172 single-bedded rooms, and the new proposal will deliver 475 single-bedded rooms in new construction and by converting rooms in existing construction. This will increase the total

number of beds from 450 to 475, a net increase of 25 beds or 6 percent. This necessary evolution from double beds to single beds is a significant contributor to the increase of the hospital's size.

Other improvements that significantly contribute to the hospital's growth will be the proportional and appropriate increase in the size and number of operating rooms and the size and number of emergency department beds.

Next slide, please.

The new proposal like -- new proposal concentrates most of the new construction towards the eastern side of the block and renovates the four buildings that will remain at the west side of the block, as diagrammed on the small image on the right. The new proposal will have a total height of 436 feet, measured off Lexington Avenue with the street wall height before the setback of 194 feet.

The proposal is not an abstract envelope request but represents the advanced

planning on the part of the hospital to revitalize and optimize the hospital completely.

Next, please.

Here's a cross section through the proposed facility. The 26-story addition is to the right, and the existing hospital that is to remain and to be renovated is on the left. The project seeks to knit together old and new to make a highly rational and efficient hospital, organized to improve patient outcomes.

In the new configuration, the relationship with beds shown in blue and the diagnostic and treatment programs and the emergency department shown in yellow will allow seamless and rapid patient movement from admission to procedures and then to the patient room.

For your information, public spaces are shown in green. Service programs are shown in purple. And mechanical spaces are shown in gray.

Next, please.

Here's the ground floor plan. All the planning that the ground floor was

conceived to improve the pedestrian vehicular and patient experience at the ground point. Starting at the southeast corner, the lower right in the image, we locate the new main entry to the hospital. Walking north on Lexington, we come then to a small retail program and into a walk-in entry to the emergency department, which will be proximate to the subway and within easy vehicular dropoff; then on to a newly configured entry to the downtown 6 train.

So we have relocated all the congestion-heavy entries currently located on the narrow 77th Street and will move them to the wider avenue with wider sidewalks, where they more appropriately belong.

Turning the corner on 77th Street, we next come to the staff entrance located immediately proximate to the subway to get the staff off the sidewalks as soon as possible.

Moving west, we configure the architecture to allow all ambulances to fully pull off the street and discharge cases inside the building, improving traffic flow and human

dignity. The rest of 77th Street will remain unchanged. On Park Avenue, we will introduce a dedicated entry for expecting mothers as they enter the mother-baby portion of the facility.

Finishing the tour and continuing down 76th Street, the existing service dock and new service dock will be designed to allow all the service calls and all the service vehicles to move completely inside the building, also improving the pedestrian experience and vehicular flow down the street.

Next, please.

Looking more closely at the subway improvements, on the left is an illustrative rendering of the new downtown 6 station entry at 76th and Lexington. On the right is a plan of the new and wider subway stair and the new elevator, which will make the station fully ADA accessible. The entry will be moved -- the entry will be moved to be completely within the Lenox Hill Hospital property line and set back from the streets.

The 77th and Lexington Street sidewalks are, thus, widened, which will greatly

reduce congestion at the corner. The entry to the subway is set back within a covered walkway, thus protecting people in inclement weather.

Next, please.

The hospital also intends to develop a property they own on the north side of 77th Street, represented on this site plan in gray. Here we will construct an as-of-right project to serve educational and administrative programs. Below grade, the project will house new electric utility services that will feed the hospital through a tunnel below the street. The tunnel will also be sized to allow hospital staff to move between the two buildings without adding pedestrian congestion on the narrow street.

This new support building is not subject to the ULURP action, but we have included it in the draft EIS to make sure we capture its impact to the community.

And now I'll turn it over to our land use attorney, Melanie Meyers.

MS. MEYERS: Thank you very much.

My name is Melanie Meyers, land

use counsel with Fried Frank.

Next slide, please.

So there will be four types of actions that will inform the project. A zoning map amendments, a proposed series of zoning text amendments, a special permit to allow for the enlargement of the hospital, as well as subway improvement approvals.

Next slide, please.

Looking quickly at the zoning map amendment. The current zoning map shown on (indecipherable) and today the site is covered by three different zoning districts. Along the Park Avenue frontage, the zoning is an R10 within the park improvement district that allows for floor area ratio for community facility use of 10.

On the Lexington Avenue frontage, this zoning is currently C18X. Allowing for a community facility floor area ratio of 9.

And in the midblock, the site is currently zoned R8B.

As part of the zoning map amendment, we will be rezoning the Lexington

Avenue frontage to a C19 zone. We would be rezoning the midblock to a C18 zone, and the result of those two zoning changes would be to establish a base-particular area ratio for the entirety of the block at 10.

Next slide.

There will be four zoning text amendments. The first in the principle one is the creation of a new special-permit zoning resolution section 74904. And this will allow for a floor area bonus and notification of all regulations to allow for the enlargement of a hospital where it is occupying a full block located partially within the park improvement district.

We will also be seeking an amendment to zoning to resolution section 66513, to allow for that special permit to be used in conjunction with a transit bonus. We will be seeking modifications or amendment to zoning resolutions section 92041 to make sure and to allow for the hospital special permit to be available in the park improvement district.

And we will be seeking an

amendment to Appendix F to make the rezoned areas a mandatory inclusionary housing area.

Next slide.

We will be seeking a hospital special permit, and it will allow for three principle things:

It will allow for an increase of two FAR floor area bonus for the upgraded hospital.

It will allow for the project to incorporate an additional .5 FAR, about 40,000 square-foot for the recognition of the transit bonus.

It will allow for modification of heightened setback and other (indecipherable.)

And as part of the special permit, we'll be establishing an envelope for the development on the project lot.

Next slide.

This diagram shows that envelope. And if you look at the right-hand image looking from Park Avenue and East 76th Street, you can see that there's a taller development envelope that would accommodate the Lexington Avenue

building. And then as it moves westward, the envelope moves down and establishes the lower heights for the remainder of the block.

Next slide.

Finally, there will be transit authorizations and certifications with a connection with the subway improvement. So the certification will establish an easement volume within the project site for the benefit of the MTA to allow for the location of the subway improvements.

And, in addition, the authorization will allow for the .5 FAR bonus previously mentioned in exchange for creating a wider stairway leading into the station along with ADA access.

Next slide, please.

And I will turn it over to Lisa Lau. Thank you.

MS. LAU: Thank you. Hello.

We're preparing the draft environmental statement or DEIS for the proposed project. For the EIS to asses the possible effect of the project, a reasonable worst-case

development scenario was developed to account for existing conditions.

The future proposed action, also known as the "no action" or "no build condition" and the future without -- with the proposed action, also known as the "with-action condition" or the "build condition."

And the incremental difference between the future no-action and with-action conditions serves as the basis for identifying potential environmental impacts for the project. The EIS will consider construction beginning in 2025 with 9 years of external construction, following 2 years of material fit-out and renovation, such that the proposed project will be completed and fully operational by 2036.

Next slide, please.

As Melanie described earlier, the rezoning will cover only a portion of the block between 76th and 77th Street, from Lexington Avenue to 100 feet east of Park Avenue. The Park Avenue frontage would not be rezoned.

Next slide, please.

This figure shows the project

site that will be analyzed for the EIS. Site 1 is the proposed project and site 1A is the new support building. The new utility and employee tunnel is also shown on this slide. As described earlier, the applicant proposes to the Lexington Avenue 77th Street subway station.

Next slide, please.

In the no-action condition, the hospital complex will remain in its current form. The no-action condition conservatively stands that the existing building on site 1A will continue to be used as is.

The EIS will analyze the build condition in which a new state-of-the-art hospital complex on site 1 would include 475 single-bedded rooms, 30 operating suites and a right-sized updated emergency department. The new 75 feet tall support building on site 1A will be approximately 46,000 square feet.

As shown on this table, the post-project would result in overall development increment over the no-action condition of approximately 639,300 square feet of hospital community facilities and 25 additional hospital

beds.

Next slide, please.

DCP, acting on behalf of the City Planning Commission as lead agency, issued a positive declaration for the project on January 3, 2023. Accordingly, a full environmental assessment statement, EIS, and the draft scope of work have been prepared. These documents are available online.

The DEIS will use the 2021 SEQRA review -- SEQRA technical manual as the general guide on methodologies and impact criteria for evaluating potential effect on the various technical area and analyses. The manual sets the framework for environmental reviews here in the city of New York.

Analyses of socioeconomic conditions, natural resources, solid waste and sanitation services and energy will be part of the EIS. No significant and adverse impacts to these areas would occur with the proposed action. Therefore, no additional analysis with respect to these areas is required.

Next slide, please.

As described in the draft scope of work, the DEIS will examine the proposed actions' potential effect on the environmental areas of concern shown on this slide. Including land use, zoning and public policy, community facilities and services, open space, shadows, historic and cultural resources, urban design and visual resources, hazardous materials, water and sewer, infrastructure, transportation, air quality, greenhouse gas emissions and climate change, noise, public health, neighborhood character in construction.

Where the potential for significant adverse impacts is identified, the DEIS will identify potential mitigation measures and disclose any unavoidable signature adverse impacts. The DEIS will also discuss potential alternatives that would reduce or avoid project-related significant adverse impacts, while achieving the goal's objectives of the proposed project.

For each of the relevant technical areas for the analysis, the DEIS will provide a description of the existing

conditions, assessments of future conditions, without and with the proposed action in the 2036 build year.

Than you for your time today. We look forward to hearing your comments on the draft scope of work.

Now I'll turn it back to Stephanie.

MS. SHELLOOE: Thank you to the applicant team for that presentation and overview of the proposed project.

We will now move on to part two of the meeting where we will receive testimony from elected officials, community board leaders and government agencies.

We can go to the next slide.

So when it is your turn to speak, your name will be called, you'll be promoted to panelist, which will allow you to unmute your microphone and the ability to turn on your camera if you wish. There will be a short period, as I mentioned, where it appears that you're no longer in the meeting. Don't be alarmed; you'll rejoin the meeting as a

panelist. If anyone experiences technical issues that prevent you from sharing your testimony, we'll pause, move on to the next speaker, and allow you to troubleshoot in the background and come back to you if you're able to join the meeting.

There are how-to guides available on the NYC Engage web page for assistance. I'll also encourage folks to dial our dial-in participant hotline, where you can dial any of these toll-free numbers shown at the top of the screen, the first one being (877)853-5247. And when prompted for a meeting ID, enter the meeting ID at the bottom of the screen, (618)237-7396. And when prompted for a password, dial 1.

If you are joining the meeting via phone and have registered to speak, I encourage you to join the meeting now. So, again, you can dial any of those toll-free numbers and then enter the meeting ID shown on the center of the screen to join the meeting via phone.

All right. So we will now move

to our group two of speakers of elected officials, government agencies and community board representatives.

I'm checking our back of house now, but it does not appear that we have any of those speakers registered at this point.

So now we will proceed to part three of the public scoping meeting, where we will turn to members of the general public or those with community group or affiliations and other members of the general public to speak for up to three minutes.

So a three-minute time tracker will be viewable on this screen that will start when you begin your testimony. So I'll ask our production to go to the next slide.

And after three minutes have passed, you will be asked to conclude your remarks. Again, if you have any troubles or difficulties speaking, we will do our best to troubleshoot with you in the background and especially if you can reach out to our dial-in participant hotline if you're having any issues.

We will now begin with our --

with our registered speakers.

The first registered speaker is Karen Meara, to be followed by Al Hurley and then Benjamin Weintraub.

Karen Meara, you're our first speaker. You'll be promoted to panelist in just a moment and be able to provide your testimony.

Hi, welcome.

MS. MEARA: Thank you. I'm Karen Meara, an attorney with Carter, Ledyard & Milburn, environmental and land use counsel for the Committee to Protect our Lenox Hill Neighborhood.

We will be submitting detailed written comments, but I'd like to briefly focus your attention on three areas of concern:

The land use analysis, the lack of basic information about the project and project alternatives.

First, Northwell's proposal to put a structure the size of a midtown office building in this residential neighborhood will be an unprecedented change to zoning controls that protect the livability of Lenox Hill and

neighborhoods throughout the city.

Bulk controls like height limits, mandatory setbacks and tower coverage rules ensure that development balances density with preservation of light and air.

Here, the applicant proposes dramatic departures. For example, current zoning allows heights of 75 feet on the midblock and 170 feet on Lexington. As just described, the project would rise to over 400 feet, including on the midblock. And proposed tower coverage on the future C19 lot would be more than double what C19 typically allows.

The proposed building form can only be found in the city's densest central business districts because the city wisely doesn't allow it in Lenox Hill or any other residential neighborhood. If the draft scope is to accurately and completely evaluate land use compatibility, it must document these proposed dramatic deviations.

Second, the draft scope fails to include key details and information about the project.

First, it fails to mention, let alone provide, information about how the project will relate to Northwell's other facilities in the neighborhood. Particularly, the 200,000 square feet of new ambulatory care space being built on Third Avenue. It's relevant to understanding many aspects of the environmental review.

It also fails to include any discussion of alleged need for the project's extreme height, which is driven not only by the huge increase in floor areas but also by large floor-to-floor ceiling heights.

Given potential adverse impacts on equitable access to healthcare, the scope should also require the applicant to disclose who the project will serve, including currently and projected patient-payer mix.

Finally, the applicant should present a full range of alternatives to mitigate adverse impacts. That should include an as-of-right alternative, alternatives with the shorter construction timeframes, alternatives that consider alternative sites, alone or in

combination, Northwell owns quite a few throughout the city. Alternatives with greater land use compatibility, including reduced height involvement.

I thank you very much.

MS. SHELLOOE: Thank you for your testimony and for taking the time to be here today.

Our next speaker is Al Hurley, who does appear to be in the Zoom room.

We also have a host of people who are all entered into the room registered as Andrew Gaspar. If everyone could lower -- lower their raised hand feature.

Is anyone in the room that name that I just mentioned, Al Hurley?

All right. If we could promote and unmute the person that has their hand raised.

Hello, is this Al Hurley?

MR. GASPAR: No, this is Andrew Gaspar.

MS. SHELLOOE: Okay. I'm sorry. We will -- we hear from our speakers in the

order in which they registered, and so I will put you back in our attendees column, and we will -- we will hear from you when we get to you in our speaker order.

MR. GASPAR: Sure.

MS. SHELLOOE: Hi, everyone. Sorry about that. I was accidentally removed from the meeting.

Our -- as I mentioned, our next speaker, Al Hurley does not appear to be in the room, so we will move on to our next speaker.

Our next speaker is Benjamin Weintraub, to be followed by Nicholas Tappert and Andrew Soussloff.

Benjamin Weintraub, you'll be promoted in just a moment.

Hello. Welcome.

MR. WEINTRAUB: Hi. Can I start?

MS. SHELLOOE: Yes.

MR. WEINTRAUB: Great. Thank you, Stephanie.

I just want to give some background about the neighborhood character that I feel my perspective is unique among the

participants in this meeting. So I'm a native Manhattanite and so is my wife. Been an Upper West Side resident -- Upper East Side resident for more than 25 years.

Lenox Hill started, as we know, as the German dispensary in 1857. That was the same year that ground was broken to start the construction of Central Park. And just to put it in perspective, that was almost over 40 years before aspirin was invented, that's how primitive medicine was when the neighborhood started.

My mother-in-law grew up at 17 East 79th Street. She used to play on the space between Fifth and Madison. She used to play on the street with her friend, and her grandmother would look out the window of their townhouse and wave a flag when she saw a car coming so the kids could get off the way safely. Things have just radically changed since Lenox Hill Hospital set its roots in this neighborhood.

Now it's so crowded and so dense that this summer, I actually saw the police break up a fight between two Lenox Hill Hospital

employees on my block who were fighting over a parking spot.

This neighborhood is so tightly tacked, it cannot handle a building that's being proposed the size of the Freedom Tower or Empire State -- or the width of the Freedom Tower, Empire State Building, 1 Vanderbilt. There's just no room for it.

The last thing I want to mention in my three minutes here, was that my mother was in Lenox Hill Hospital for about a month in summer 2020. If we were there when there was a 11-year construction project going on where construction started at 7 in the morning and ended at 6 at night, there's no way we would have let her stay in that hospital.

This plan of building a new hospital while -- right next to an old one for 11 years construction is completely, completely ridiculous. Obviously, it hasn't been well-thought-through, and I really want the hospital to reconsider its entire plan.

Thank you very much for the time.

MS. SHELLOOE: Thank you for your

time and taking the time to be here today.

Our next speaker will be Nicholas Tappert, to be followed by Andrew Soussloff and Lois Uttley.

Nicholas Tappert, we'll now promote you to panelist.

MR. TAPPERT: Good afternoon. I'm Nicholas Tappert. I'm an attorney with Carter, Ledyard & Milburn, representing the Committee to Protect Our Lenox Hill Neighborhood.

I'd like to address several flaws in the draft scope that require correction if it is to properly focus the analysis in the DEIS.

First, the analysis framework downplays the project's severe adverse impacts. The future no-action alternative currently assumes that Lexington Hill will have 450 staff beds in 2036. As will be explained by Dr. Fred Hyde, that number ignores that the hospital's bed utilization has been shrinking for two decades and currently hovers around 300 per day. That assumption is critical because it drives the baseline against which project impacts will

be measured in the DEIS.

Second, the draft scope fails to consider how Northwell's billion-dollar expansion in one of the city's most affluent areas will further concentrate healthcare resources to the detriment of the city's most underserved.

The draft scope acknowledges that the over 19 hospitals in the city have closed since 2012 and suggests Northwell's goal is to avoid being the next. But this means that another hospital in another part of the city will be next instead.

SEQRA requires consideration of impacts on the human environment, including adverse impacts on health inequities.

Third, the transportation analysis in the draft scope appears to rely on questionable assumptions about build year conditions in 2036. For example, the transportation analysis defers from Northwell's data on daily staff and visitors under future conditions.

With two decades of declining

utilization rates at the hospital, we question that data. The DEIS must avoid inflating the baseline and concealing project impacts.

Further, the transportation analysis looks to two FASs from 2008 and 2013 for modal splits at Lenox Hill in 2036. The DEIS should explain why those projections are reliable assumptions 25-plus years later.

The city's transportation landscape is substantially different today and will be even more so in the build year, with implementation of projects like congestion pricing.

Finally, the draft scope is flawed for failing to require analysis of cumulative impacts, including congestion pricing and completion of Northwell's 200,000 square foot nearby ambulatory facility, which will alter neighborhood traffic patterns, likely increasing congestion during construction and operation of the project. These and other projects must be identified and their combined impacts evaluated.

Thank you for your time, and we

look forward to seeing a comprehensive DEIS that carefully considers these and the project's many other significant and unacceptable impacts.

MS. SHELLOOE: Thank you for your testimony and for taking the time today.

As a reminder to all of our speakers, we do accept written comments. And if you have prepared notes, that can always be helpful for us documenting all these important comments that we're hearing today.

We will now move on to our next speaker, Andrew Soussloff, to be followed by Lois Uttley and then George Janes.

Andrew Soussloff, you're our next speaker. We'll promote you to panelist, and then you'll able to provide your testimony.

Hi. Welcome.

MR. SOUSSLOFF: Thank you, Stephanie.

My name is Andrew Soussloff, and I'm a resident of 830 Park Avenue. I've been a neighbor of Lenox Hill Hospital for more than 20 years.

I'm shocked and appalled by the

height and mass of the building proposed by Northwell. The public transit streets and parking infrastructure of the Lenox Hill neighborhood, one of the most densely populated in the city, cannot sustain a project of this size.

Car use and traffic congestion have gone up in our neighborhood since COVID, and we except a fancy new hospital on this scale will generate substantially more patients arriving by car.

Northwell is proposing to increase the size of the emergency department by 30 percent. Ambulance drop-offs as well as truck deliveries will increase.

The neighborhood streets are narrow and already blocked multiple times a day by Northwell's ambulances and trucks. A few ambulance bays and truck bays on narrow sidestreets don't solve that problem. It will only get worse with increased volume.

We urge city planning to make sure the traffic analysis takes these factors into account. We should require Northwell to

undertake new independent traffic studies at the site and at comparable sites.

Public transit access is inadequate and already overcrowded at peak times. Northwell is proposing to modify the downtown entrance to the Lexington Avenue subway to make it larger and handicapped accessible.

What about the uptown side? It is ludicrous and insulting to make the subway handicapped accessible in one direction and not the other.

Modifying the subway entrance does nothing to increase the capacity of the narrow platforms or the trains. Overcrowding will be even worse.

Lexington Avenue is the narrowest of the East Side avenues. Traffic and the blocks around the hospital is already limited to a single lane, with one lane reserved for buses and one lane filled by on-street parking and restaurant sheds.

How will it work for Northwell to have a major entrance on the west side of Lexington? Where will the buses go?

Parking capacity is limited in the neighborhood and will get worse if congestion pricing is implemented in Midtown Manhattan. This project will increase the traffic volume in the area, and there will be no place to park and residents will have even fewer options than we have today. Northwell has proposed no solution to the parking problems this project will exacerbate.

The City planning should require that the parking shortage be addressed. Northwell has not answered any of these questions and claims that the effects are not material. That is false. And we, the public, ask that City planning seek answers.

Thank you.

MS. SHELLOOE: Thank you. Thank you for your testimony and for being here today.

Our next speaker, Lois Uttley, does not appear to be in the Zoom room.

And our next speakers are George Janes, to be followed by Stacy Krusch and Fred Hyde.

Lois Uttley, we will try to

troubleshoot in the background, as it does not appear that you are present.

So we will move to our next speaker, George Janes.

All right. Hello. Welcome.

MR. JANES: My name is George Janes. I'm an urban planner helping Lenox Hill's neighbors through this process.

Three months ago, Speaker Adrian Adams published the city council's land use guidelines where Speaker Adams wrote in part:

"The COVID-19 pandemic revealed the importance of access to primary care and hospital capacity and how inequities in this access and economic opportunity create vastly different health outcomes across New York communities. We must proactively plan to increase access to healthcare and essential services. Particularly in neighborhoods that have suffered from historic neglect or have high populations of residents with greater support needs. New development should be paired with swift and effective commitment to provide resources and support that avoids worsening and

inequities in communities."

An environmental review must disclose if an action is consistent with local plans, and the city council's new land use guidelines should be one of the plans evaluated by this review, which I expect will show that this proposal will increase inequity by concentrating services in a neighborhood that is already well-served and does nothing to proactively plan increases -- increased access in areas of high need.

Further, for over 100 years, zoning has required buildings to set back to allow light to the street. This tower rises 194 feet before its setback. There are no zoning districts in New York City that permit a building to rise 194 feet at the street line. None.

Developments at this scale have historically only been seen in central business district. But even there, as-of-right zoning requires a setback lower than 194 feet.

New York City adopted zoning specifically to prevent buildings like this from

darkening the street. This impact is not shadows; its access to daylight, and the EIS needs to disclose how this proposal impacts fundamental New York City zoning principle.

Finally, the environmental review should study alternatives that not only meet the applicant's needs but also those that address the needs of the city. The lead agency should require an alternative that avoids worsening inequities, as Speaker Adams wrote.

Another alternative should examine a new Lenox Hill that fits a combination of the existing avenue zoning and the existing -- existing maximum midblock building height. Such an alternative can be up to 40 percent larger than the existing hospital and may meet most of the applicant's stated needs while lessening the impacts.

Thank you. I will be providing written -- detailed written comments by March 13th.

MS. SHELLOOE: Thank you, Mr. Janes. And right on buzzer. You've had practice with that. Thank you for your

testimony.

Our next speaker will be Stacy Kroosch or Krusch -- sorry if I'm mispronouncing your name -- to be followed by Fred Hyde and Andrew Gaspar.

Stacy, we will promote you to panelist and provide you the ability to provide your testimony.

MS. KRUSCH: Hello.

MS. SHELLOOE: Hello. Welcome.

MS. KRUSCH: I'm going to reiterate comments that I've provided elsewhere. I was on the committee with Gale Brewer for many -- for a time period.

This is really a vanity project and not a community need-based project. And we task Lenox Hill Hospital to start from scratch, go back to the drawing board to plan and design a hospital renovation based on actual need, not want, that fits within the current allowed zoning for this residential neighborhood.

If there's no way to the Upper East Side footprint, keep the footprint as-of-right and construct whatever. The best

boutique maternity hospital and/or ER and then have your New York City showplace somewhere else with ample space and need. There's no way to shoehorn this structure, over 400 feet high, into a dense residential community. This is not a mere request for a variance. It will be destructive. Rezoning will adversely impact our neighborhood during construction and for the tens of years thereafter that the building would be in use.

You can expect to put one of the largest hospitals in the entire United States in this city block footprint. It doesn't fit in a neighborhood -- in this neighborhood's block in sigh or scope. And bigger isn't better, and a monstrous facility doesn't make it world class. Just because your current proposal isn't a giant as your original proposal says nothing. You're seemingly making accommodations, but they are accommodations to a proposal that is absurd to begin with.

I am your neighbor. I am the community keeper. And this is not for the community you so claim to care about. For the

past 20 years that I've lived here, Northwell has let some of your buildings crumble and sit idle. Where have you been for those past 20 years? I've never seen anyone cleaning the sidewalks around the facility, and it's rife with debris from your hospital right now. Just because you been here for years isn't a good enough reason to think you're owed this.

And the hospitals of the future, as Mr. Doweling said in 2020, and I quote, the hospital is only one link in the chain and in the delivery of care. Everybody focuses on the hospital, but most care is not going to be in the hospital in the future.

So I would say -- this says to me, in essence, this proposal is already outdated as a facility of the future and will be even more so before its anticipated 11-year completion process.

Constituent opposition has been in full force since day one. No one I know disputes renovating an outdated and crumbling facility as long as it's to scale and is right for the block. The community is not interested

in the egregious monolithic building with a fancy lobby and towering structure above it. It will cause environmental changes forever, not just during construction.

Artificial light emanating from the building, increased sound, blocking of sunlight, increased noise, changes in natural airflow, excess heat, pollution, foot traffic, vehicular traffic, and the list goes on.

This isn't a campus --

MS. SHELLOOE: That was the end of your time, if you can conclude your remarks at this time.

MS. KRUSCH: Thank you. I will.

It's a residential square block. We want our quality of life. It's a neighborhood of families, children walking to school, people walking their dogs and the elderly trying to navigate the already crowded streetscapes.

The quality of life will be gone forever, and this project is not justified as is.

Thank you.

MS. SHELLOOE: Thank you for your testimony and for being here today. Thank you.

Our next speaker is Fred Hyde, to be followed by Andrew Gaspar and Nicholas Reece.

Fred Hyde. I'm not seeing that person in the room.

But I do note two folks -- okay. We will move on to our next speaker, who is Andrew Gaspar, to be followed by Nicholas Reece and then Stephanie Rechler.

Andrew Gaspar, we will hearing from you now. You are our next speaker.

You can go ahead and promote Andrew Gaspar to panelist so he's able to provide testimony.

MR. HURLEY: Hi, this is Al Hurley.

MS. SHELLOOE: Okay. Since you were the second registered speaker, we will take your testimony at this time. There must have been a mixup with the Zoom link.

This is -- for the record, please just state your name for the record.

MR. HURLEY: Al Hurley. I'm

Hurley.

Can you hear me?

MS. SHELLOOE: Yes. Please begin your testimony.

MR. HURLEY: Okay. I'm Al Hurley, and I'm a neighbor of Lenox Hill Hospital. And we're going to be severely affected by this proposed reconstruction.

I've had surgery at the hospital. It was during the pandemic, so I know the hospital well. And I'm also the treasurer of the Committee to Protect Our Lenox Hill Neighborhood and have been actively reviewing Northwell's original and revised plans, and I am adamantly opposed to the new plan.

What I want to focus my remarks on today is the extraordinary costs of this one $1.6 billion project, is either one of the largest ever in New York or the largest, and certainly for a hospital.

Assuming there are miraculously no cost overruns, and assuming 30-year financing, just the financing costs associated with this project will be $8 million per month.

Almost 100 million per year, every year for 30 years. That is over a quarter of a million per day, $170 a minute. Another way to look at the financing costs is that it is $4 million per year per bed for the 25 additional beds contemplated by this plan.

At a time when hospitals are cutting at underperforming facilities, not hiring enough nurses and not giving staff adequate raises, this vanity project will be an extraordinary financial burden to Northwell and its patients.

Your nursing unions should be the first to object. The city, which is paying some of these healthcare costs, should also be outraged.

Therefore, I implore the City planning board to make Northwell go back to the drawing board and propose a renovation of the hospital that fits within its current footprint at its current height with a focus on providing services that are not easily accessible by the -- the financing cost of this project will be vastly lower.

Thank you for your time.

MS. SHELLOOE: Thank you for your testimony. And I'm glad you were able to join the meeting here today.

We have also another speaker that we had skipped but is now in the room, Lois Uttley. So we'll go back to that speaker at this time. If we can promote Lois Uttley to panelist so that they're able to provide their testimony as an earlier registered speaker that we had skipped.

MS. UTTLEY: Yes. Hi. Let me just get my remarks up here. Thank you so much for the opportunity to present some comments.

I'm speaking on behalf of Community Voices for Health System Accountability. We're a network of health equity advocates based in New York City. We want to express deep concerns about Northwell Health's proposal to expand and upgrade Lenox Hill Hospital, and we want to urge you to include the impacts on health equity within the scope of your review of this project.

To put it simply, this project

would add hospital capacity where it is the least needed, thereby exacerbating existing series, inequities and access to healthcare across New York City.

The Upper East Side community district in which Lenox Hill Hospital is located already has far more hospital beds per 1,000 residents than any other -- almost any other community district in New York City.

Looking at New York State DOH-certified beds, there are 9.66 per thousand people in the Upper East Side, compared to just 2.64 across the city. It's way more than the 1.6 per thousand residents from Queens, 2.34 in Staten Island, 2 in Brooklyn and 2.43 in the Bronx.

At the same time, Upper East Side residents are healthier than many other New York City residents. There are lower rates of chronic disease, teen pregnancy, infant morality and deaths from COVID-19 and than citywide rates. Thus, demonstrating that there is less need for hospital expansion and upgrade in this part of the city than in unhealthier areas.

Lenox Hill Hospital also serves a low percentage of people with Medicaid and is not racially inclusive. According to a national study which rated, Lenox Hill is one of the least racially inclusive hospitals in the entire state and, in fact, the nation.

So approving the investment of 1.6 billion and expanding an upgraded hospital capacity in an already over-bedded and relatively healthy area of the city, while other community districts with poor health remain medically underserved would be in the best interest of the City of New York.

We want to urge you to include the impact on health equity within the scope of your review of this project and to recommend either disapproval or a significant downsizing of the project, and encouraging Northwell to invest in expanding hospital capacity in areas of the city where it's actually desperately needed. Thank you.

MS. SHELLOOE: Thank you for your testimony. And I'm glad we were able to go back to you in our speakers list.

We have had another of our prior called speakers join. So Fred Hyde is now in the room, so we will go back to Fred Hyde, and then we will continue on in our speakers list.

So Fred Hyde, who is now in the room, let's promote him to panelist, and we will be able to hear their testimony.

MR. HYDE: Thank you, ladies and gentlemen. My name is Fred Hyde. I'm appearing for the Committee to Protect Our Lenox Hill Neighborhood with three points that will be the subject of our detailed filing.

First, for the architecture team. Beginning of my 50 years in this field, I learned that one role of the architect was to build what was needed and to persuade the client and to limit their aspirations as to what was needed.

This hospital had, as of 20 years ago (audio disruption) of 498, last year 298. It doesn't have 450 filled beds. In fact, its average daily census is down 40 percent in the last 20 years. It hasn't seen 55,000 emergency room visits for 10 years.

My second comment is to Mr. Flanagan. Mr. Hurley has laid out a number, I assure you, is a controversial one. You're going to have to raise revenues by a billion a year in order to generate the debt service to cover the billion, five hundred million project.

Is that too steep a hill for New Yorkers who are already paying high prices? This is not an academic medical center, this is not a level one trauma center; we've got a lot of those.

And, finally, for Dr. Baker, by standing behind a program so grotesquely inflated, you endanger the possibility of staff that you obviously care for, will have a renewed facility.

The program is massive, inappropriate, the price is arguably unaffordable by anyone and Northwell's finances are not going to pay for this project. But most importantly, the very good work that is done by people in this hospital will not merit the renewal which the hospital deserves. It does deserve to be renewed but at the right size.

Thank you very much.

MS. SHELLOOE: Thank you for your testimony, and I'm glad we were able to get you back in the room as well.

We will proceed with our speakers list. Our next speaker is Andrew Gaspar, followed by Nicholas Reese, to be followed by Stephanie Rechler.

Andrew Gaspar, we have reached you on our speakers list. We will promote you to panelist in just a moment, and you'll be able to provide your testimony.

Hello. Welcome.

MR. GASPAR: I apologize for the confusion. I'm the real Andy Gaspar. When other panelists couldn't get in, I shared my access with them, which is what lead to the confusion. I apologize.

I live across the street from Lenox Hill Hospital, so I'm going to be severely affected by the proposed reconstruction. All four of my children were born there. I have had surgery and emergency care there. I am also a founder of the committee to protect our Lenox

Hill Neighborhood and have been in continuous touch with senior members of Northwell at the Manhattan Borough President's task force meetings. And more recently, I carefully examined Northwell's revised planning, and I continue to be vehemently opposed to it.

Other speakers have addressed the absurdity of building the tallest hospital in New York City in a dense residential neighborhood where it doesn't fit and where zoning prohibits it. Still, others explain why there's no need for this expansion in the first place, and how the community's vociferous opposition, with over 6,300 signatures on our petition, the unanimous vote of the zoning committee of Community Board 8 and the 36-to-3 vote by the entire board against this proposal needs to be listened to.

But I'm going to focus today on another major problem, which is timing. This redevelopment is projected to take 11 years, during which there will be continuous noise, dirt, traffic disruption and debris in our neighborhood. I'm 75 years old and that decade

represents the rest of my useful life, so this really matters to me.

And why will it take ten years? Because Northwell proposes to keep the hospital open and functioning while demolition and construction take place, not nearby but on its own block. Yes, it's very hard to change tires on a moving car.

1 Vanderbilt, a 93-story skyscraper, was built in three years. Keeping Lenox Hill open stretches the construction of a building less than half that height to 11 years. 10 years of construction on the second -- Second Avenue subway line destroyed about half the businesses on that street and destroyed property values as well as peaceful enjoyment of the homes along the construction. The Second Avenue subway may have been needed, but this expansion is not needed.

76th and 77th Streets are narrow sidestreets. Lexington Avenue is the narrowest avenue on the east side of Manhattan. Blocking off lanes for construction will make these streets unpassable for a decade.

Let me stress this, we're talking about blocking lanes and streets not for a week or a month, like each of you may have experienced when Con Ed fixes a leak, but for ten years. The same is true for staging and storing construction equipment on Park Avenue. And I learned earlier this week, that Northwell proposes to do construction on Saturdays and Sundays for ten years.

You don't have to be an expert to predict the impact of ten years of construction on our small businesses, our religious institutions, our schools and our residents. Ten years of total upheaval are unacceptable anywhere. And I'm going to fight to make sure it doesn't happen outside my window.

I appeal to the City Planning Board to prevent this disaster from happening. You can stop this vanity-driven calamity. There are alternatives that do not destroy a dense residential neighborhood. If it doesn't fit on this block, perhaps it can fit elsewhere.

So please reject this plan and Northwell back to the drawing plan for hospital

improvements but not expansion. Thank you.

MS. SHELLOOE: Thank you. Thank you for your testimony. I appreciate your willingness to help, but for your reference or all of the attendees, but if you did not register via NYC Engage or our speaker's portal, you will not be showing up with your correct name on our Zoom, and that's what takes a moment.

So if you are -- did not register yourself, and you joined via a link from someone else and you may be in the Zoom with the incorrect name, so we encourage everyone to register via the NYC Engage portal so that you are able to join the meeting with your correct name.

So now we will go to our next speaker who is registered, Nicholas Reece. It's showing that this person is registered to speak via phone, but I'm not seeing that person in the room. If Nicholas Reece is in the room dialed via phone.

All right. Let's go ahead and promote this person that has just raised their

hand, and we will confirm if this is the next person in our speakers list.

MR. REECE: Hi, Stephanie. This is Nick Reece. I'm joining via Zoom rather than the phone, so thank you for having me.

One thing that I wanted to clarify before I make my statement is, I did try to send a written statement by email to the email that was provided on the website, and it bounced twice. One was NYC.planning.gov, and the other one, I think, was planning.NYC.gov.

And I'm hoping that you can clarify for us what is the correct email address to send written statements to.

MS. SHELLOOE: Sure. If we can -- it is: 23DCP079M_DL@planning.NYC.gov.

There may be file attachment limit. That maybe is why the bounce back was occurring. I believe that there is a 5-megabyte attachment limit.

MR. REECE: That is the email that I sent it to, and it gave me -- I didn't have any attachments, it was just text. And it bounced back with an error message, and it said

that maybe I had to be on an approved list or within the -- within the --

MS. SHELLOOE: Okay. We will follow up. Thank you for alerting us to that issue. We will confirm that that is able to accept written comments from everyone who wishes to submit them. Thank you.

MR. REECE: Yeah. Okay. Thanks. So let me make my statement.

I live in the neighborhood, and I'm writing -- speaking to express my strong objection to the proposed plan for Lenox Hill Hospital. Of course, I understand the importance of providing health -- quality healthcare to our communities, but I believe this project will have severe and unnecessary negative impacts on our neighborhood and surrounding (audio disruption) -- need for this project. The Upper East Side already has an abundance of healthcare facilities and other neighborhoods are in greater need of such services.

Furthermore, the Lenox Hill Hospital is not as crowded as other hospitals

are. The project is unprecedented in terms of the building form and contradicts good zoning policy and practice. Northwell's proposal might be suitable for a commercial area in midtown but not for a residential neighborhood. It will clash with neighborhood character and cast long shadows and have deeply negative impacts on the livability and the quality of life of the area.

Also, I would encourage taking a look at the environmental impacts as recommended by CPOLHN and its advisers. I don't understand who this project benefits other than Northwell, and it may not even benefit Northwell.

It will hurt this neighborhood in many ways and perhaps other neighborhoods, too, by setting terrible land use precedents, and further concentrating healthcare resources.

To reiterate, I'm very concerned about this project and the negative impacts it will bring to Lenox Hill and other parts of the city. So let me conclude my comments there.

Thank you, Stephanie.

MS. SHELLOOE: Thank you. Glad we were able to get you in the room, and we will

definitely follow up with the -- confirming that the email is accepting comments as needed.

Our next speaker will be Stephanie Rechler, to be followed by Amy Rappaport McKenna and then Michelle Birnbaum.

Stephanie Rechler, you are our next speaker, and we will promote you to panelist, and you will be able to provide your testimony.

MS. RECHLER: Stephanie, could you email me the direct link for written testimony, please?

MS. SHELLOOE: We will provide it on the screen at the end of this -- at the close of this meeting. It's also on our website, but we will -- we will definitely confirm that that's accepting comments as it should be.

MS. RECHLER: Thank you so much.

MS. SHELLOOE: Do you have additional testimony?

MS. RECHLER: I do, I do.

This is Stephanie Rechler. I'm an ordinary resident of the Upper East Side. I cannot claim to be a zoning expert or a planning

expert or a healthcare expert. My claim is that I'm a native New Yorker who has lived within a 12-block radius of Lenox Hill Hospital all my life. I am a volunteer at the community to protect our Lenox Hill neighborhood. I represent the 6,300 supporters with 3,000 within the Lenox Hill ZIP codes. Northwell is huge and strong with very deep pockets. Northwell is Goliath and we're David, but we're not going away.

Northwell gave up the plans to build the residential tower two years ago. This does not serve as an excuse to justify the current plans. I want to thank my colleagues who have spoken before me so articulately.

Lenox Hill Hospital was built in the 19th century as a community hospital to serve the German American population of Yorkville. She is an old lady. I speak from experience, old ladies shrink as they age. Northwell wants to do to Lenox Hill Hospital the equivalent of excessive Botox. The design of the building is too plumb; it's too huge.

Just as Madonna was

unrecognizable at the Grammy awards, and the online community laughed at her misguided vanity, Northwell plans show the same misguided vanity.

Northwell talks about delivering excellent patient care, but they neglect to consider the health and welfare of the residents who live near the hospital. How ingenuous is that? Eleven years of construction to keep the hospital going has great consequences to the community. Again, misguided judgment. Doctors could practice at Northwell satellites or patients could go to the world class hospitals in the neighborhood. Eleven years of prolonged impact on the air we breathe, the safety of our children, the livability of our homes.

Please note that the hazardous environmental conditions in a densely populated area lead to preventible deaths and taxpayers city and Northwell viability. This is a vanity project for the ego of the CEO, certainly not to benefit the neighborhood.

I urge you to direct Northwell back to the drawing boards and design a hospital

that will serve the local community that it was meant to serve. Thank you very much.

MS. SHELLOOE: Thank you. Thank you for your testimony and for being here.

Our next speaker is Amy Rappaport McKenna, to be followed by Michelle Birnbaum and then Cort Anderson.

Amy Rappaport McKenna, who is joining us by phone, you should have the ability to unmute yourself by dialing star six.

Are we able to unmute this speaker?

MS. RAPPAPORT MCKENNA: Thank you and good afternoon. My name is Amy Rappaport McKenna, and I've been a resident of this neighborhood for 45 years, and my two children were born at Lenox Hill.

I'm gravely concerned by Northwell's lack of transparency with its other East Side projects and also seriously concerned by Northwell's proposal for this project whose scope and scale is not appropriate for the neighborhood or the city's needs for additional care.

The number of variance and zoning changes required should be the first concern, because this project is not meant to help the Upper East Side or even residents of New York City. It is meant to be a hospital for destination medicine and treatment, and of course, for larger profit for Northwell.

In addition, it appears that the nonreimbursable nonprofit areas of the hospital, like truck bays and ambulance bays, are to be the burden of the neighborhood instead of the hospital.

The 11 years of construction and the continued services needed to support this proposed building are just not achievable for this community. If the current plan is not appropriate, countless community buildings in our community, like schools, have had to curtail much needed plans, which would benefit students and the elderly.

Northwell does not have a reason and politicians do not have a right to grant any variances that enable them to make any more money. Thank you.

MS. SHELLOOE: Thank you for your testimony and for being here today.

All speakers who have registered will -- are added to our speakers list. So if you completed our registration process, you are in order, and we're moving through our speakers here in the order in which they signed up.

Our next speaker, as I mentioned, is Michelle Birnbaum, and to be followed by Cort Anderson and Ruth Holzer.

Michelle Birnbaum, you will be promoted to panelist and given the opportunity to share your testimony.

MS. BIRNBAUM: Yes, hello. Can I be heard?

MS. SHELLOOE: Yes.

MS. BIRNBAUM: Thank you. My name is Michelle Birnbaum, and thank you very much for hearing my comments this afternoon.

I'm a member of Community Board 8 and its zoning committee. However, today, I am speaking on my own behalf; although, you heard from the Community Board.

Having listened intently to the

elaborate, well-done presentation on the expansion and reconstruction of the Lenox Hill Hospital facility, it's apparent to me that Northwell's expansion plans far exceeds their needs and are too ambitious to be worthwhile to Northwell as they violate and destroy the quality of life of the adjacent joint community.

By the end of the 11-year construction timeline, we will not likely even have any of the same principles that we are hearing from today and the institutional memory will also be lacking.

This project, including the 436-foot tower on narrow Lexington Avenue, if completed as presented, will overwhelm this residential neighborhood with crowding, traffic and visual blight and complete change of ambiance.

While claiming everything Northwell is doing is to increase patient care and well-being, their care of their outpatients, meaning the residents, businesses and schools, will be sorely lacking and substandard. Their claim that they can keep a hospital opening and

functioning during this 11-year construction period and maintain the same level of care for their inpatients, i.e., protect them from noise, dirt, fumes, germs, will only be monitored by a third party whom Northwell will be paying. My understanding is that there is no hands-on monitoring by the state and nonpartial entity.

Northwell claims that because the hospital will remain open, the design of the complex is what it is, implying that if the hospital didn't remain open, that they can substantially modify their plans. Such as a now-located and projected location of a ER on the second floor, needing an elevator to access. That's not ideal.

Excuse me. If those modifications could result in a smaller contextual plan built as-of-right and cut the construction time to three years, that would make far more sense.

Northwell has satellite locations in all boroughs, including Manhattan, and it would make sense to admit their patients to those facilities while this project is being

constructed. Their new Third Avenue facility could be used as well.

The project is too big, out of context and too much of an imposition on the thousands of people in the neighborhood to their extreme detriment.

Also, as an aside, they mentioned that they will have affordable housing or the ability. However, they are not planning for any. As health providers, Northwell is being selfishly one-sided. This project will not serve the health needs of all those affected and that's just as important and must be examined, the health of the community.

Thank you very much.

MS. SHELLOOE: Thank you. Thank you for your testimony.

Our next speaker is Cort Anderson, to be followed by Ruth Holzer and followed by Sofia Milonas.

Cort Anderson, if you are in the room and we are not seeing you in the room. If Cort Anderson is here, if you can go ahead and click that raise hand button.

All right. We're not seeing Cort Anderson, so we will skip this speaker and come back to them if they're able to join back into the room.

We will move on to our next speaker, Roth Holzer, again, to be followed by Sofia Milonas, to be followed by Daniel Tavacolli.

Ruth Holzer, we'll promote you to panelist, and you'll be able to provide your testimony.

MS. HOLZER: Thank you so much for allowing me to provide testimony. And I applaud all the eloquent speakers that went before me.

I've lived in the neighborhood for 25 years, and my three grown-up children each live at East 76th Street in their own apartments, so I'm technically representing four households. And we bought all those apartments because of the wonderful neighborhood and the fact that there was zoning. And there's a reason why there was zoning exists.

This building that Lenox Hill is

proposing is totally out of character with this neighborhood. It is humongous, absolutely huge, way too big with being approximately 40 stories tall. This type of building belongs more in Midtown than in a residential neighborhood, and the hospital should rethink this project.

At the community board meeting this week, one was able to see that the whole neighborhood is very upset about this project. Again, how is being a good neighbor to ram this project through against the whole neighborhood's wishes?

The lone speaker who said that this -- she was in favor of this project was not even living in this neighborhood and was in a union that somehow was connected to the hospital. So I believe future speakers should state their connection to the hospital.

The rooms that are proposed are huge. I think Northwell Health is not being truthful. Medicare will not cover these single rooms; therefore, Lenox Hill is not being truthful because, ultimately, this will result in more double rooms. And, therefore, more

patients and more congestion in the neighborhood. It is not needed in this neighborhood at all. And as speakers eloquently said, this project is better off in another neighborhood, more of a business area.

If the hospital wants to be a better neighbor, how is this possible by subjecting the neighborhood to 11 -- 11 -- years of constant construction that includes huge dust and, therefore, hazardous health conditions and traffic nightmares, not to mention unrelenting noise for 11 years, which would also include weekends.

I urge the government not to approve this and to tell the hospital to go back to the drawing board and do an adequate plan that fits in with the neighborhood zoning.

Thank you very much.

MS. SHELLOOE: Thank you. Thank you for your testimony.

Our next registered speaker is Sofia Milonas, who has indicated that they are joining via phone. But I do not see that user in the Zoom room. If you are here, Sofia

Milonas, if you can dial star six on your phone or use the "raise hand" feature.

All right. We will -- we will move on to our next speaker and come back to this speaker if they are -- if they are able to join.

Our next speaker is Daniel Tavacolli, to be followed by Mahogany Jones, to be followed by Infinite George.

Daniel Tavacolli, you are our next speaker. Hi. Welcome.

MR. TAVACOLLI: Thank you. Thank you very much.

I am Daniel Tavacolli. I live across the street from the hospital, like many of the others who are on this call, and I'm extremely concerned with the scope of the project that's been presented.

As many of you said, I saw the plans the other day at the meeting. I was flabbergasted by how tall the building is being proposed to be built and just in our neighborhood, which is a beautiful community, to kind of build something that belongs next to my

office in Bryant Park just makes absolutely no sense. And it doesn't actually do anything to benefit the community and destroys the nature of the historic neighborhood.

I'm also terrified of the impact it's going to have on traffic with the bus lane across the street, the lack of parking, and already the congestion that exists with the double-parking that happens when people are delivering packages to the Duane Reade across the street. It's a very, very narrow road and it's usually one lane and it's going to back up all the way to the 90s by doing this project.

And the construction. I mean, 7:00 a.m. on a Saturday, you know, regardless if you're religious observance, that's just an obnoxious time to start construction, and it does take into account the needs that I have young kids that I want to raise in my apartment across the street. It's not fair to wake them up in the early morning so they can do this for the next 11 years.

And I don't think they've really thought about what other options they can have

that actually mitigates these impacts. I'm extremely concerned with this project, the negative impacts it's going to have on the Lenox Hill neighborhood and other parts of the city, and, you know, I implore them to go back to the drawing board and build something that's in the -- that's in their right and not ask for the zoning variance. That's -- that's ridiculous and preposterous, in my mind, and it seems like many others on this call agree with that.

And I think City Planning should require, you know, the hospital to present -- present as an as-of-right alternative, alternatives that can mitigate the severe impacts, including construction land use, public health community character and shadow impacts at the very least.

So thank you for listening to me.

MS. SHELLOOE: Thank you. Thank you for your testimony and for your time today.

Our next speaker is going to be Mahogany Jones, and to be followed by Infinite George and James Robinson.

Mahogany Jones, we're not seeing

you in the Zoom room. If you are in under another name, if you could use the "raise hand" feature so that we can identify you.

All right. I'm not seeing that person in the room, so we will go on to our next speaker, Infinite George. We'll promote you, and you will be able to provide your testimony. And our following speakers will be James Robinson and Vaseah Dupree.

MR. GEORGE: Can you see me, guys?

MS. SHELLOOE: We can hear you.

MR. GEORGE: All right. Okay.

Good afternoon, everyone. My name is Infinite George. Thank you for having me today to give me the opportunity to testify. I'm a Harlem resident. I'm a member of Laborers Local 79.

I'm here to support the Lenox Hill Hospital project, in addition to its public health plan mission. This project means construction jobs with union wages and benefits to support workers and their families. Building with Local 79 laborers creates careers for New

Yorkers of color and from households such as myself.

Like many Local 79 members, I'm a lifelong New Yorker who grew up public housing. When you grow up like I did, affected by poverty and the justice system, it's hard to get a fair chance. Before I joined the local, I struggled working nonunion construction, exploitation. There were deep safety concerns. It was a sweatshop. But Local 79 never held my history against me or my background where now I have a career with fair wages and healthcare. Not only do I provide for my family, but I'm also taking task (indecipherable) so I can help other people like me find a better way to be in society and a better of way living. This is why I support projects like the Lenox Hill project, to bring longterm financial stability to workers and good wages for Harlem residents.

Opponents to this project are complaining about new people coming in their neighborhood. I suppose that people like me looking for work in the Upper East Side or seek medical care, would be (indecipherable).

And I would like the panelists and all panelists and all opponents to know that we just went through a terrible pandemic that is possibly what will happen 100 years from now. And we showed the lack of adequate hospitals, we need more hospitals. Jobs like (indecipherable.)

Thank you very much.

MS. SHELLOOE: Thank you. Thank you for your testimony and for taking the time to be here.

Our next speaker is James Robinson, to be followed Vaseah Dupree and Shayna Laurie.

James Robinson, you are our next speaker. You'll be promoted to panelist and be able to provide your testimony in just a moment.

MR. ROBINSON: Good evening. Can everyone hear me?

MS. SHELLOOE: Yes, we can hear you. Welcome.

MR. ROBINSON: Good evening, and thank you for the opportunity to testify.

My name is James Robinson. I am

a Harlem resident and a Local 79 laborer. I'm here to support the Lenox Hill Hospital project, which will improve the health and recovery of NYC's communities while building with the union labor that provides family health benefits and family-sustaining wages.

These improvements will benefit patients, staff, local businesses, and will create jobs for construction workers with union wages and safe work sites.

Thank you for your opportunity and support for this important project.

MS. SHELLOOE: Thank you. Thanks for your testimony and for being here today.

Our next speaker is Vaseah Dupree, to be followed by Shayna Laurie and Dajaire Blunt.

Vaseah Dupree, we will promote you to panelist. Hi. Welcome.

MS. DUPREE: Hello.

MS. SHELLOOE: Hi, welcome.

MS. DUPREE: Welcome -- thank you.

My name is Vaseah Dupree, and I'm

here to support the building of Lenox Hill Hospital. I've heard everyone's testimony today thus far, and I do understand your concerns about debris and construction and things of that nature.

But I'm also a resident of East Harlem. I live in Stanley Isaacs Houses, and I'm also a member of Local 79. Our union has over 500 members who live on the Upper East Side and in Manhattan.

I would like to express my support for this project. The healthcare infrastructure will support my community through high-quality patient care and good-paying jobs and construction and healthcare that New Yorkers from disadvantaged backgrounds, women of color and low-income housing can access.

I support -- excuse me. Excuse me. I'm a little under the weather, which is why we need this hospital to be built.

I support this type of responsible development that invests in healthcare and improves the health and safety of our communities. By building with the union

laborers that provide family health benefit and family-sustaining wages.

These union health benefits allow hundreds of my fellow Local 79 members to find healthcare in top Manhattan hospitals, including Lenox Hill. We are proud to support the hospital that serve the working class from people all over our city. The frontline nurses and doctors are part of the community as well.

Throughout the pandemic, these people deserve better quality hospitals. They also deserve to be updated. Like the hospitals are dated, the hospitals are being closed because they're dated. So in order to keep our facilities open, we have to give them an upgrade, we have to renovate them. And I know 10 years or 11 years sounds strenuous to you guys. But at the end result, we have to put technology and hospitals so they can stay within the era of the world we live in today.

With that, I want to say thank you for listening and thank you for the opportunity to support Lenox Hill Hospital. Thank you.

MS. SHELLOOE: Thank you for your testimony and wishing you a speedy recovery.

Our next speaker is Shayna Laurie, to be followed by Dajaire Blunt, to be followed by Ari Espinol.

Shayna Laurie, we're not seeing you in the Zoom room. Again, if you are under a different name, you can use the raise hand function to let us know if you are here.

Not seeing that.

We will move on to our speaker, Dajaire Blunt, to be followed by Ari Espinol and Nadja Balera.

Dajaire, we will be promoting you to panelist now, and you will be able to unmute and provide your testimony.

MR. BLUNT: Hello.

MS. SHELLOOE: Hi. Welcome.

MR. BLUNT: How you doing? Can you hear me?

MS. SHELLOOE: Yes.

MR. BLUNT: I'm good to go?

MS. SHELLOOE: Yes, please begin.

MR. BLUNT: How you doing?

So my name is Dajaire Blunt. Basically, you know, I'm a Harlem resident, and you know, basically showing -- showing and expressing my support for the project for the Lenox Hill Hospital project.

Basically, like, growing up like how we did, you know, facing a lot of challenges in life. At one point I used to work for a nonunion construction body shop, you know, that exploited us for cheap labor; but, luckily, I was able to find a pathway to a union career with Local 79.

I want -- I want, like other residents like me, to have the same opportunity through projects like Lenox Hill. Like, basically, like, work is work. Workers have been called on to rebuild the city. It's critical that we support projects like this and dignified wages, you know what I mean? We work -- and working conditions. Basically, safe, healthy working conditions environment that -- that support both our central construction workers and our central healthcare heroes as well.

Lenox Hill is known for its world-class care that serves residents from all over the city, northern Manhattan, including Harlem, you know what I mean?

So that's what pretty much it. I just want to thank you guys for your time and for the opportunity to express my support as well, pretty much.

MS. SHELLOOE: Thank you. Thank you for being here and for sharing your testimony.

MR. BLUNT: I appreciate the time.

MS. SHELLOOE: We do have a previously called speaker, Sofia Milonas, who was previously called but not in the room, so we will give that speaker an opportunity to testify now, joining us via phone. So you'll press star six to unmute yourself so that we will be able to hear your testimony at the meeting.

MS. MILONAS: Yes. Thank you for allowing me to speak.

I have been living in this neighborhood for five decades. My sister lives

in the Upper East Side, as well as my mother in the Lenox Hill neighborhood, so I represent three households.

We bought in this neighborhood so that we could be in the Upper East Side historic district. I was flabbergasted to hear that Lenox Hill has the ability to rise so high, even though each building is in an Upper East Side historic district.

I feel that this project is not needed because of the amount of hospitals in the neighborhood. And I also feel that it is a -- a -- almost a thwarting in the face of the Upper East Side historic district to allow this height of building to go up.

Thank you very much for your time. That is my statement.

MS. SHELLOOE: Thank you. Thank you for joining us and glad we were able to get you back in the room.

And our next speaker is Ari Espinol, to be followed by Nadja Balera and Faith Daniel.

Ari Espinol, we're not seeing you

in the Zoom room. If you are here under a different name, if you can use the "raise hand" function to let us know that you are here.

All right. Seeing none, we will note that Ari Espinol is being skipped, and we will go to our next speaker, who is Nadja Balera, to be followed by Faith Daniel and Michael Picarillo.

Nadja Balero, we are ready to for your testimony.

All right. I was seeing that speaker in our list here, but no longer seeing Nadja Balero. All right. If you're in the room, let us know; otherwise, we will move on and note that we'll come back to you if you rejoin this meeting.

Therefore, our next speaker will be Faith Daniel, followed by Mike Picarillo and Marco Tamayo.

Faith Daniel, I'm also noting, is also not in the room at this time, so we will note that this person is being skipped as well. If they join in the room later, we will come back to them.

So our next speaker will be Michael Picarillo, to be followed by Marco Tamayo and Peggy Rosenblatt.

MR. PICARILLO: Hello.

MS. SHELLOOE: Hi. Welcome.

MR. PICARILLO: Hi, Stephanie. Thank you for having me.

My name is Michael Picarillo, and I'm a lifelong resident of New York City. Also, I'm the interim assistant director of area standards for the carpenters union here in New York City. I'm speaking on behalf of the 18,000 hardworking members of the New York City District Council of Carpenters and our affiliated trades.

We have 546 members that live within a 3-mile radius of this project. We fully support the Lenox Hill Hospital's plan to replace their old dated facility with a new state-of-the-art campus which will serve the people of New York and the residents of Lenox Hill, most likely long after everyone on this call is long gone.

This project will not only create

job opportunities with family sustaining wages for construction workers, but it will also have a positive impact and provide state-of-the-art critical care to those who need it most.

Additionally, we appreciate Northwell's commitment to working with union construction workers and providing fair wages and benefits which help support the well-being of workers and their families.

Thank you.

MS. SHELLOOE: Thank you. Thanks for your testimony and for being here.

Our next speaker is Marco Tamayo, to be followed by Peggy Rosenblatt and Madeline Tavani.

Marco Tamayo, you are our next speaker, and we will promote you to panelist so you can share your testimony.

Hi. Welcome.

MR. TAMAYO: Can you hear me now?

MS. SHELLOOE: Yes, we can hear you.

MR. TAMAYO: Thank you.

My name is Marco Tamayo,

registered architect planner with more than two decades living on the Upper East Side. This resolution was organized to grow the city in equitable and harmonious development with opportunities for all, in some cases, even when the zoning resolution stalls, similarly, extra protective regulations to avoid any disparities on any of these proposal and protect the quality of life of the residents.

Indeed, Lenox Hill lot has the following regulations: (Indecipherable) midblock from the street with 75 feet max and for the community facility of 5.14, more than any other community. On Lexington Avenue C1-8X with R9X (indecipherable) with a height of 170 feet max and 9-foot floor area ratio or a mandatory inclusionary housing 200 feet high and a floor of 9.7, maintaining the human scale of the right proportion of the narrow Lexington Avenue.

But this proposal to build an insensitive and inhospitable and oppressive building with a wall gorge on Lexington Avenue, it will break any zoning coherence and impact

profoundly the life of the surrounding neighbors.

This proposal is proposing an average floor area ratio of 12.5 or 600,000 -- more than 600,000 square feet and no affordable housing but with an extra 0.5 floor area this developer (indecipherable.)

On Lexington Avenue, the maximum height is 170, and they are proposing 436 feet to form a brutal -- a brutal -- vertical wall creating a gorge in the middle of a residential district, whose residents live in a semi-darkness environment at the base of this oppressive wall gorge forever.

Also, this proposal will comply only with a CQR (indecipherable) but also with the new local law 97, since the building will be finished by the year 2023 -- 2037. I'm sorry.

Let me be very clear, especially the union workers, I am not against generating jobs or investing -- or investment for medical services. This hospital could share this development with different neighbors, forming good needed opportunities for other

neighborhoods and have a more equitable and fairer city for all. Thank you.

MS. SHELLOOE: Thank you. Right at the buzzer. Thank you for your testimony and for being here today.

We will go to our next speaker, Peggy Rosenblatt, to be followed by Madeline Tavani, to be followed by Justin Pascone.

Peggy Rosenblatt, I'm not seeing in our Zoom room. And Peggy Rosenblatt, if you are here and would indicate so by using the "raise hand" feature in Zoom so that we can hear your testimony.

All right. So seeing none, we'll note that you are not in the room now. We'll come back if you're able to join.

We'll go to our next speaker, Madeline Tavani. I'm not sure if you are here as stenographic capabilities or as a speaker. I think we'll promote you to panelist, and you can let us know if you wish to speak.

Madeline Tavani, to be followed by Justin Pascone and Rachel Levy.

THE REPORTER: Hi. Yeah. I'm just

the stenographer. Thanks.

MS. SHELLOOE: Thank you so much. We just wanted to check.

All right. So we will move on to our next speaker, Justin Pascone. We will promote you to panelist, to be followed by Rachel Levy and Susan Holiday.

Justin Pascone, we will promote you to panelist.

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

MS. SHELLOOE: Yes, we can.

MR. PASCONE: Great. Thank you. I just want to thank the chairs and the members of the commission for the opportunity to testify today on this important topic.

My name is Justin Pascone, and I'm the vice president here at the New York Building Congress. We're a broad-based membership organization that consists of more than 500 constituent organizations and over a quarter of a million skilled tradespeople and professionals, including architects, engineers, contractors, developers and labor.

For more than 50 years, Lenox Hill Hospital has been a vital resource for New York City and a place where every New York -- New Yorker can access comprehensive healthcare. Northwell Health, in our opinion, has done an exceptional job in providing world-class care for all communities. Among Northwell's 23 hospitals across the region, Lenox Hill is one of the top five hospitals in New York State and one of the top 50 in the nation for six specialty practices.

This proposal for the Lenox Hill Hospital is exactly what is needed to meet the patient -- meet the patient's need and what the hospital's excellent staff need to continue serving the Upper East Side for another 150 years.

We believe the city as a whole has learned a lot of lessons over the last three years over the pandemic about how we treat New Yorkers with care, technology and dignity that they deserve. This vision for Lenox Hill delivers that promise and will also bring so much more to the community.

It means improved access to busy subway station, less congestion, safer streets and new good-paying union jobs, especially for the young men and women who work there today and in the surrounding area.

But we want to -- we won't want that vision to move forward without the input from our members and the community at large, and so we believe Lenox Hill has done that. We want to continue working with the residents and, as the building industry, be there to support them as this development goes, from this planning stage where we are now through development.

We believe this proposal is community focused, and that's the reason why the building congress is in full support. Thank you.

MS. SHELLOOE: Thank you. Thank you for your testimony and for being here.

Our next speaker is Rachel Levy, to be followed by Susan Holiday and Peter Brereton.

Rachel Levy, we'll promote you to panelist, and you'll have the opportunity to

share your testimony.

MS. LEVY: Thank you so much.

I'm Rachel Levy. I'm the executive director of Friends of the Upper East Side Historic District. For 40 years, Friends has worked to preserve architectural history with emphasis placed on the Upper East Side. We're a leading voice for common-sense planning and land use, and we support balance to urban change on the Upper East Side Northwells.

Northwell seeks a massive up-zoning to the Lenox Hill Hospital side which will destroy the equilibrium of zoning and historic district tools calibrated to reinforce the character of Park and Lexington Avenues with low-rise midblock corridors.

The city record on these points is clear, particularly with regard to Lexington Avenue, described in 1983 DCP report as a uniquely narrow avenue with "very special neighborhood character".

Beyond its height of 436 feet, piling a bulky building with floor plates nearly the size of the Freedom Tower on this portion of

the site makes no sense from a planning perspective.

Friends supports Northwell's desire to modernize its physical plan to align with industry standards and even to expand its facilities which have grown in a piecemeal fashion. But the proposal projects an expansion of service, just 25 new beds that is widely out of proportion to the scale of the increase in building density of nearly 80 percent of its gross square feet.

While we understand the desire for single-bed rooms, we questions whether there is truly the standard of comparable hospitals, absent a stronger justification, the broad-ranging environmental ramifications from impacts on transportation, neighborhood character, land use and zoning and the destructions of a minimum 11-year construction project cannot be mitigated and set a dangerous precedent for midblock contextual zoning citywide and for other institutional expansion.

Underlying the scale and the scope of the proposed new building is the

insistence that Lenox Hill remain operational throughout the construction. But it is a phased construction process that involves temporarily relocating services, and perhaps utilizing the Third Avenue site as a satellite could allow for both a shorter construction period and a facility that spreads the bulk out more evenly across the block.

The draft scope of work fails to discuss alternative approaches to the construction process, as well as alternatives to the project itself. These should include an as-of-right alternative and other alternatives that mitigate the severe impacts of the project.

Furthermore, the draft scope of work fails to explain how further concentrating healthcare in a neighborhood already saturated with the services rather than investing in neighborhoods with greater healthcare needs will actually serve all New Yorkers.

Lenox Hill's history goes back 150 years on this block to its days as the German Hospital and exemplifies the history of Yorkville. Several historic buildings on the

projected development site make that connection tangible, particularly the Achilles, West and Einhorn buildings. The draft scope of work should be amended to include the impact on these structures.

As our neighborhood undergoes rapid change, we urge Northwell to incorporate elements of remaining historic buildings into the larger project, especially in areas where renovation, rather than new construction, is planned. This would go a long way to retaining a human-scale element at the street level and responding to the build context and decades of community-driven planning in this neighborhood.

We urge DCP to take the required hard look at these issues and urge Northwell to explore a more sensitive approach within the grandfathered midblock envelope. Thank you.

MS. SHELLOOE: Thank you for your testimony.

And our next speaker is Susan Holiday, to be followed by Peter Brereton and Judith Burdy.

Susan Holiday, we are not seeing

you in the room here. If you joined with a different Zoom link and you are in the room, please let us know by using that "raise hand" feature.

All right. I'm going to pause here and note that we do have a couple of speakers that were called previously and were not in the room at that time. So at the moment, we're going to go back to Faith Daniel, to be followed by Peggy Rosenblatt. So these are folks that -- that we skipped that were not in the room that had registered previously.

So, Faith Daniel, you'll be our next speaker. We will promote you to panelist, and you'll be able to share your testimony in just a minute. And this person will be followed by Peggy Rosenblatt.

MS. DANIEL: Thank you. Good afternoon. My name is -- hi. Good afternoon. My name is Faith Daniel, and I'm a Bronx native, recent Columbia University graduate and cofacilitator for Community Voices for Health Accountability, a statewide network of healthcare advocates who collectively focus on

ensuring that New York State's oversight of health facilities considering community concerns about proposed transactions and the likely impact on health equity.

I'm here to express concern and urge you to disapprove, or at least significantly downsize, this proposed project and consider Northwell to invest in expanding hospital capacity in areas of the city where it is desperately needed, including Harlem, Queens and the Bronx.

From a public health point of view, Upper East Side residents have lower rates of chronic disease, teen pregnancy and infant mortality and deaths from COVID-19 than citywide rates. Demonstrating that there is less need for hospital expansion and upgrades in this part of the city than in unhealthier areas.

For example, the New York City Department of Health community health profiles show that only 11 percent of Upper East Side residents are obese, compared to 24 percent citywide. Only 4 percent suffer from diabetes, compared to 11 percent citywide; and 15 percent

have hypertension, compared 28 percent citywide.

It is also known that Upper East Side residents are far less likely to be living in poverty or unemployed than are New York City residents as a whole, compared and shown in these New York City health community profiles.

These factors affect the health of neighborhoods and indicate that the Upper East Side is relatively well-off and unlikely to experience dramatic improvements from this project, whereas less fortunate areas in the city could benefit greatly from more health facility resources and lives will be saved and healthcare resources will be more acceptable.

So please, please consider these considerations. Thank you.

MS. SHELLOOE: Thank you. Thank you for your testimony and for joining us.

We'll go back to our prior registered speaker that we had skipped, Peggy Rosenblatt.

Peggy Rosenblatt, we will promote you to panelist and give you the opportunity to provide your testimony. And then we will go

pick up where we left off in our speakers list moving forward.

MS. ROSENBLATT: Good afternoon. Thank you for the opportunity.

I have been a resident of the Community Board 8 area on the Upper East Side for over 50 years. My children were born at Lenox Hill. I have had multiple hospitalizations at Lenox Hill, most recently a year and a half for over a week. And while I can attest to the excellent care that I was given, I can also speak to the need to modernize the hospital.

I think that the community would be well better off, and this is a community that's widely served, as we know from the statistics gathered by the hospital, if we had a modern, contemporary plan to treat everybody.

And I will also note that I've been a member of the auxiliary for Lenox Hill Hospital for over 25 years, and in that association, I'm well-aware of what the hospital does to provide help to the neighborhood in many different ways. Everything from providing a

thousand helmets at the Third Avenue -- helmets at the Third Avenue street fair to providing clothes for indigent people who come into the hospital to providing literacy information for the center for learning and development.

So I think that people need to take into account that Lenox Hill serves a greater community than just the Upper East Side and also is in need of modernization.

Thank you.

MS. SHELLOOE: Thank you. Thank you for your testimony and for joining.

Our next speaker -- picking up where we left off with Susan Holiday, to be followed by Pete Brereton and Judith Burdy.

Susan Holiday, we are not seeing you in the room. Again, we will move on to our next speaker. If you join, we will come back to you.

For our next speaker, will be Peter Brereton. You'll be promoted to panelist and given the opportunity to provide your testimony.

MR. BRERETON: Hello.

MS. SHELLOOE: Hi. Welcome.

MR. BRERETON: Thank you. My name is Peter Brereton.

As a union floor coverer and resident of New York, I know how crucial it is to keep our infrastructure up-to-date. Lenox Hill's new hospital will not only provide state-of-the-art medical facilities but will also create middle-class jobs for local workers like us.

Lenox Hill's new hospital will be a game-changer for our community's healthcare. It will allow for more efficient and effective care, which will ultimately benefit patients and healthcare providers alike. As a member of the union, I fully support the construction of Lenox Hill's newest hospital. It's a win-win situation for everything involved.

Patients will receive better healthcare, healthcare workers will have a better workplace and our community will have more robust healthcare system overall. The construction of Lenox Hill's new hospital will help boost the local economy by creating jobs --

good jobs -- stimulating growth and attracting new businesses to the area. I see it as an investment in our community's future.

Lenox Hill's new hospital is not just a building; it's symbol of hope and progress for our community. By supporting its construction, we're investing in the health and well-being of our fellow citizens and assuring that everybody has access to high-quality healthcare when they need it most.

I would also like to thank Lenox Hill for their longstanding relationship with union construction workers today and in the future.

Thank you for your time.

MS. SHELLOOE: Thank you. Thanks for your testimony and for being here today.

We'll go on to our next speaker, Judith Burdy, to be followed the Grace Polk and the Jill Aaronberg.

Judith Burdy, we are not seeing you in the Zoom room. If you are here under a different name please use the "raise hand" function to let us know that you're here;

otherwise, we will skip and move to our next speaker. But if you join later in the meeting, we will hear from you.

Our next speaker will be Grace Polk, to be followed by Jill Aaronberg, to be followed by Ralph Kazlic.

Grace Polk, we will promote you to panelist, and we'll hear your testimony.

Folks in the background, are we able to promote this speaker? Grace Polk.

All right. We're not having -- we're not able to promote this speaker, so we will come back to you if we're able to troubleshoot that in the background.

We'll move to our next speaker, Jill Aaronberg, who has indicated that she will be dialing via phone. But we currently do not have any other -- any dial-in registrants at this time.

Jill Aaronberg, if you are here, if you have dialed in, you can press star six to unmute yourself.

Not seeing any phone dial-ins in the room at the moment. So we will come back to

you if you're able to join the meeting.

So we will move on to our next speaker, Ralph Kazlic, to be followed by Martin Flash and Ruben Colon.

So our next speaker will be Ralph Kazlic, and we will promote you to panelist, and you'll be able to provide your testimony.

All right. I think we're having the same situation with Ralph Kazlic. Are we able to -- all right. Looks like we're not able to promote this speaker, so we will move on to Martin Flash, to be followed by Ruben Colon and Deborah Socolar.

Martin Flash, we're not seeing you in the room. If you're here, please use the "raise hand" feature to let us know. Martin Flash?

All right. We will move to our next speaker. Our next speaker here will be Ruben Colon, to be followed by Deborah Socolar, to be followed by Miguel Torres.

Ruben Colon, you're our next speaker. Welcome.

MR. COLON: Yes. Thank you for

having me. My name is Ruben Colon. I'm a representative out of the New York District Council of Carpenters. I'm a 28-year member of Local 157 in New York City, affectionately known as the Manhattan local.

I represent about 8,000 members working out of that local, a few of which may, at some point, end up working on this project. We are the best at what we do. We are the fastest, the safest carpenters in New York City, I dare say in the country.

Moving on to my statement.

So, Northwell Lenox Hill Hospital is a critical part of New York's healthcare infrastructure, and the plans to renew it will not only help care for working-class people but also create good union-wage-paying jobs for New Yorkers who help strengthen our city every day.

Every day, we get bombarded about various sectors, including our city's real estate, not Northwell. Instead, Northwell is increasing the investments and planning for the next 50 to 100 years. The investment in Lenox Hill's future will be felt most clearly by

patients and staff would have made the best of a facility made up of a patchwork of buildings, the oldest of which is 150 years old.

The challenges of an outdated building have been made more evident over the last few years when we saw how the staff and patients had to adapt. We need spaces that provide greater dignity for patients and their families and minimize exposure for them and staff in the hospital setting. That's why single-patient rooms will help improve the patient experience and will, as well, an updated emergency department, redesigned operating rooms.

The opportunity to build for the future also means bringing more sustainability. Hospitals must become part of the solution to reducing carbon emissions. A new Lenox Hill Hospital will. Those physical improvements to the hospital infrastructure also mean new jobs, which will bring economic activity not just for the city but for the local store and restaurant owners who make up the community.

This project is an opportunity

for us to stand together after a challenging three years. Every person in the city deserves access to a healthier, stronger future. That means we have to invest in jobs and healthcare today. And revitalizing Lenox Hill Hospital is a crucial part of getting there.

And I caution everybody, at some point in time, we will all need to visit a hospital, if not for ourselves, for a loved one. This effects everybody. As a person who lost two family members during the COVID pandemic, I know and I understand the importance of privacy, dignity for -- for the terminally ill. This is a very important point that needs to be pointed out.

Thank you for allowing me an opportunity to speak.

MS. SHELLOOE: Thank you. Thank you for your testimony and for your story.

The -- our next speaker in our list is Deborah Socolar, to be followed by Miguel Torres and Robert Green.

Deborah Socolar, you are our next speaker.

MS. SOCOLAR: Hello. Can you hear me?

MS. SHELLOOE: Hi. Welcome. Yes, we can.

MS. SOCOLAR: Thank you for the chance to speak.

My name is Deborah Socolar. I'm a health policy analyst, upper Manhattan resident and, years ago, an intern in the Queens office of the City Planning Department.

I have a vocal cord disability and my camera is on the blink, but I hope you can understand me okay.

I concur with the serious criticisms raised in the HSA coalition comment the Lois Uttley and echoed by Faith Daniel. I will have more detailed written comments but offer two main observations now:

First, City Planning's assessment criteria for evaluating projects include impact on neighborhood character. A predominate feature of this neighborhood's character is wealth. The predominate feature of this hospital's patient population is also wealth.

Medicaid covers nearly half of New York residents, but only about 3 percent of Lenox Hill in-patients. Lenox Hill, the second least racially inclusive hospital in the state, evidently does not serve Harlem residents.

This project's predominate impact would be to make this even more a hospital for wealthy, well-insured white and world-traveling patients. That would also skew the neighborhood and local businesses even more to catering to wealthy visitors.

Northwell apparently hopes to win prestige and rich international donors with this huge glossy tower, rather than benefiting the community.

Second, amid a pandemic that has illuminated and worsened New York's severe health and economic inequities, this is how Northwell proposes to use its vast resources. Yet Northwell has a base in Queens and Brooklyn, both enormously diverse and extremely short of hospital capacity.

Rather than worsen inequity by allowing a lavish, unneeded tower in the posh

Upper East Side, New York City needs Northwell to invest in some of the gravely underserved neighborhoods of Queens from Arverne, Bayside and Cambria Heights to Woodside and Ozone Park.

I thank you.

MS. SHELLOOE: Thank you. Thank you for being here and for your testimony.

Our next speaker is Miguel Torres, to be followed by Robert Green and Patricia Rung.

Miguel Torres, you're our next speaker, and I will promote you to panelist in a moment.

I would just note that we are coming to -- close to the end of our speakers list. It's been a very engaged group of speakers here. If you have not registered to speak, did not receive a Zoom webinar link to your email after registering, you will not be on our list. So if you would like to speak and have not registered, please do so now so that we can get you in our queue for speakers.

So Miguel Torres. You are our next speaker. We are ready for your testimony.

MR. TORRES: Good afternoon. How you doing? My name is Miguel Torres.

I'm a 24-year member of the New York City carpenters union. For myself and thousands of other Latinos and African Americans workers, unions -- unions have been the gateway to the middle class.

Over my 24-year career, I've worked on many hospitals in Manhattan. Most recently, New York Presbyterian at 1283 York and Memorial Sloan Kettering at 530 East 74th Street.

These have been great opportunities with family-sustaining wages for thousands of New Yorkers who work in the building trades. With the recent slowdown in the construction from the trend of remote working and high interest rates, major projects like this from Lenox Hill couldn't come at a better time. Not only for the jobs that it will create, I fully support Lenox Hill's plan to build a new hospital on the Upper East Side.

This will provide much-needed healthcare services with the local community,

and the state-of-the-art facility will ensure that patients receive the best possible care. With the increase in demand for healthcare services in this area, it is crucial to have a modern hospital that can meet the needs of patients in a timely and efficient manner.

I believe that the new hospital will be a valuable addition to the neighborhood and will serve a vital resource for years to come.

Thank you for the opportunity.

MS. SHELLOOE: Thank you. Thanks for taking time out of your day to be here.

MR. TORRES: Thank you.

MS. SHELLOOE: Our next three speakers do not appear to be in the room; although, I'll call their names:

Robert Green.

Patricia Rung.

Robert Houget.

Sorry if I'm mispronouncing those.

If any of those speakers are in the room, please indicate that you're here with

the "raise hand" function.

All right. Let's promote that user who has raised their hand. We'll see who on our list they are.

All right. Hi there. Speaker who just raised your hand, are you able to unmute yourself?

MR. HOUGET: Yes. This is Robert Houget.

Can you hear me?

MS. SHELLOOE: Hi.

MR. HOUGET: Thank you for the opportunity to speak. I am in my ninth decade in residing on the Upper East Side, and I used to live within ten blocks or so of Lenox Hill Hospital. We are now on East 79th Street and Lexington Avenue.

I'm against the hospital, and I support the idea of -- understand and support the idea of renovation and upgrading, but I'm emphatically opposed to the large, ginormous tower that is proposed -- that is proposed.

I think since we started this discussion, there have been efforts to ask Lenox

Hill -- ask Northwell to provide an alternative within the existing zoning envelope, perhaps including the same moneys that would otherwise be spent on this overly large project to enhance its distributed healthcare facilities in other boroughs and other parts of the city, thus providing the neighborhood and the community facilities that it needs but also enhancing services to the outer boroughs, while at the same time, providing jobs to our union brethren, who are understandably looking -- to my knowledge, Northwell hasn't done that, and I urge the committee to pressure, ask, demand of Northwell or whatever powers it has that it present a plan B or along those lines and that is built within the existing envelope and use the existing surplus to enhance, distribute and facilitate surrounding the city.

Two other quick points with my remaining time: I think they should also provide for us a plan B that includes shutting the facility down.

MS. SHELLOOE: It looks like we lost that speaker. It looks like they dropped

out of Zoom. So if you are able to rejoin, we'll hold that 30 seconds of your time.

MR. HOUGET: Hello?

MS. SHELLOOE: Hi.

MR. HOUGET: Can you hear me?

MS. SHELLOOE: Yes.

MR. HOUGET: Okay.

MS. SHELLOOE: We lost you for a second?

MR. HOUGET: Sorry. I don't quite know where I was.

But very quickly, I think I would ask the panel ask them, consider and demonstrate a plan B which involves shutting down during the construction period. And, finally, that they include in their assessment an estimate of the decline in property values in the adjacent area, especially during the construction period.

So, thank you. That's it for me.

MS. SHELLOOE: Thank you. Thank you. I'm glad we were able to hear your full testimony. Thank you for being here.

MR. HOUGET: Thank you.

MS. SHELLOOE: Did we have Robert

Green or Patricia Rung in the room?

We're not seeing either of those speakers in Zoom, but if you are here, please use that "raised hand" function; otherwise, we will move on to our next -- our next three speakers.

Tom Smallage, Lo Van Der Walk -- and Sharon Pope Marshall.

So Tom Smallage, you are our next speaker. We will promote you to panelist, and you will be able to provide your testimony here.

Talking to my back of house folks, are we able to promote that speaker?

All right. It looks like we are not able to promote that speaker.

So we'll go to our next speaker, Lo Van der Walk, to be followed by Sharon Pope Marshall, to be followed by Dede Wells.

Lo Van Der Walk, you are our next speaker.

MR. VAN DER WALK: Can you hear me?

MS. SHELLOOE: Yes. Hi. Welcome.

MR. VAN DER WALK: Yes. My name is Lo Van Der Walk. I represent Carnegie Hill Neighbors, which is an area in the Upper East Side, quite distant from Lenox Hill; but, still, many of our members attend Lenox Hill and Lenox Hill is part of our wider community, so we are very concerned about this project.

But, overall, we consider the project as too big and too ambitious. For example, in terms of zoning, Lenox Hill -- Lexington Avenue allows only 170 feet, and the hospital is planning for over 450 feet tall. So we think that this represents a major increase in technology for the comparison of beds is maybe not appropriate.

One concern is that Medicare patients will not be able -- will not qualify because all the rooms are single-patient occupancy. So we think that should be a mix of single and double.

But we also think that the project should return to the drawing boards and offer two alternatives. One is the as-of-right, and two is maybe a modest increase over

as-of-right based on certain parameters that need to be considered by -- by the participating parties. We also think that this downscale in size will mitigate two construction problems: The major disruptions and also the 11-year length.

And in addition to that, there should be some consideration given to a complete shutdown of the hospital, perhaps during certain summer months.

We will be submitting written testimony and -- to support our views. And we are hopeful that a resolution can be found.

I just want to point out that we are grateful that the hospital withdrew its plan to build a residential building on Park Avenue, and we think that the same spirit can lead to a better -- a better-sized hospital that will serve this community for many generations to come. Thank you.

MS. SHELLOOE: Thank you. Thank for your testimony.

Our next speaker is Sharon Pope Marshall, to be followed by Dede Wells.

MS. POPE MARSHALL: Hello. Can you hear me?

MS. SHELLOOE: Yes. Welcome.

MS. POPE MARSHALL: Thank you.

My name is Sharon Pope Marshall, executive director of Civitas. Civitas is an organization of citizens dedicated to improving neighborhood quality of life on the Upper East Side and East Harlem since 1981.

Civitas promotes sound, context-sensitive, urban planning and zoning land use issues. Thank you so much for the opportunity to provide comments today.

Civitas does not support the land -- I'm sorry -- does not support the Lenox Hill expansion project as currently proposed.

In 1975, Henry Jay Stern, as a council member at large for Manhattan, said that institutional expansion has -- and I quote -- become so overwhelming that in the end, Manhattan may be a borough of institutions.

Community District 8 is home to nine world-class healthcare and life science institutions. Many are either beginning

expansion projects, in the throes of expansion projects or planning soon-to-be-announced expansion projects. Each expansion project stretches several years, if not decades.

The Lenox Hill build program exceeds a decade. Already, our community bears the heavy burden of the brutally persistent encroachment by healthcare and life science institutions into our neighborhoods. How much more should our community endure and for how long?

We feel that this project can be better and Lenox Hill -- Lenox Hill Hospital can do better. Thank you very much.

MS. SHELLOOE: Thank you. Thanks for your time and for being here.

Our next and last registered speaker is Dede Wells. So we will promote you, and you'll be given the opportunity to share your testimony. For those of you -- we have not called and wish to speak, please do visit our NYC Engage portal and register to speak.

Dede Wells is our last registered speaker at the moment.

MS. WELLS: Hi.

MS. SHELLOOE: Thank you.

MS. WELLS: And so I'm a resident of the neighborhood, and this is the first time I've ever come out to speak about anything.

I would say I would echo one of the speakers who expressed gratitude to the hospital for withdrawing the plan to build a residential tower on Park Avenue. That being said, I think that this plan has a lot of limitations.

I'm very supportive of renovating and upgrading the facility, but I do not think we need a 400-foot-plus tower.

I also echo what many of the other speakers have said. I think that migrating to all single -- single -- single-occupancy rooms is actually, pretty -- pretty just catering to very wealthy clientele. I don't think anybody needs to be in the hospital in a 345 square foot room. I fail to see any need for that.

And I also think that the idea of an 11-foot -- 11-year renovation project is --

is really disruptive to the neighborhood.

So, to me, this feels very much like a -- a way to renovate and have a big splash and really draw in very wealthy clients that I don't think is needed at all. But I am supportive of the mission of renovating and upgrading hospital. I just think it can be in a much more scaled-down and less disruptive way.

MS. SHELLOOE: Thank you. Thank you for your testimony and for participating today.

All right. As I mentioned, that does bring us to the end of our registered speakers list. And so we are going to take a brief pause.

Thank you everyone who has joined us today and provided your testimony already. At this point, we are going to take a brief five-minute break. So if anyone does wish to register who has not been called, that you will be able to --

Production, if we can go one slide further. Here we go.

If anyone wishes to speak and has

not registered, please do so at this point by visiting the NYC Engage portal, the link here, or by dialing any of these toll-free numbers and the meeting ID shown here at the center. If you do wish to -- if you do wish to speak and have not yet had the opportunity to do so.

We will take just a five-minute break and reconvene at 4:45. If no speakers have registered during that time, we will move to close the meeting. Thanks so much. And we'll wait five minutes, and we'll see everyone back here in just a few.

(Whereupon, a short recess was taken.)

MS. SHELLOOE: Good afternoon, everyone.

Just for the record, we'll just note that the proposal's SEQRA number is 23DCP079M.

We are currently on part three of the public scoping meeting where members of the public are permitted to speak for up to three minutes on the proposal. And we were on a five-minute break to allow any registered

speakers -- any speakers to register who did not already have the chance to do so.

We did receive one additional registrant, someone who had registered previously, Judith Burdy, but we are again not seeing this speaker in the Zoom.

But, Judith, if you are in the room and would like to speak -- all right. Let's go ahead and promote that person who has raised their hand and confirm that this is Judith and give them the opportunity to speak.

We'll go back to our three-minute time tracker.

MS. BURDY: Am I on now?

MS. SHELLOOE: Yes. We can hear you. Hello.

MS. BURDY: Okay. Good afternoon.

My name is Judith Burdy. I'm a long-time resident of the Upper East Side out of Roosevelt Island. To hear of Northwell's $1 billion plan to redo Lenox Hill and glamorize it and make it more elegant to conform with the other Upper East Side hospitals is an appalling

thought.

I happen to work with New York City Health and Hospitals Corporation. We do not get a billion dollars to improve 11 public hospitals, let alone one 450-bed hospital.

Lenox Hill is not a safety net hospital. They do not take in Medicare and uninsured patients unless insisted on doing it. They do participate in the indigent -- indigent care plan where they do get funding from the State of New York to take care of patients -- indigent patients. And they do have charity, you can get charity funding from the hospital, but you have to dig out how to find it and how to procure the service, what they call charity care plan. So it is not a hospital that is willing to give anything other than what they have to give to people who are not -- who cannot afford the service.

Also, from what I understand, a new building will be partially -- or funded by the New York State Dormitory Authority, which is a public New York State entity, which means that the residents of the State of New York are

funding this structure. So this is also -- we have many, many poor neighborhoods and safety net and public hospitals that need this funding much more than Northwell.

And I feel that this whole building is completely out of proportion. You're not adding one more bed, you're adding a few facilities, but it's really nice to have a fancy subway entrance on one side of the street and make it very glitzy and glamorous to conform with the standards of the neighborhood.

And I really think it's a destructive project, and it will not do anything to enhance our community, and our community does go beyond the Upper East Side.

We -- the Upper East Side does not end, the people's income is not that high just because they are on the Upper East Side, and I do not think Lenox Hill is serving a purpose by planning this $1 billion expansion.

Thank you very much for giving me the opportunity to speak.

MS. SHELLOOE: Thank you. Thank you for your testimony and for being here for

what is a lengthy meeting.

Is there anyone else in the room who does wish to provide testimony? I see one speaker in our attendees that has their hand raised. And if we can allow to speak that panelist -- that attendee, if we can confirm that they are a registered speaker. They're showing up as Andrew Gaspar, but we already did hear from that person.

All right. It does not appear that we are able to promote that speaker. And that -- brings us to -- there we are. I think there's one -- one member of the public who just joined as a panelist.

Can you please state your name for the record so that we can confirm that you have registered?

MS. MOORE: Calvert Moore.

MS. SHELLOOE: I do not believe that you are in a registered speakers list.

MS. MOORE: I was supposed to be registered. I had a conference call, and someone was registering me.

MS. SHELLOOE: Okay. We will --

we will allow your testimony now, and if you could provide -- we'll provide our email so you can give us your contact information.

MS. MOORE: Absolutely.

So may I proceed now?

MS. SHELLOOE: Yes. Please do.

MS. MOORE: Okay. Great. My name is Calvert Moore. I'm a lifelong resident of 75th Street between Park and Lexington, and I currently live on 75th and Park.

I am wondering if and why the proposed building by Northwell, which is the largest employer in New York State and has a huge number of locations already present, is not using a satellite location, instead of building on a -- in a facility area that is already overcrowded, overpopulated and simply does not allow for the scale and size of the building that they have proposed. That is completely out of scope for many, many reasons.

It's excessive. And it will bring tons of traffic. It will shut down streets for 11 years, 7 days a week on 75th, 76th, Lexington, Park Avenue. Garbage trucks,

construction, everything else that's going to make this project completely unsavory. Not to mention, a permanent scar on the Upper East Side.

It also seems that the hospital is taking advantage of their ability to be sort of a nonprofit and have some exemptions from that, which is not, A, fair, and, B, it seems extremely greedy and very vain of the hospital after everything they've already got to not look into alternate locations where they would be able to build what they're interested in building without disrupting a very quiet, special historic neighborhood; and they're not even adding a very large number of beds, and they are planning on servicing people outside of the neighborhood and ZIP code, which is fine but that destruction on our neighborhood is a permanent scar, as we said, and yet it won't even be servicing our neighborhood the way that we would hope it would, as they can't even provide the right number of beds doing it there.

So I would like to voice my very strong opposition to this project, and I would

like the people who are listening to this to understand how incredibly, again, greedy this entire proposal is by Northwell.

My mother is a formal board member of Northwell. She is also opposed to it as a 50-plus year resident of 75th Street, and she has written a letter of opposition as well.

Thank you for your time.

MS. SHELLOOE: Thank you. Thanks very much.

All right. That does bring us to the end of our registered speakers. And I, at this point, we will move to close the meeting.

If we can go to our written testimony slide here. Thank you.

Really appreciate everyone taking time out of your busy days to participate and for -- and for tuning in, whichever way that you were able to participate today. If you did have difficulty providing testimony or had any issues, please do submit your written testimony online. You can access the link on the NYC Engage portal on our website by emailing or mailing comments to the department.

As notified during this meeting, we are aware of an issue with the comments distribution list. So if you have submitted comments to us already via this email, please check your spam folder and see if there was a bounce-back. And we're resolving this issue as quickly as we can, and so we appreciate it if you would resubmit your comments either later today or tomorrow.

And do recall that the comment period for this project will run through 5:00 p.m. on Monday, March 13th, 2023. We look forward to receiving all of your written comments, and, again, all of comments heard today and the written comments will be summarized and responded to in the final scope of work. And any changes made regarding the draft scope of work will be indicated in the final scope of work.

I mentioned our deadline for our scoping meeting comment. Our email and mailing addresses are shown here.

With that, the time is 4:56, and this public scoping meeting is now closed.

Thank you everyone. Have a good evening.

(Whereupon, at replace 4:57 p.m., the hearing concluded.)

° ° ° °

C E R T I F I C A T E

STATE OF NEW YORK)
: SS.:
COUNTY OF NEW YORK)

I, MADELINE TAVANI, a Notary Public for and within the State of New York, do hereby certify:

That the above is a correct transcription of my stenographic notes.

I further certify that I am not related to any of the parties to this action by blood or by marriage and that I am in no way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 17th day of March, 2023.



MADELINE TAVANI

Appendix C
Historic and Cultural Resources

Landmarks Preservation Commission

1 Centre Street
9th Floor North
New York, NY 10007

Voice (212)-669-7700
Fax (212)-669-7960
http://nyc.gov/landmarks

ENVIRONMENTAL REVIEW

Project number: DEPARTMENT OF CITY PLANNING / 77DCP681M
Project: LENOX HILL HOSPITAL REDEVELOPMENT
Date Received: 12/29/2021

Comments:

Amended of this date.

The LPC is in receipt of the revised EAS and revised draft Scope of Work, both dated 12/28/21.

There are no archaeological concerns, so no further review and analysis is required. Archaeology can be removed from the EAS and DSOW.

The EAS and DSOW appear acceptable for Historic and Cultural Resources and Shadows.

LPC DESIGNATED UPPER EAST SIDE HISTORIC DISTRICT AND EXTENSION; SAINT JEAN BAPTISTE CHURCH, 1067-1071 LEXINGTON AVENUE, AND 157 AND 159 EAST 78TH STREET HOUSES WITHIN RADIUS.

S/NR LISTED UPPER EAST SIDE HISTORIC DISTRICT AND BOUNDARY INCREASE; SAINT JEAN BAPTISTE CHURCH, 1067-1071 LEXINGTON AVENUE, AND EAST 78TH STREET HOUSES WITHIN RADIUS.

Gina Santucci 1/27/2022

SIGNATURE DATE
Gina Santucci, Environmental Review Coordinator

File Name: 35895_FSO_GS_01272022.docx

Landmarks Preservation Commission

1 Centre Street
9th Floor North
New York, NY 10007

Voice (212)-669-7700
Fax (212)-669-7960
http://nyc.gov/landmarks

ENVIRONMENTAL REVIEW

Project number: DEPARTMENT OF CITY PLANNING / 77DCP681M
Project: LENOX HILL HOSPITAL REDEVELOPMENT
Date Received: 5/6/2022

Comments:

The LPC is in receipt of an architectural survey of the project site and surrounding areas dated 5/4/22. There are no concerns, and no LPC eligible properties.

Gina Santucci

5/6/2022

SIGNATURE DATE
Gina Santucci, Environmental Review Coordinator

File Name: 35895_FSO_GS_05062022.docx

Appendix D
Travel Demand Factors (TDF) Memorandum

akrf

440 Park Avenue South, 7th Floor
New York, NY 10016
tel: 212.696.0670
www.akrf.com

Memorandum

To:	Project File
From:	AKRF, Inc.
Date:	January 14, 2025
Re:	Lenox Hill Hospital Redevelopment—Travel Demand Analysis
cc:	Project Team

A. INTRODUCTION

The purpose of this memorandum is to establish the operational transportation analysis study area in the Environmental Impact Statement (EIS) and obtain concurrence from the New York City Department of City Planning (DCP) and New York City Department of Transportation (DOT) on this transportation screening assessment. The EIS examines the potential effects of the proposed Lenox Hill Hospital (LHH) redevelopment (the Proposed Project) on the study area transportation systems and compares the future With the Proposed Project (the With Action condition) to the future Without the Proposed Project (the No Action condition). Aside from the standard comparison of the No Action and With Action conditions for the purpose of environmental assessment, these two conditions are also compared to the existing condition to demonstrate whether either condition would generate the same amount or less vehicular and pedestrian activity than the current facility. The assessments consider the 2036 analysis year to identify potential transportation impacts, and if warranted, determine feasible mitigation measures that would be appropriate to address those impacts. The travel demand projections contained in this chapter were conducted pursuant to the methodologies outlined in the 2021 *City Environmental Quality Review (CEQR) Technical Manual*.

Lenox Hill Hospital (the Applicant) is requesting a series of discretionary actions from the City Planning Commission (CPC) to facilitate the enlargement and modernization of the existing LHH on Block 1411, Lots 1 and 113 (Projected Development Site 1), bounded by Park and Lexington Avenues and East 76th and East 77th Streets in Manhattan. The Proposed Project would include a new building fronting on Lexington Avenue, as well as additions and modifications to portions of the existing hospital complex on Projected Development Site 1 and connections between the new hospital building and the renovated buildings. Two building envelopes are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000-gross-square-foot (gsf) building on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000-gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either envelope. The program, project population (staff, patients, visitors), site access, zoning actions, and construction duration would be the same for both Envelope 1 and Envelope 2.

The EIS also considers the as-of-right development of a building with hospital support functions at 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. It would be connected to Projected Development Site 1 by a utility tunnel under East 77th Street. In addition, the Applicant proposes to provide improvements to the 77th Street subway station of the Lexington Avenue (No. 6) line, providing Americans with Disabilities Act (ADA) access to the downtown platform and improving sidewalk conditions in the immediate area.

Currently, the Project Site consists of the hospital block (Projected Development Site 1) with 10 interconnected hospital buildings and the 77th Street site (Projected Development Site 1a) with 3 buildings for inpatient and ambulatory services, totaling approximately 804,700 (gsf[1]). The ambulatory services on the Project Site consist of the emergency department (ED) and outpatient treatment, procedures, and care. The remaining services are inpatient and part of the hospital. In the No Action condition, no buildings would be demolished or reconstructed, and the Project Site would continue to operate; however, independent of the Proposed Actions, LHH would relocate most ambulatory services to ancillary sites (including Projected Development Site 1a). Under the No Action condition at the Project Site, there would be 2,615 average weekday daily hospital (inpatient) staff members, 226 average weekday daily ambulatory care staff members, 1,462 average weekday daily hospital patients/visitors, and 407 average weekday daily ambulatory care patients/visitors. In the With Action condition, the Project Site would be redeveloped to a total of approximately 1.44 million gsf with a population of 2,965 average weekday daily hospital (inpatient) staff members, 215 average weekday daily ambulatory care staff members, 1,544 average weekday daily hospital patients/visitors, and 387 average weekday daily ambulatory care patients/visitors. The Project Site plan is shown in **Figure 1**. Portions of the existing hospital complex would be renovated to accommodate connections to the new hospital building and create four new truck docks and a new ambulance bay for six ambulances inside the structure. There would be a potential removal of up to four on-street parking spaces along the south curb of East 76th Street between Park Avenue and Lexington Avenue to accommodate the turn sweeps of trucks using the proposed new truck docks. The Proposed Project would also establish a new primary public entrance and patient discharge exit facing Lexington Avenue and provide a new entrance and lobby for the Mother-Baby Hospital on Park Avenue as well as a new emergency stairway on the Park Avenue frontage.

Person trip generation is based on the population of staff, patients, and visitors. Delivery trip generation is based on the square footage of the space. **Table 1** provides a comparison of the development programs between existing, No Action, and With Action conditions for Envelope 1. As previously stated, only the comparison of No Action to With Action conditions is used for the purpose of environmental assessment; existing conditions are presented for informational purposes.

[1] All gross square footage in this document includes above-grade and below-grade square footage.

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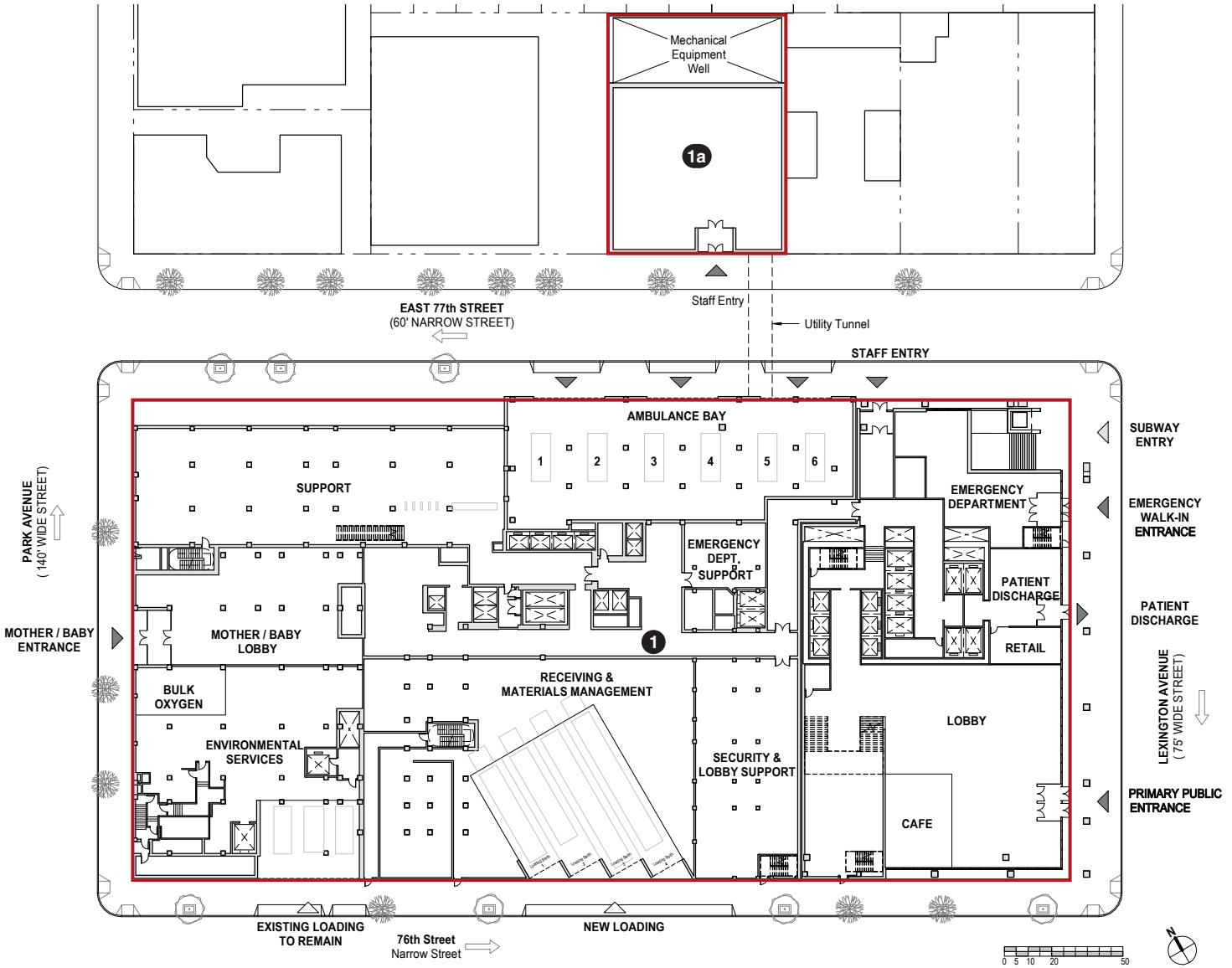

Source: Ennead Architects

NOTE: FOR ILLUSTRATIVE PURPOSES ONLY

1 *Projected Development Site*

Proposed Ground Floor Plan—(Envelope 1 and Envelope 2)

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1

Table 1
Program Summary of Existing, No Action, and With Action Condition Scenarios

Components	Existing Condition	No Action Condition	With Action Condition	Increment*
Project Site (gsf)	804,700	804,700	1,444,000	639,300
Hospital Staff	2,591	2,615	2,965	+350
Hospital Patients / Visitors	1,463	1,462	1,544	+82
Ambulatory Care Staff	507	226	215	-11
Ambulatory Care Patients / Visitors	2,000	407	387	-20

Notes: gsf = gross square feet; square footages shown are approximate
***No Action Condition subtracted from With Action Condition**
Source: Northwell/LHH counts and projections

B. TRANSPORTATION PLANNING ASSUMPTIONS

Trip generation factors for the proposed project were developed based on information from the 2008 *Hospital for Special Surgery FEIS*, the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS*, and the U.S. Census Bureau—as summarized in **Table 2**.

Table 2
Lenox Hill Hospital – Travel Demand Factors

Use	Hospital – Staff			Hospital – Patients and Visitors			Ambulatory Care – Staff			Ambulatory Care – Patients and Visitors		
Total Daily Staff or Person Trips	(1) Weekday 2,591 (Existing) 2,615 (No Action) 2,965 (With Action) Staff			(2) Weekday 2.0 Trips / Person			(4) Weekday 3.0 Trips / Person			(4) Weekday 2.0 Trips / Person		
Temporal	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**
	(2)			(2)			(4)			(4)		
	52%	27%	55%	3.7%	11.3%	9.3%	12.1%	8.1%	12.2%	4%	10%	8%
Direction	(2)			(2)			(4)			(4)		
In	95%	35%	15%	85%	65%	60%	97%	52%	12%	100%	60%	20%
Out	5%	65%	85%	15%	35%	40%	3%	48%	88%	0%	40%	80%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Modal Split	(2,3)			(2)			(3)			(4)		
	AM	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**	**AM**	**MD**	**PM**
Auto	16.0%	0.0%	16.0%	32.0%	32.0%	32.0%	16.0%	16.0%	16.0%	53.0%	53.0%	53.0%
Taxi	2.0%	0.0%	2.0%	11.0%	11.0%	11.0%	2.0%	2.0%	2.0%	18.0%	18.0%	18.0%
Subway	58.0%	0.0%	58.0%	35.0%	35.0%	35.0%	58.0%	58.0%	58.0%	16.0%	16.0%	16.0%
Bus	12.0%	0.0%	12.0%	17.0%	17.0%	17.0%	12.0%	12.0%	12.0%	6.0%	6.0%	6.0%
Walk	12.0%	100.0%	12.0%	5.0%	5.0%	5.0%	12.0%	12.0%	12.0%	7.0%	7.0%	7.0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Vehicle Occupancy	(2,3) Weekday			(2) Weekday			(3,4) Weekday			(4) Weekday		
Auto	1.12			1.60			1.12			3.00		
Taxi	1.35			1.40			1.35			3.00		
Daily Delivery Trip Generation Rate	(4) Weekday 0.20 Delivery Trips / KSF						(4) Weekday 0.20 Delivery Trips / KSF					
	AM	**MD**	**PM**				**AM**	**MD**	**PM**			
Delivery Temporal	(4)						(4)					
	10%	9%	5%				10.0%	9.0%	5.0%			
Delivery Direction	(4)						(4)					
In	50%	50%	50%				50%	50%	50%			
Out	50%	50%	50%				50%	50%	50%			
Total	100%	100%	100%				100%	100%	100%			

Sources:
(1) Northwell/LHH counts and projections
(2) *Hospital for Special Surgery FEIS* (2008); subway and walk modes for hospital patients and visitors adjusted as per New York City Department of Transportation (DOT) recommendations
(3) U.S. Census Bureau, ACS 2012–2016 Five-Year Estimates – Reverse Journey-to-Work (RJTW) Data: New York County census tracts 120, 122, 126, 128, 130, 134, 138, 140, 142, 146.01, 148.01, 150.01
(4) *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS* (2013)

HOSPITAL STAFF

Hospital staff include those hospital employees dedicated to inpatient services, including doctors, nurses and clinicians. In addition, hospital staff include hospital administration and the wide range of employees

dedicated to hospital support functions, for example, lab technicians, food service workers and building maintenance staff.

The daily staff are from Northwell/LHH counts and projections. Temporal distribution, directional distribution, midday peak hour modal splits, and taxi occupancy are from the 2008 *Hospital for Special Surgery FEIS*. The AM and PM peak hour modal split and the auto occupancy are from the U.S. Census Bureau American Community Survey (ACS) Reverse Journey-to-Work (RJTW) Estimates for New York County census tracts 120, 122, 126, 128, 130, 134, 138, 140, 142, 146.01, 148.01, and 150.01. The daily delivery trip rate, temporal distribution, and directional distribution are from the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS.*

HOSPITAL PATIENTS / VISITORS

The daily person trip rate, temporal distribution, directional distribution, modal splits, and vehicle occupancies are from the 2008 *Hospital for Special Surgery FEIS,* with subway and walk modal splits adjusted based on DOT recommendations.

AMBULATORY CARE STAFF

Ambulatory care staff include those hospital employees dedicated to outpatient services, including primary care and specialty outpatient clinics, in addition to other outpatient programs and services.

The daily person trip rate, temporal distribution, directional distribution, and taxi occupancy, and daily delivery trip rate, temporal distribution, and directional distribution are from the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS.* The modal split and auto occupancy are from the U.S. Census Bureau ACS RJTW Estimates for New York County census tracts 120, 122, 126, 128, 130, 134, 138, 140, 142, 146.01, 148.01, and 150.01.

AMBULATORY CARE PATIENTS / VISITORS

The daily person trip rate, temporal distribution, directional distribution, modal splits, and vehicle occupancies are from the 2013 *Memorial Sloan Kettering/CUNY-Hunter Project at 74th Street FEIS.*

AMBULANCES

The average weekday daily population of ambulance staff is included in the Ambulatory Care Staff population numbers and travel demand factors. There would be no incremental difference between No Action and With Action conditions for ambulance staff. However, it is estimated that over a typical 24-hour period, there would be an increase of four ambulances per day and one ambulette per day when comparing No Action and With Action conditions. When applied to the weekday AM, midday, and PM peak hours, this would amount to either no additional trips per hour, or up to one additional trip per hour. The location of the ambulance access point is on the south side of East 77th Street on the hospital block, and would remain on that blockface under No Action and With Action conditions, so no diversion of ambulance or ambulette trips would occur.

There would be improvements under With Action conditions for the ambulances and ambulettes. Currently, and under the No Action condition, there is no curb cut or layby lane at the ambulance entrance. These vehicles occupy curbside space, and occasionally need to double park when curbside space is fully occupied. Ambulance staff load and unload patients in the parking lane or in the street, conflicting with vehicular traffic and foot traffic on the sidewalk. Under With Action conditions, it is proposed that a series of curb cuts is provided to facilitate off-street loading/unloading of patients for ambulances and ambulettes. Up to six ambulances or ambulettes could be accommodated simultaneously within the off-street area. This would improve traffic flow on East 77th Street and increase the safety of patients and hospital staff.

C. CEQR TRANSPORTATION ANALYSIS SCREENING

The *CEQR Technical Manual* identifies procedures for evaluating a proposed project's potential impacts on traffic, transit, pedestrian, and parking conditions. This methodology begins with the preparation of a trip generation analysis to determine the volume of person and vehicle trips associated with the proposed project. The results are then compared with the *CEQR Technical Manual*-specified thresholds (Level 1 screening analysis) to determine whether a Level 2 screening analysis is warranted. If the proposed project

would result in 50 or more peak hour vehicle trips, 200 or more peak hour transit trips (200 or more peak hour transit riders at any given subway station or 50 or more peak hour bus trips on a particular route in one direction), and/or 200 or more peak hour pedestrian trips, a Level 2 screening analysis is undertaken.

For the Level 2 screening analysis, project generated trips would be assigned to specific intersections, transit routes, and pedestrian elements. If the results of this analysis show that the proposed project would generate 50 or more peak hour vehicle trips through an intersection, 50 or more peak hour bus riders on a bus route in a single direction, 200 or more peak hour subway passengers at any given station, or 200 or more peak hour pedestrian trips per pedestrian element, further quantified analyses may be warranted to evaluate the potential for significant adverse traffic, transit, pedestrian, and parking impacts.

As described above, both proposed building envelopes for Projected Development Site 1 would have similar square footage, and the program, project population, site access, zoning actions, and construction duration would be the same. Both envelopes would have the same numbers of hospital and ambulatory staff, patients, and visitors, and would also have pedestrian and vehicular access in the same locations. The incremental difference in trips generated in comparison to the No Action condition would be identical for either envelope. Therefore, the Proposed Project would have the same person trips and vehicle trips with either Envelope 1 or Envelope 2.

TRIP GENERATION SUMMARY

As summarized in **Table 3**, the existing condition generates 1,798, 1,555, and 2,182 person trips during the weekday AM, midday, and PM peak hours, respectively. Approximately 362, 256, and 463 vehicle trips are generated during the same respective peak hours. As summarized in **Table 4**, the No Action condition would result in 1,580, 1,171, and 1,853 person trips during the weekday AM, midday, and PM peak hours, respectively. Approximately 310, 155, and 378 vehicle trips would be generated during the same peak hours. The net incremental difference in trips between the existing and No Action conditions are shown in **Table 5**.

As summarized in **Table 6**, under the With Action condition, the Proposed Project would generate 1,766, 1,276, and 2,052 person trips during the weekday AM, midday, and PM peak hours, respectively. Approximately 353, 172, and 421 vehicle trips would be generated during the same peak hours. The net incremental difference in trips between the existing and With Action conditions are shown in **Table 7**.

As shown in **Tables 5 and 7**, when comparing the existing condition to the No Action and With Action conditions, the future conditions with or without the Proposed Project would have fewer vehicular and pedestrian trips than in the existing conditions.

Table 3
Project Site Trip Generation – Existing Conditions

Program	Peak Hour	In/Out	Person Trip						Vehicle Trip			
			Auto	Taxi	Subway	Bus	Walk	Total	Auto	Taxi	Delivery	Total
Hospital – Staff 2,591 persons	AM	In	205	25	742	154	154	1,280	183	18	8	209
		Out	11	1	39	8	8	67	10	18	8	36
		Total	216	26	781	162	162	1,347	193	36	16	245
	Midday	In	0	0	0	0	245	245	0	0	7	7
		Out	0	0	0	0	455	455	0	0	7	7
		Total	0	0	0	0	700	700	0	0	14	14
	PM	In	34	4	124	25	25	212	30	19	4	53
		Out	193	24	703	146	146	1,212	173	19	4	196
		Total	227	28	827	171	171	1,424	203	38	8	249
Hospital – Patients and Visitors 1,463 persons	AM	In	29	10	32	16	5	92	18	8	0	26
		Out	5	2	6	3	1	17	3	8	0	11
		Total	34	12	38	19	6	109	21	16	0	37
	Midday	In	69	24	75	37	11	216	43	22	0	65
		Out	37	13	41	20	6	117	23	22	0	45
		Total	106	37	116	57	17	333	66	44	0	110
	PM	In	52	18	57	28	8	163	33	20	0	53
		Out	35	12	38	19	5	109	22	20	0	42
		Total	87	30	95	47	13	272	55	40	0	95
Ambulatory Care Facility – Staff 507 persons	AM	In	28	4	103	21	21	177	25	3	0	28
		Out	1	0	3	1	1	6	1	3	0	4
		Total	29	4	106	22	22	183	26	6	0	32
	Midday	In	11	1	37	8	8	65	10	2	0	12
		Out	9	1	34	7	7	58	8	2	0	10
		Total	20	2	71	15	15	123	18	4	0	22
	PM	In	4	0	13	2	2	21	4	2	0	6
		Out	26	3	95	20	20	164	24	2	0	26
		Total	30	3	108	22	22	185	28	4	0	32
Ambulatory Care Facility – Patients and Visitors 2,000 persons	AM	In	84	29	25	10	11	159	28	10	0	38
		Out	0	0	0	0	0	0	0	10	0	10
		Total	84	29	25	10	11	159	28	20	0	48
	Midday	In	128	43	38	14	17	240	42	20	0	62
		Out	84	29	25	10	11	159	28	20	0	48
		Total	212	72	63	24	28	399	70	40	0	110
	PM	In	32	11	10	4	4	61	11	17	0	28
		Out	128	43	38	14	17	240	42	17	0	59
		Total	160	54	48	18	21	301	53	34	0	87
Total	AM	In	346	68	902	201	191	1,708	254	39	8	301
		Out	17	3	48	12	10	90	14	39	8	61
		Total	363	71	950	213	201	1,798	268	78	16	362
	Midday	In	208	68	150	59	281	766	95	44	7	146
		Out	130	43	100	37	479	789	59	44	7	110
		Total	338	111	250	96	760	1,555	154	88	14	256
	PM	In	122	33	204	59	39	457	78	58	4	140
		Out	382	82	874	199	188	1,725	261	58	4	323
		Total	504	115	1,078	258	227	2,182	339	116	8	463

Table 4
Project Site Trip Generation – No Action Condition

Program	Peak Hour	In/Out	Person Trip						Vehicle Trip			
			Auto	Taxi	Subway	Bus	Walk	Total	Auto	Taxi	Delivery	Total
Hospital – Staff 2,615 persons	AM	In	207	26	749	155	155	1,292	185	18	8	211
		Out	11	1	39	8	8	67	10	18	8	36
		Total	218	27	788	163	163	1,359	195	36	16	247
	Midday	In	0	0	0	0	247	247	0	0	7	7
		Out	0	0	0	0	459	459	0	0	7	7
		Total	0	0	0	0	706	706	0	0	14	14
	PM	In	34	4	126	26	26	216	30	19	4	53
		Out	195	24	709	147	147	1,222	174	19	4	197
		Total	229	28	835	173	173	1,438	204	38	8	250
Hospital – Patients and Visitors 1,462 persons	AM	In	29	10	32	16	5	92	18	8	0	26
		Out	5	2	6	3	1	17	3	8	0	11
		Total	34	12	38	19	6	109	21	16	0	37
	Midday	In	69	24	75	37	11	216	43	22	0	65
		Out	37	13	40	20	6	116	23	22	0	45
		Total	106	37	115	57	17	332	66	44	0	110
	PM	In	52	18	57	28	8	163	33	20	0	53
		Out	35	12	38	18	5	108	22	20	0	42
		Total	87	30	95	46	13	271	55	40	0	95
Ambulatory Care Facility – Staff 226 persons	AM	In	13	2	46	9	9	79	12	2	0	14
		Out	0	0	1	0	0	1	0	2	0	2
		Total	13	2	47	9	9	80	12	4	0	16
	Midday	In	5	0	16	3	3	27	5	0	0	5
		Out	4	0	15	3	3	25	4	0	0	4
		Total	9	0	31	6	6	52	9	0	0	9
	PM	In	2	0	6	1	1	10	2	1	0	3
		Out	12	1	42	9	9	73	11	1	0	12
		Total	14	1	48	10	10	83	13	2	0	15
Ambulatory Care Facility – Patients and Visitors 407 persons	AM	In	17	6	5	2	2	32	6	2	0	8
		Out	0	0	0	0	0	0	0	2	0	2
		Total	17	6	5	2	2	32	6	4	0	10
	Midday	In	26	9	8	3	3	49	8	4	0	12
		Out	17	6	5	2	2	32	6	4	0	10
		Total	43	15	13	5	5	81	14	8	0	22
	PM	In	6	2	2	1	1	12	2	4	0	6
		Out	26	9	8	3	3	49	8	4	0	12
		Total	32	11	10	4	4	61	10	8	0	18
Total	AM	In	266	44	832	182	171	1,495	221	30	8	259
		Out	16	3	46	11	9	85	13	30	8	51
		Total	282	47	878	193	180	1,580	234	60	16	310
	Midday	In	100	33	99	43	264	539	56	26	7	89
		Out	58	19	60	25	470	632	33	26	7	66
		Total	158	52	159	68	734	1,171	89	52	14	155
	PM	In	94	24	191	56	36	401	67	44	4	115
		Out	268	46	797	177	164	1,452	215	44	4	263
		Total	362	70	988	233	200	1,853	282	88	8	378

Table 5
Incremental Trip Generation Summary: No Action Condition – Existing Conditions

Program	Peak Hour	In/Out	Person Trip						Vehicle Trip			
			Auto	Taxi	Subway	Bus	Walk	Total	Auto	Taxi	Delivery	Total
Total	AM	In	-80	-24	-70	-19	-20	-213	-33	-9	0	-42
		Out	-1	0	-2	-1	-1	-5	-1	-9	0	-10
		Total	-81	-24	-72	-20	-21	-218	-34	-18	0	-52
	Midday	In	-108	-35	-51	-16	-17	-227	-39	-18	0	-57
		Out	-72	-24	-40	-12	-9	-157	-26	-18	0	-44
		Total	-180	-59	-91	-28	-26	-384	-65	-36	0	-101
	PM	In	-28	-9	-13	-3	-3	-56	-11	-14	0	-25
		Out	-114	-36	-77	-22	-24	-273	-46	-14	0	-60
		Total	-142	-45	-90	-25	-27	-329	-57	-28	0	-85

Table 6
Project Site Trip Generation – With Action Condition

Program	Peak Hour	In/Out	Person Trip						Vehicle Trip			
			Auto	Taxi	Subway	Bus	Walk	Total	Auto	Taxi	Delivery	Total
Hospital – Staff 2,965 persons	AM	In	235	29	850	176	176	1,466	210	21	14	245
		Out	12	2	45	9	9	77	11	21	14	46
		Total	247	31	895	185	185	1,543	221	42	28	291
	Midday	In	0	0	0	0	280	280	0	0	13	13
		Out	0	0	0	0	520	520	0	0	13	13
		Total	0	0	0	0	800	800	0	0	26	26
	PM	In	39	5	142	29	29	244	35	22	7	64
		Out	222	27	803	166	166	1,384	199	22	7	228
		Total	261	32	945	195	195	1,628	234	44	14	292
Hospital – Patients and Visitors 1,544 persons	AM	In	31	11	34	17	5	98	19	8	0	27
		Out	5	2	6	3	1	17	3	8	0	11
		Total	36	13	40	20	6	115	22	16	0	38
	Midday	In	73	25	79	39	11	227	46	23	0	69
		Out	39	13	43	21	6	122	24	23	0	47
		Total	112	38	122	60	17	349	70	46	0	116
	PM	In	55	19	60	29	9	172	34	21	0	55
		Out	37	13	40	20	6	116	23	21	0	44
		Total	92	32	100	49	15	288	57	42	0	99
Ambulatory Care Facility – Staff 215 persons	AM	In	12	2	44	9	9	76	11	2	0	13
		Out	0	0	1	0	0	1	0	2	0	2
		Total	12	2	45	9	9	77	11	4	0	15
	Midday	In	5	0	15	3	3	26	5	0	0	5
		Out	4	0	14	3	3	24	4	0	0	4
		Total	9	0	29	6	6	50	9	0	0	9
	PM	In	2	0	6	1	1	10	2	1	0	3
		Out	11	1	40	8	8	68	10	1	0	11
		Total	13	1	46	9	9	78	12	2	0	14
Ambulatory Care Facility – Patients and Visitors 387 persons	AM	In	16	6	5	2	2	31	5	2	0	7
		Out	0	0	0	0	0	0	0	2	0	2
		Total	16	6	5	2	2	31	5	4	0	9
	Midday	In	25	8	7	3	3	46	8	4	0	12
		Out	16	6	5	2	2	31	5	4	0	9
		Total	41	14	12	5	5	77	13	8	0	21
	PM	In	6	2	2	1	1	12	2	3	0	5
		Out	25	8	7	3	3	46	8	3	0	11
		Total	31	10	9	4	4	58	10	6	0	16
Total	AM	In	294	48	933	204	192	1,671	245	33	14	292
		Out	17	4	52	12	10	95	14	33	14	61
		Total	311	52	985	216	202	1,766	259	66	28	353
	Midday	In	103	33	101	45	297	579	59	27	13	99
		Out	59	19	62	26	531	697	33	27	13	73
		Total	162	52	163	71	828	1,276	92	54	26	172
	PM	In	102	26	210	60	40	438	73	47	7	127
		Out	295	49	890	197	183	1,614	240	47	7	294
		Total	397	75	1,100	257	223	2,052	313	94	14	421

Table 7
Incremental Trip Generation Summary: With Action Condition – Existing Conditions

Program	Peak Hour	In/Out	Person Trip						Vehicle Trip			
			Auto	Taxi	Subway	Bus	Walk	Total	Auto	Taxi	Delivery	Total
Total	AM	In	-52	-20	31	3	1	-37	-9	-6	6	-9
		Out	0	1	4	0	0	5	0	-6	6	0
		Total	-52	-19	35	3	1	-32	-9	-12	12	-9
	Midday	In	-105	-35	-49	-14	16	-187	-36	-17	6	-47
		Out	-71	-24	-38	-11	52	-92	-26	-17	6	-37
		Total	-176	-59	-87	-25	68	-279	-62	-34	12	-84
	PM	In	-20	-7	6	1	1	-19	-5	-11	3	-13
		Out	-87	-33	16	-2	-5	-111	-21	-11	3	-29
		Total	-107	-40	22	-1	-4	-130	-26	-22	6	-42

LEVEL 1 SCREENING

The net incremental difference in trips between the No Action and With Action conditions are shown in **Table 8**.

Traffic

As shown in **Table 8**, the incremental difference in trips (With Action condition – No Action condition) generated by the Proposed Project would be 43, 17, and 43 vehicle trips during the weekday AM, midday, and PM peak hours, respectively. Since these increments do not exceed the *CEQR Technical Manual* analysis threshold of 50 peak-hour vehicle trips, a detailed traffic analysis is not warranted, and the Proposed Project would not be expected to result in any significant adverse traffic impacts.

Parking

The *CEQR Technical Manual* states that if a quantified traffic analysis is not required, an assessment of parking supply and utilization is also not warranted. Therefore, as a result of the conclusions described above for traffic, an on- and off-street parking analysis is not required, and the proposed project is not expected to result in any significant adverse parking impacts.

Transit

As shown in **Table 8**, the incremental difference in trips (With Action condition – No Action condition) generated by the Proposed Project would be 107, 4, and 112 person trips by subway during the weekday AM, midday, and PM peak hours, respectively. Since these increments do not exceed the *CEQR Technical Manual* analysis threshold of 200 or more peak-hour subway trips, a detailed analysis of subway facilities or line-haul conditions is not warranted, and the Proposed Project would not be expected to result in any significant adverse subway impacts.

Also shown in **Table 8**, the incremental difference in bus trips generated by the Proposed Project would be 23, 3, and 24 person trips by bus during the weekday AM, midday, and PM peak hours, respectively. These incremental increases in bus trips would not exceed the *CEQR Technical Manual* analysis threshold of 50 or more peak-hour bus riders in a single direction. Therefore, a detailed bus line-haul analysis is also not warranted, and the Proposed Project would not be expected to result in any significant adverse bus line-haul impacts.

Pedestrians

All incremental person trips generated by the Proposed Project would traverse the pedestrian elements (i.e., sidewalks, corners, and crosswalks) surrounding the Project Site. As shown in **Table 8**, the net incremental increase in pedestrian trips generated by the Proposed Project would be 186, 105, and 199 person trips during the weekday AM, midday, and PM peak hours, respectively. These incremental increases in trips would not exceed the *CEQR Technical Manual* analysis threshold of 200 pedestrians per hour, and the Proposed Project would not be expected to result in any significant adverse pedestrian impacts.

Table 8
Incremental Trip Generation Summary: With Action Condition – No Action Condition

Program	Peak Hour	In/Out	Person Trip						Vehicle Trip			
			Auto	Taxi	Subway	Bus	Walk	Total	Auto	Taxi	Delivery	Total
Total	AM	In	28	4	101	22	21	176	24	3	6	33
		Out	1	1	6	1	1	10	1	3	6	10
		Total	29	5	107	23	22	186	25	6	12	43
	Midday	In	3	0	2	2	33	40	3	1	6	10
		Out	1	0	2	1	61	65	0	1	6	7
		Total	4	0	4	3	94	105	3	2	12	17
	PM	In	8	2	19	4	4	37	6	3	3	12
		Out	27	3	93	20	19	162	25	3	3	31
		Total	35	5	112	24	23	199	31	6	6	43

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Appendix E
Air Quality Methodology Memorandum

akrf

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Memorandum

To:	New York City Department of City Planning
From:	Henry Kearney
Date:	October 22, 2024
Re:	Lenox Hill Hospital Redevelopment – Air Quality Methodology
cc:	File

The purpose of this memorandum is to describe the air quality analysis approach for the proposed Lenox Hill Hospital (LHH) Redevelopment Environmental Impact Statement (EIS). The Proposed Project would be built on LHH's existing campus, occupying Block 1411 Lots 1 and 113 (Projected Development Site 1), bounded by Park and Lexington Avenues and East 76th and East 77th Streets in Manhattan. The Proposed Project would include a new approximately 771,000 gsf building on Lexington Avenue; it would include an emergency department, operating suites, and thirteen floors of patient rooms. The Proposed Project would also include renovations to portions of the existing hospital complex to accommodate connections to the new hospital building, as well as new truck docks and parking for up to six ambulances inside the building.

This memorandum presents a summary of the methodology and assumptions to be used for the both the mobile and stationary source air quality analyses of the Proposed Actions.

For the purpose of a conservative analysis, the Reasonable Worst Case Development Scenario (RWCDS) also considers the as-of-right development of 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, 75-foot-tall building to house hospital support functions. There would also be a utility and pedestrian/service tunnel under East 77th Street connecting to the main hospital.

MOBILE SOURCE ANALYSIS

INTERSECTION SCREENING

Based on traffic projections, projected vehicle trips generated by the Proposed Actions will not exceed the carbon monoxide (CO) threshold of 170 vehicles in a peak hour at any intersection. For fine particulate matter less than 10 microns in diameter (PM_{10}), and fine particulate matter less than 2.5 microns in diameter ($PM_{2.5}$), if a Level 2 analysis is required, the screening procedure outlined in the 2021 *City Environmental Quality Review (CEQR) Technical Manual* will be used to determine whether the projected number of vehicle trips at an intersection exceeds thresholds based on heavy-duty diesel vehicle (HDDV) equivalents. The thresholds are as follows:

- 12 or more HDDV for paved roads with average daily traffic fewer than 5,000 vehicles;
- 19 or more HDDV for collector roads;
- 23 or more HDDV for principal and minor arterials; or
- 23 or more HDDV for expressways and limited access roads.

To determine whether any of these thresholds are exceeded, the worksheet referenced in Section 210 of the *CEQR Technical Manual* will be utilized to calculate the equivalent number of HDDV equivalents at intersections in the traffic study area. The worksheet uses vehicle classification information based on the traffic data collected for the project and assigns these classifications to vehicle categories using a table

referenced in the *CEQR Technical Manual.*[1] Roadway classifications will be determined by corridor at each intersection, based on New York City Department of Transportation (NYCDOT) functional class criteria and With Action traffic volumes.

If any screening thresholds are exceeded, a microscale analysis of PM mobile source emissions would be performed at the intersection with the greatest number of project-generated vehicle trips.

STATIONARY SOURCES

HEAT AND HOT WATER SYSTEMS

LHH currently utilizes steam from Con Edison to provide heating and hot water services, with the exception of kitchen equipment, which utilizes natural gas. The Proposed Project is anticipated to utilize electric-powered systems to provide heating and cooling. No fossil fuel-fired equipment would be used for space heating, process, or hot water equipment would be utilized. Con Edison steam is currently anticipated to provide heating for the Proposed Project in the event of a loss of utility power. Distillate oil-fired boilers may be installed to be used as a back-up in the event of an interruption of electrical and utility steam services The boilers would be used periodically for very limited periods of time for testing outside of an actual emergency. Therefore, no analysis of this equipment was performed.

EMERGENCY GENERATORS

One or more oil-fired generators would be installed to provide power in the event of a loss of utility electric power. Since the generators would only be used for very limited periods of time for testing outside of an actual emergency, no analysis of this equipment is considered to be necessary.

POTENTIAL KITCHEN SYSTEMS

The Proposed Project may include natural gas-fired equipment for kitchen uses. Therefore, a stationary analysis will be performed to evaluate potential air quality associated with the Proposed Project's kitchen systems.

Dispersion Model

The analysis was performed using the American Meteorological Society (AMS)/Environmental Protection Agency (EPA) Regulatory Model (AERMOD) dispersion model. The AERMOD analysis of potential impacts from exhaust stacks was performed assuming stack tip downwash, urban dispersion and surface roughness length, with and without building downwash, and elimination of calms. The AERMOD model also incorporates the algorithms from the PRIME model, which is designed to predict impacts in the "cavity region" (i.e., the area around a structure which, under certain conditions, may affect an exhaust plume, causing a portion of the plume to become entrained in a recirculation region). The Building Profile Input Program (BPIP) program for the PRIME model (BPIPRM) was used to determine the projected building dimensions modeling with the building downwash algorithm enabled. The modeling of downwash from sources accounts for all obstructions within a radius equal to five obstruction heights of the stack.

Maximum 1-hour average NO_2 concentrations will be estimated using an NO_2 to NO_x ratio of 0.8—the recommended default ambient ratio per EPA guidance.[2]

Emission Estimates and Stack Parameters

The air quality analysis of supplemental heating and hot water systems will be based on the available design information. If design information is not available, the following assumptions will be utilized, as appropriate:

Emission Factors

Emissions factors would be obtained from the EPA *Compilation of Air Pollutant Emission Factors, AP-42, Fifth Edition, Volume I: Stationary Point and Area Sources*. $PM_{2.5}$ emissions would include both the filterable and condensable fractions.

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[1] MOBILE6 Input Data Format Reference Tables, August 14, 2003.

[2]. EPA. *Memorandum: Clarification on the use of AERMOD Dispersion Modeling for Demonstrating Compliance with the NO_2 National Ambient Air Quality Standard*. September 30, 2014.

Fuel Usage

Short-term emissions would be based on equipment design capacities and anticipated LHH kitchen operating schedules. Annual emissions would be prorated over the 12-month year.

Stack Parameters

The exhaust would most likely be vented horizontally through a louver located at the 5th Floor level, which is the minimum elevation to which it would be vented. Therefore, the exhaust stack will be modeled as a horizontal discharge at various locations along the 5th Floor façade. The exhaust parameters will be calculated based on preliminary design information.

The exhaust stack(s) for the potential kitchen equipment systems will be assumed to be located at the edge of the Proposed Project closest to the receptor of a similar or greater.

Receptor Placement

Receptors (locations at which concentrations are projected) generally will include operable windows in residential or other buildings, air intakes, and publicly accessible open space locations, as applicable. The nearest building of a similar or greater height will be modeled, as well as more distant receptors. Closer receptors at lower heights will be modeled as well. The worst-case ground level concentration will also be evaluated.

Background Concentrations

To estimate the maximum expected pollutant concentration at a given location (receptor), the predicted impacts must be added to a background value that accounts for existing pollutant concentrations from other sources that are not directly accounted for in the model (see **Table 1**). To develop background levels, concentrations measured at the most representative ambient monitoring station operated by the New York State Department of Environmental Conservation (NYSDEC) over the a recent three-year period (2017–2019) will be used (consistent with NYSDEC guidance). The 2020 and 2021 background data will not be used due to uncertainties in the representativeness of background concentrations NO_2 in 2020 due to effects of COVID-19.

Table 1
Background Pollutant Concentrations for Stationary Souce Analysis

Pollutant	Average Period	Location	Concentration (µg/m^3)	NAAQS (µg/m^3)
NO_2	Annual[1]	IS 52	32.8	100
	1-hour[2]		110.6	188
$PM_{2.5}$	24-hour	JHS 45, Brooklyn	18.3	35
	Annual		7.6	12

Notes:
[1] Annual average NO_2 background concentration is based on the three-year highest value from 2017–2019.
[2] The one-hour NO_2 background concentration is based on the maximum 98th percentile one-hour NO_2 concentration averaged over three years of data, from 2017–2019.
Source: New York State Air Quality Report Ambient Air Monitoring System, NYSDEC, 2017–2019.

The $PM_{2.5}$ 24-hour average background concentration of 18.3 µg/m^3 (based on the 2017 to 2019 average of 98th percentile concentrations measured at the JHS 45 monitoring station) will be used to establish the *de minimis* value for the 24-hour increment, consistent with the guidance provided in the *CEQR Technical Manual.*

Determining the Significance of Air Quality Impacts

Predicted values will be compared with National Ambient Air Quality Standards (NAAQS) for NO_2 and the City's CEQR *de minimis* criteria for $PM_{2.5}$. In the event that violations of standards or criteria are predicted,

a refined analysis would be performed using the EPA AERMOD dispersion model.[3] For this analysis, five recent years of meteorological data from LaGuardia Airport and concurrent upper air data from Brookhaven, New York will be utilized for the simulation program.

An air quality E-designation will also be proposed for the site, describing the fuel and/or heat and hot water system exhaust stack restrictions that would be required to avoid a significant adverse air quality impact.

LARGE OR MAJOR SOURCES

A review of NYSDEC Title V and State Facility Air permits as well as EPA's Envirofacts database was performed to identify any federal or state-permitted facilities. Existing large and major sources of emissions (i.e., sources having a Title V or State Facility Air Permit) within 1,000 feet of the Project Site were surveyed. No facilities with a Title V or State Facility Air Permit were identified. Therefore, no analysis of these sources is required.

INDUSTRIAL SOURCES

A portion of the Project Site is in a C1-8X district which is a commercial district for area that are residential in character. A search of DEP industrial source permits and registrations[4] and NYSDEC air permits and registrations in this zoning district was performed to determine whether there are any permitted industrial sources of emissions within the 400-foot study area. Based on this review, no industrial sources of emissions were identified. Therefore, no further analysis is required.

[3] EPA. AERMOD Implementation Guide. 454/B-16-013. December 2016.
EPA. AERMOD Model Formulation and Evaluation. 454/R-17-001. May 2017.
EPA. User's Guide for the AMS/EPA Regulatory Model (AERMOD). 454/B-16-011. December 2016.

[4] DEP. *NYC DEP CATS Information.* https://a826-web01.nyc.gov/dep.boilerinformationext, accessed August 17, 2021.

Appendix F
Noise Methodology Memorandum

akrf

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Memorandum

To:	New York City Department of Planning
From:	Daniel Abatemarco / AKRF
Date:	December 26, 2024
Re:	Lenox Hill Hospital Redevelopment (23DCP079M) — Noise Methodology Approach
cc:	Noah Bernstein, Lisa Lau, Anne Locke / AKRF

The purpose of this memorandum is to describe the noise analysis approach for the proposed development sites for the Lenox Hill Hospital Redevelopment Environmental Impact Statement (EIS). The Proposed Project involves redevelopment of the block bound by Park and Lexington Avenues and East 76th and East 77th Streets (Block 1411, Lots 1 and 113, "Projected Development Site 1") with a state-of-the-art hospital complex that would include 475 single-bedded patient rooms, 30 operating suites, and an enlarged and updated emergency department. A new building would be constructed on Lexington Avenue that would include an emergency department, operating suites, and patient rooms. The proposed project would also include additions and renovations to portions of the existing hospital complex to accommodate connections to the new hospital building. Two building envelopes (Envelope 1 and Envelope 2) are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000 gross square foot (gsf) building on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000 gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either Envelope.

The Reasonable Worst Case Development Scenario (RWCDS) for the EIS also considers the as-of-right development of 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, six-story, 75-foot-tall building to house hospital support functions. It would be connected to Projected Development Site 1 by a utility tunnel under East 77th Street. The analysis year is 2036.

GENERAL NOISE ANALYSIS METHODOLOGY

This memorandum presents a summary of the proposed approach to the noise analysis for the Proposed Actions. Specifically, the proposed methodology includes the following:

- Selection of noise receptor locations;
- Establishment of existing ambient noise levels and traffic volumes and vehicle classifications;
- Determination of noise levels in the future with the Proposed Actions based on expected future changes in vehicular traffic volumes;
- Determination of whether there are any locations where there is the potential for the Proposed Actions to result in significant adverse noise impacts (i.e., doubling Noise Passenger Car Equivalents [PCEs]);
- Calculation of total noise levels including adjacent stationary sources adjacent to the development sites; and
- Determination of minimum necessary levels of building attenuation to provide acceptable interior noise levels at the development sites under guidelines contained in the 2021 *New York City Environmental Quality Review* (*CEQR) Technical Manual*.

SELECTION OF NOISE RECEPTOR LOCATIONS

As the first step in this process, a field visit was performed to identify potential noise receptor locations. According to AKRF's field observations, vehicular traffic, including buses, is the dominant noise source throughout the study area, although stationary sources (e.g., building HVAC equipment) contribute to noise levels at some locations. It is expected that measurements from one monitoring location could apply to multiple sites along the same road corridor as well as to sites along similar road corridors.

A total of four receptor sites were selected for the noise analysis in the Project Area. The proposed noise receptor locations were selected based on the location of the project site and existing neighborhood characteristics (e.g., along major commercial road corridors, bus routes, etc.).

NOISE MONITORING

AKRF plans to conduct a noise survey to measure existing noise levels at four locations in the project area. Traffic counts will be conducted for the roadway immediately adjacent to each receptor site during each noise level measurement. The noise receptor sites are shown in **Figure 1** and described in **Table 1**.

Table 1
Proposed Noise Measurement Locations

Site	Location
1	East 77th Street between Park Avenue and Lexington Avenue
2	Lexington Avenue between East 76th and East 77th Streets
3	East 76th Street between Park Avenue and Lexington Avenue
4	Park Avenue between East 76th and East 77th Streets

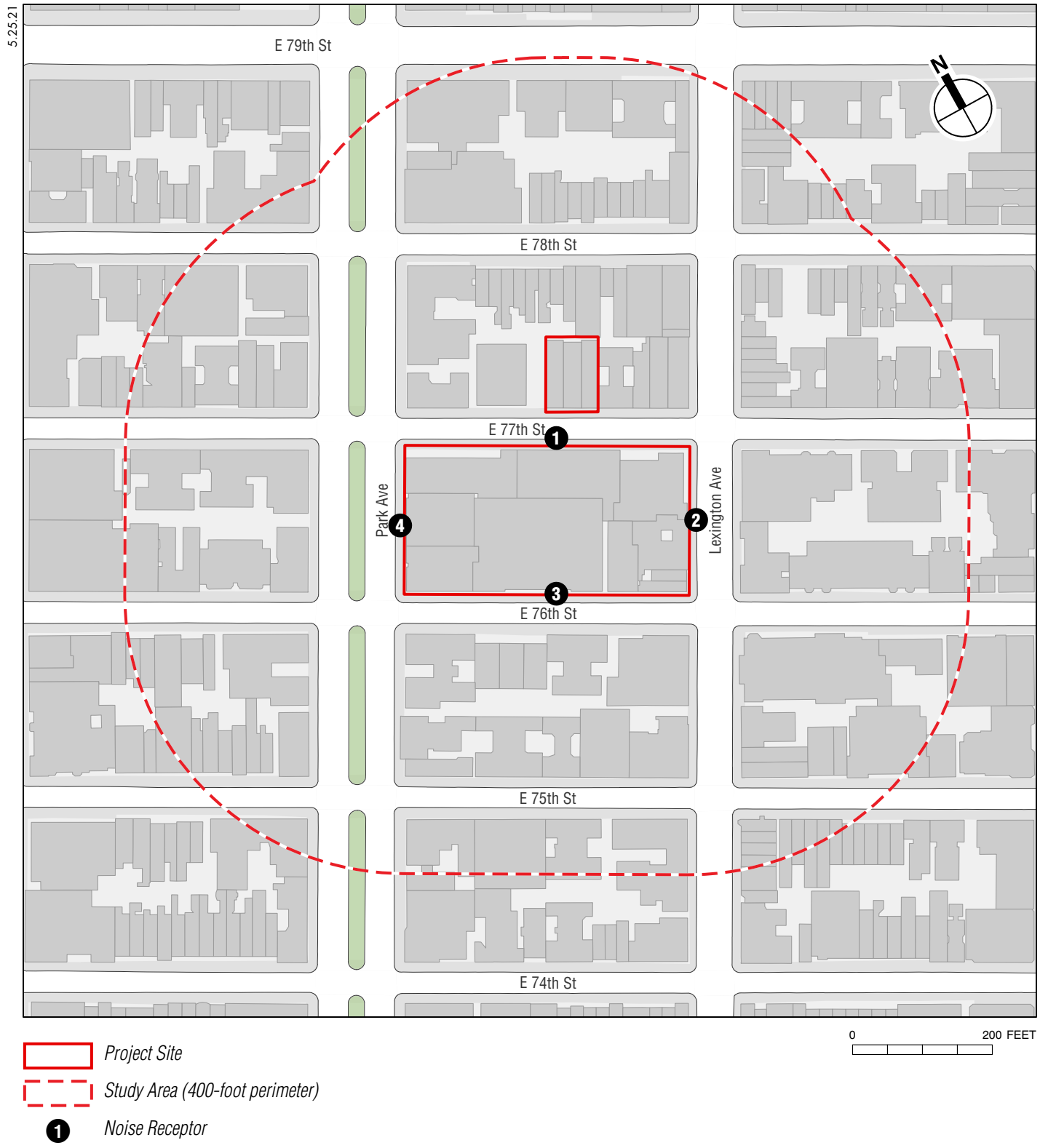
At all receptor sites, 20-minute spot noise measurements will be conducted during the typical weekday AM (7:00 AM–9:00 AM), midday (12:00 PM–2:00 PM) and PM (4:00 PM–6:00 PM) peak periods, approximately 5 feet above grade. Measurements will be performed according to noise measurement guidance contained in the *CEQR Technical Manual*. Weekday noise level measurements will only be collected between Tuesday and Thursday.

Measurements will be performed using Class 1 Sound Level Meter (SLM) instruments according to ANSI Standard S1.4-2014. The SLMs will have laboratory calibration dates within one year of the date of the measurements. All measurement procedures will be based on the guidelines outlined in ANSI Standard S1.13-2005.

Additionally, it is also proposed that noise from air traffic would not be omitted during the noise measurements. This would ensure that the building attenuation requirements resulting from the analysis include contribution from all noise sources within the study area and ensure acceptable interior noise levels.

FAÇADE NOISE ATTENUATION REQUIREMENTS

As shown in **Table 2**, the *CEQR Technical Manual* has set noise attenuation quantities for buildings based on exterior $L_{10(1)}$, Ldn, and DNL noise levels to maintain acceptable interior noise levels. For the dominant traffic noise condition, the acceptable interior noise level thresholds for the EIS noise analysis will be 45 dBA or lower for community facility areas, and 50 dBA for commercial office uses, and are determined based on exterior $L_{10(1)}$ noise levels.



Noise Receptor Locations

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1

Table 2
Required Attenuation Values to Achieve Acceptable Interior Noise Levels

	Marginally Unacceptable				Clearly Unacceptable
Vehicular Traffic	$70 < L_{10} \leq 73$	$73 < L_{10} \leq 76$	$76 < L_{10} \leq 78$	$78 < L_{10} \leq 80$	$80 < L_{10}$
Aircraft[A]	$65 < DNL \leq 68$	$68 < DNL \leq 71$	$71 < DNL \leq 73$	$73 < DNL \leq 75$	$75 < DNL$
Train	$65 < L_{dn} \leq 68$	$68 < L_{dn} \leq 71$	$71 < L_{dn} \leq 73$	$73 < L_{dn} \leq 75$	$75 < L_{dn}$
Attenuation[B]	(I) 28 dBA	(II) 31 dBA	(III) 33 dBA	(IV) 35 dBA	See note [C]

Notes:
[A] DNL descriptor based on average values of L_{dn} over a year period.
[B] The above composite window-wall attenuation values are for residential dwellings and community facility development. Commercial office spaces and meeting rooms would be 5 dBA less in each category. All the above categories require a closed window situation and hence an alternate means of ventilation.
[C] The required attenuation value is the difference between L_{build} and $L_{interior}$, using the appropriate noise descriptor
Where:
L_{build} is the projected noise level under the build condition rounded up to the whole number
$L_{interior}$ is the designed interior noise level (45 dBA for vehicular noise, 40 dBA for aircraft and train noise)
Source: New York City Department of Environmental Protection.

For dominant traffic noise condition, minimum façade noise attenuation ratings are established based on projected L10(1) noise levels in the future with the Proposed Actions. The projected future $L_{10(1)}$ noise levels comprise of a combination of vehicular traffic noise and stationary source noise from the surrounding uses. The future $L_{10(1)}$ noise levels will be used to determine minimum building façade attenuation required to maintain interior noise levels of 45 dBA or lower for community facility areas, and 50 dBA for commercial office uses at the project site.

Appendix G
Construction Methodology Memorandums

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Construction Travel Demand Factors (TDF) Memorandum

To:	Project File
From:	AKRF, Inc.
Date:	October 22, 2024
Re:	Lenox Hill Hospital Redevelopment (23DCP079M) – Construction Travel Demand Analysis
cc:	Project Team

A. INTRODUCTION

This memorandum presents the construction logistic plan for the peak quarter and trip generation assumptions and travel demand estimates for the peak construction activities for the proposed Lenox Hill Hospital (LHH) Redevelopment project (the "Proposed Project") located in the Upper East Side neighborhood of Manhattan. The purpose of this memorandum is to establish the construction transportation analysis study area in the EIS and obtain concurrence from the New York City Department of City Planning (DCP) and New York City Department of Transportation (DOT) on this transportation screening assessment.

The traffic intersections and pedestrian elements (i.e., sidewalks, crosswalks, and corner reservoir areas) recommended for detailed analysis are based on the anticipated geometric effects shown in the construction logistic plan from Maintenance and Protection of Traffic (MPT) elements such as construction fences in parking lanes and narrowed sidewalks and corner reservoir areas and transportation screening assessments of projected construction workers and trucks. The peak quarter of construction is presented for the purpose of the transportation screening assessment. The EIS will analyze the peak quarter to identify the potential for significant adverse transportation impacts. In the event that there is a significant adverse transportation impact in the peak quarter, further evaluations will be made to identify the potential for significant adverse transportation impacts during other periods of construction. In determining whether there is the potential for significant adverse transportation impacts beyond the peak quarter, geometric effects from MPT will be part of that evaluation. Once the preliminary transportation analyses have been completed, a determination will be made as to whether there will be a need for mitigation, and the nature of mitigation for times other than the peak construction period.

PROJECT DESCRIPTION

LHH is requesting a series of zoning actions to facilitate the enlargement and modernization of the existing LHH hospital and the creation of a purpose-built hospital complex to address critical infrastructure challenges and space needs (the Proposed Project). The proposed hospital building would permit LHH to meet current standards of healthcare delivery, including single-bedded patient rooms, as well as address projected future needs for an expanded emergency department, new and larger state-of-the-art surgical suites (ORs), and other essential clinical and support spaces. The COVID-19 pandemic illustrated to LHH and other hospitals the need to have appropriate capacity, efficiency, and state-of-the-art facilities. The additional knowledge gained during the pandemic has been incorporated into the design to better address current pressing healthcare needs and respond to future crises.

The Proposed Project would be built on LHH's existing campus, occupying Block 1411 Lots 1 and 113 (Projected Development Site 1), bounded by Park and Lexington Avenues and East 76th and East 77th

Streets in Manhattan. Two building envelopes (Envelope 1 and Envelope 2) are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000 gross square foot (gsf) building on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000 gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either Envelope. The Proposed Project would include an emergency department, operating suites (including ORs and support space), and 13 floors of patient rooms. Portions of the existing hospital complex would be renovated to accommodate connections to the new hospital building and create four new truck docks and a new ambulance bay for six ambulances inside the structure. The Proposed Project would also provide a new entrance and lobby for the Mother-Baby Hospital on Park Avenue as well as a new emergency stair on the Park Avenue frontage.

For the purpose of a conservative analysis, the Reasonable Worst Case Development Scenario (RWCDS) for the EIS also considers the as-of-right development of 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, six-story, 75-foot-tall building to house hospital support functions. It would be connected to Projected Development Site 1 by a utility tunnel under East 77th Street.

The Applicant also proposes to provide improvements to the Lexington Avenue 77th Street subway station, specifically improving access to the downtown platform of the station on the southwest corner of Lexington Avenue and East 77th Street by moving that access into Proposed Development Site 1. Working with the MTA, the Applicant would replace the two existing 5-foot wide stairs on the sidewalk adjacent to the Development Site with a new 15-foot wide widened stair located within the Proposed Project, increasing stair width by approximately 50 percent; installing an elevator to provide ADA access between the street level and the mezzanine and a ramp from the mezzanine to the southbound platform level of the subway station; and improving lighting and security systems within the station. The setback of the proposed subway stairs and ADA accessible elevator would increase the sidewalk area by approximately 725 sf of open area adjacent to the new stair and elevator, and the removal of the existing stairs on the sidewalk would further increase open area by approximately 175 sf. These enhancements would provide ADA access to the downtown platform of the station and increase street level circulation space at the street corner adjacent to the station's nearest access point to LHH.

B. CONSTRUCTION LOGISTICS ASSUMPTIONS

The construction transportation analysis will assess the potential for construction activities to result in significant adverse impacts to traffic, parking conditions, and transit and pedestrian facilities. The analysis is based on construction logistics assumptions such as the stages and schedule, projected numbers of workers and deliveries, hours of work, and worker and delivery access points. The peak worker and truck trips during construction of the Proposed Project are developed based on several factors including worker modal splits, vehicle occupancy and trip distribution, truck passenger car equivalents (PCEs), and arrival/departure patterns. Similar to the procedures used to assess operational transportation impacts, the evaluation of potential construction transportation impacts begins with a screening assessment (see **Section C, "Transportation Planning Assumptions"**) to determine if further detailed analyses are warranted and the required scope of such analyses.

CONSTRUCTION STAGES AND SCHEDULE

Table 1 presents the anticipated construction schedule for the Proposed Project with Envelope 1 and Envelope 2, respectively. Construction is anticipated to begin in 2027 and be complete and operational by 2036, an approximately 9-year period. Construction of the Proposed Project would proceed in multiple stages, some of which would overlap. Stage 1 would involve the construction of a six-story building on Projected Development Site 1a and a utility tunnel under East 77th Street. Stage 2 would involve the demolition of the existing buildings—William Black Hall of Nursing, the Achelis building, the Einhorn building, and two townhouses on the eastern portion of Projected Development Site 1—and the construction of the new hospital building that would also incorporate the East building into its podium. Work to create the new subway entrance and the ambulance bay would also be undertaken during Stage 2. Stage 3 would involve

demolition of the south end of the Main building in the middle of the block and construction of the new truck docks and materials handling facility at ground level with a portion of the emergency department and diagnostic and treatment facilities and mechanical space above. Stage 4 would involve renovations in Uris, West and Wollman and the creation of a new Park Avenue entrance and lobby for the Mother-Baby Hospital.

Although the overall construction period of the Proposed Project is anticipated to be approximately 9 years, a portion of this period would have interior work only (e.g., interior fit-out activities and/or renovation work). Specifically, for Envelope 1, four years out of the approximately 9-year period are projected to have interior work only, including an approximately 9-month period in 2031 during Stage 2 construction and an approximately 2.5-year period from mid-2033 to 2035 during Stage 3 and 4 of construction. Those periods of only interior work would generally involve reduced disruption to roadways and sidewalks since most of the activities would occur within the enclosed building and would not require crane lifts.

As with Envelope 1, construction of the Proposed Project with Envelope 2 would take approximately 9 years and would proceed in four primary stages, some of which would overlap. Stage 1 would involve the construction of a six-story building on Projected Development Site 1a and a utility tunnel under East 77th Street. Stage 2 would involve the demolition of the existing buildings—William Black Hall of Nursing, the Achelis building, the Einhorn building, and two townhouses on the eastern portion of Projected Development Site 1—and the construction of the new hospital building that would also incorporate the East building into its podium. Work to create the new subway entrance and the ambulance bay would also be undertaken during Stage 2. Stage 3 would involve demolition of the south end of the Main building in the middle of the block and construction of the new truck docks and materials handling facility at ground level with a portion of the emergency department and diagnostic and treatment facilities and mechanical space above. Stage 4 would involve renovations in Uris, West and Wollman and the creation of a new Park Avenue entrance and lobby for the Mother-Baby Hospital.

As presented in **Table 1**, the overall duration of construction from Stage 1 to Stage 4 would be the same for Envelope 1 and Envelope 2, each commencing on March 2027 and ending in December 2035, for a period of approximately 9 years. Although the overall construction phasing, activities, and logistics for Envelope 2 would be similar to those for Envelope 1, there are some differences in the intermediate construction stages between Envelope 1 and Envelope 2. One key difference is that the increased height of the proposed building in the midblock under Envelope 2 would require additional superstructure and interior fit-out activities, increasing the duration for those activities under Stage 3 construction by approximately a year under Envelope 2. Another difference is that the proposed building on Lexington for Envelope 2 would be approximately 2 stories shorter as compared to that for Envelope 1, and as such, Stage 2 superstructure and interior-fit out activities are anticipated to be approximately one month shorter under Envelope 2. Although there are differences in the intermediate stages of construction, as presented in **Table 1**, the first and last stages of construction (Stages 1 and 4) and the overall start and end dates for the Proposed Project are the same under both Envelope 1 and Envelope 2.

Table 1
Anticipated Construction Schedule under Envelope 1 and Envelope 2

Construction Task	Envelope 1			Envelope 2		
	Start Month	**Finish Month**	**Duration (Months)**	**Start Month**	**Finish Month**	**Duration (Months)**
Stage 1	March 2027	March 2030	37 (overlaps with Stage 2 for 37 months)	March 2027	March 2030	37 (overlaps with Stage 2 for 37 months)
Stage 2	March 2027	July 2032	65 (overlaps with Stage 1 for 37 months and Stage 2 for 8 months)	March 2027	June 2032	64 (overlaps with Stage 1 for 37 months and Stage 2 for 7 months)
Stage 3	December 2031	June 2034	31 (overlaps with Stage 2 for 8 months and Stage 4 for 31 months)	December 2031	May 2035	42 (overlaps with Stage 2 for 7 months and Stage 4 for 42 months)
Stage 4	November 2031	December 2035	50 (overlaps with Stage 3 for 31 months)	November 2031	December 2035	50 (overlaps with Stage 3 for 42 months)
Total	**March 2027**	**December 2035**	**106**	**March 2027**	**December 2035**	**106**

CONSTRUCTION WORKER AND DELIVERY PROJECTIONS

As described above, the overall construction period would be the same between Envelope 1 and Envelope 2, but the schedules would differ within the overall approximately 9-year period; the primary difference between the construction schedule under Envelope 2 and Envelope 1 is that Stage 3 superstructure and interior activities would take approximately a year longer to complete under Envelope 2 due to the increased height of the proposed building in midblock. This difference would not result in any changes to the daily workforce and truck trip projections during peak quarter of construction, which is anticipated to occur during the simultaneous activities for Stage 1 and Stage 2 construction, or create a new construction transportation peak period. Therefore, since the peak construction worker and truck trips would be the same for both Envelope 1 and Envelope 2, the screening analyses presented below would be the same for both Envelope 1 and Envelope 2.

The anticipated construction worker/truck projections for both the hospital block and 111-115 East 77th Street have been reviewed to determine the peak quarter of construction. This entails projecting workers and trucks for average weekdays by quarter on a rolling basis and selecting the highest quarter of combined workers and trucks. As shown in **Tables 2a and 2b**, the peak quarter of construction activity would occur in the second quarter of 2030.

Table 2a
Average Number of Daily Workers and Trucks by Quarter – Envelope 1

Year		2027				2028				2029		
Quarter	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Workers	20	61	61	71	112	156	142	161	151	151	125	125
Trucks	6	19	19	21	28	31	28	38	37	38	33	33
Year		2030				2031				2032		
Quarter		1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd
Workers		258	520	520	501	465	402	393	415	441	467	215
Trucks		39	33	32	28	19	17	16	26	45	43	37
Year		2033				2034				2035		
Quarter		1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd
Workers	183	279	268	246	244	247	106	103	103	70	54	19
Trucks		30	39	35	33	33	29	17	16	15	13	7

Year		
Quarter	Peak	Average
Workers	520	223
Trucks	45	27

Source: Lendlease, March 2024

Table 2b
Average Number of Daily Workers and Trucks by Quarter – Envelope 2

Year	2027				2028				2029			
Quarter	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Workers	20	61	61	71	112	156	142	161	151	151	125	125
Trucks	6	19	19	21	28	31	28	38	37	38	33	33
Year	2030				2031				2032			
Quarter	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Workers	258	520	520	501	465	402	393	415	441	467	215	158
Trucks	39	33	32	28	19	17	16	26	47	45	39	37
Year	2033				2034				2035			
Quarter	1st	2nd	3rd	4th	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Workers	183	279	324	316	282	247	246	243	243	140	54	19
Trucks	32	42	43	41	34	35	34	33	32	19	7	0

Year		
Quarter	Peak	Average
Workers	520	241
Trucks	47	29

Source: Lendlease, March 2024

HOURS OF WORK

Construction work hours would be carried out in accordance with New York City laws and regulations. Construction work would typically begin at 7 AM on weekdays, with most workers arriving between 6 AM and 7 AM. Normally, work would end at 3:30 PM, with most workers departing between 3 PM and 4 PM.

The analyses to be undertaken are the most conservative conditions with respect to the concentration of workers and deliveries in the construction peak hours, since there would be less activity at other times.

DELIVERIES AND ACCESS

During construction, access to the construction area would be fully controlled. Work areas would be fenced off, and limited access points for workers and trucks would be provided. Material deliveries to the construction area would be controlled and scheduled. Based on preliminary construction logistics plans, no travel lane closures are anticipated. MPT plans would be developed to ensure the safety of the construction workers and the public passing through the area. Approval and implementation of these plans would be coordinated with OCMC.

C. TRANSPORTATION PLANNING ASSUMPTIONS

The first step in the construction transportation analyses is to prepare travel demand projections by estimating the number of construction worker person and vehicle trips during the Proposed Project's peak construction, i.e., Level 1 (trip generation). Based on the Proposed Project's peak construction worker and truck projections, and the above description of deliveries and access, Level 2 trip assignment screening analyses were prepared to determine whether further detailed construction transportation analysis would be warranted. In addition to trip assignments during the peak quarter, the Level 2 screening assessment includes narrowed sidewalks and corner reservoir areas due to MPT.

The construction transportation travel demand projections, trip assignments, and evaluations of geometric effects on transportation systems presented below were conducted pursuant to the methodologies outlined in the 2021 *City Environmental Quality Review (CEQR) Technical Manual*. Based on the screening assessment results, detailed traffic and pedestrian analyses were determined to be warranted to assess conditions during the Proposed Project's construction.

Based on established practice, the temporal distributions of construction worker and truck trips are assumed to follow the patterns summarized in **Table 3**. As shown, construction workers would arrive in the early morning and depart in the mid-afternoon, while truck deliveries are expected to peak in the early morning and diminish through the rest of the day.

Table 3
Temporal Distributions of Construction Worker and Truck Trips

	Construction Workers		Construction Trucks	
Beginning Hour	**Arrival**	**Departure**	**Arrival**	**Departure**
6 AM	80%	0%	25%	25%
7 AM	20%	0%	10%	10%
8 AM	0%	0%	10%	10%
9 AM	0%	0%	10%	10%
10 AM	0%	0%	10%	10%
11 AM	0%	0%	10%	10%
Noon	0%	0%	10%	10%
1 PM	0%	0%	5%	5%
2 PM	0%	5%	5%	5%
3 PM	0%	80%	5%	5%
4 PM	0%	15%	0%	0%
Daily Total	**100%**	**100%**	**100%**	**100%**

Travel demand assumptions for the Proposed Project's peak construction worker person and vehicle trips were developed based on information from the *CEQR Technical Manual* and 2000 reverse-journey-to-work data for construction and excavation occupations from the U.S. Census Bureau with additional recommendations from DOT—as summarized in **Table 4**.

Table 4
Travel Demand Assumptions—Proposed Project Peak Construction

Use	Lenox Hill Hospital Redevelopment Construction			
Total Daily Workers and Person Trips	**Construction Workers** **520 workers** **2.0 trips / worker**			
Temporal	**6 AM–7 AM**			**3 PM–4 PM**
	(1)			(1)
	40.0%			40.0%
Direction	(1)			(1)
In	100%			0%
Out	0%			100%
Total	100%			100%
Modal Split	(2)			(2)
Auto	45.0%			45.0%
Taxi	1.0%			1.0%
Subway	47.0%			47.0%
Bus	6.0%			6.0%
Walk	1.0%			1.0%
Total	100%			100%
Vehicle Occupancy	(2)			(2)
	Weekday			Weekday
Auto	1.30			1.30
Total Daily Truck Trips	**Construction Trucks** **33 trucks** **2.0 trips / truck**			
Temporal	**6 AM–7 AM**			**3 PM–4 PM**
	(1)			(1)
	25.0%			5.0%
Delivery Direction	(1)			(1)
In	50%	50%	50%	50%
Out	50%	50%	50%	50%
Total	100%	100%	100%	100%

Sources:
(1) Hourly construction worker and truck trips were derived from an estimated quarterly average number of construction workers and truck deliveries per day, with each truck delivery resulting in two daily trips (arrival and departure).
(2) U.S. Census Bureau, 2000 Estimates – Reverse Journey-to-Work (RJTW) Data for Construction and Excavation Occupations: New York County census tracts 120, 122, 128, 130, 140, 142, 148.01, and 150.01.

It should be noted that although the US Census is refreshed every 10 years, 2000 is the latest US Census data available for the construction and excavation occupations. In 2000, the census combined the “railroad or ferryboat” means of transportation for this dataset. It is not anticipated that there would be measurable use of the NYC Ferry service. Similarly, any Metro-North Railroad trips would transfer to the subway since the Project Site is several subway stations away from Grand Central Terminal or the Harlem/125th Street Station. Therefore, in the above table, railroad or ferryboat trips have been added to the subway mode and the rail and ferry modes are not presented.

DAILY WORKFORCE AND TRUCK DELIVERIES

The combined daily construction workforce and truck trip projections in the peak quarter of 2030 were used as the basis for estimating peak hour construction trips. Construction of the Proposed Project is estimated to have a peak of approximately 520 workers and 33 truck deliveries per day. Based on 2000 reverse-journey-to-work data from the U.S. Census, it is anticipated that approximately 45 percent of construction workers would commute to the Project Site using private autos at an average occupancy of approximately 1.30 persons per vehicle.

Like other construction projects in New York City, most of the construction activities at the Project Site are expected to take place from 7:00 AM to 3:30 PM. While construction truck trips would occur throughout the day (with more trips during the morning), and most trucks would remain in the area for short durations, construction workers would commute during the hours before and after the work shift. For analysis purposes, each truck delivery was assumed to result in two truck trips during the same hour (one “in” and one “out”), whereas each worker vehicle was assumed to arrive near the work shift start hour and depart

near the work shift end hour. Further, in accordance with the *CEQR Technical Manual*, the traffic analysis assumed that each truck has a PCE of two for transportation screening analysis purposes.

The estimated daily vehicle trips were distributed throughout the workday based on projected work shift allocations and likely arrival/departure patterns for construction workers and trucks (see **Table 3**). For construction workers, the majority (approximately 80 percent of total workers) of the arrival and departure trips would take place during the hour before and after each work shift (6:00 AM to 7:00 AM for arrival and 3:00 PM to 4:00 PM for departure on a regular day shift). Construction truck deliveries typically peak during the hour before each shift (25 percent of total truck trips), overlapping with construction worker arrival traffic.

GEOMETRIC EFFECTS

The construction logistics plan for the peak quarter is shown in **Figure 1**. As previously described, the single-phase construction project would require several sequential stages to maintain hospital operations. During all stages, as under existing conditions, one travel lane on East 76th Street and East 77th Street would be maintained, and one 12-foot bus lane, one 10-foot general travel lane, and one 11-foot curb side travel lane on Lexington Avenue would be maintained. Therefore, on streets bordering the Project Site, traffic capacity would not be reduced by the construction MPT elements because there would be no travel lane closures. Also, during all stages, pedestrian paths bypassing the 77th Street building and hospital would be maintained, with no diversions to the opposite side of the street. Depending on the stage, pedestrian paths would be temporarily narrowed to provide MPT elements. A five-foot walkway would be provided past the 77th Street building on the north side of East 77th Street. Six and a half foot walkways would be provided past the hospital block work areas on the south side of East 77th Street, the north side of East 76th Street, and a seven and a half foot walkway would be provided on the west side of Lexington Avenue. An area clear of obstructions of 132.25 square feet would be provided on the southwest corner of East 77th Street and Lexington Avenue and an area clear of obstructions of 100 square feet would be provided on the northwest corner of East 76th Street and Lexington Avenue. Reconstruction of the new subway stairs within the building footprint and demolition of the existing subway stairs within the sidewalk on the south side of East 77th Street would be staged so that access to the station would be maintained on the southwest corner of East 77th Street and Lexington Avenue. The project would likely require temporary relocation of the bus stop along Lexington Avenue between East 76th and East 77th Streets. The location will be explored in coordination with NYCT for a nearby alternative location. Up to 10 on-street parking spaces each on the north and south sides of East 76th Street and 77th Street between Park Avenue and Lexington Avenue may be temporarily unusable from construction MPT elements. Additionally, up to 4 on-street parking spaces on the west side of Lexington Avenue and up to 10 on-street parking spaces on the east side of Lexington Avenue between East 77th Street and East 76th Street may be temporarily unusable from construction MPT elements. However, approximately 670 public parking spaces would be available during the peak morning parking utilization period and the up to approximately 54 total on-street parking spaces that may be temporarily unusable could be accommodated within off-street parking facilities. During the construction sequence coinciding with the peak quarter of construction and detailed pedestrian analyses, the emergency department walk-in entrance on the south sidewalk of East 77th Street between Park Avenue and Lexington Avenue would be temporarily relocated to the north sidewalk of East 76th Street between Park Avenue and Lexington Avenue. This would result in a diversion of pedestrian volumes currently using the relocated emergency department walk-in entrance, as summarized in **Figures 2 through 6** for the construction and operational peak hours. Ambulance parking and patient service via ambulance for the emergency department would continue to be located on the south sidewalk of East 77th Street between Park Avenue and Lexington Avenue.

D. CEQR TRANSPORTATION ANALYSIS SCREENING

In addition to the effects on pedestrians from narrowed sidewalks and corner reservoir areas during construction described above under “Geometric Effects,” vehicular and person trips generated by construction workers and deliveries have been projected to apply CEQR transportation screening criteria. The *CEQR Technical Manual* identifies a two-tiered screening analysis approach for determining whether a Proposed Project would warrant further detailed analysis. This methodology begins with the preparation of a trip generation analysis to determine the volume of person and vehicle trips associated with the Proposed Project. The results are then compared with the *CEQR Technical Manual*-specified thresholds (Level 1 screening analysis) to determine whether a Level 2 screening analysis is warranted. If the

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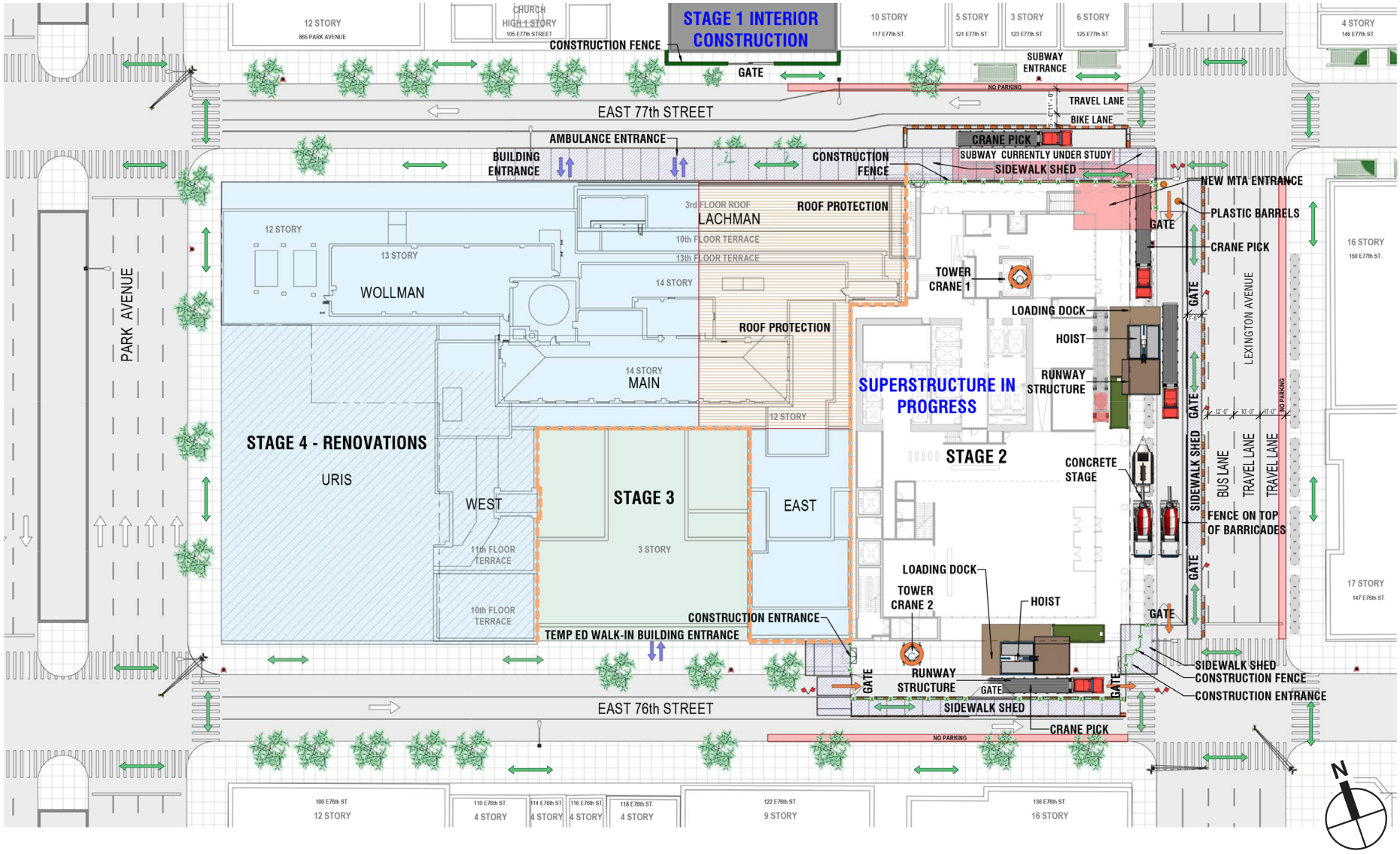


Source: Lendlease

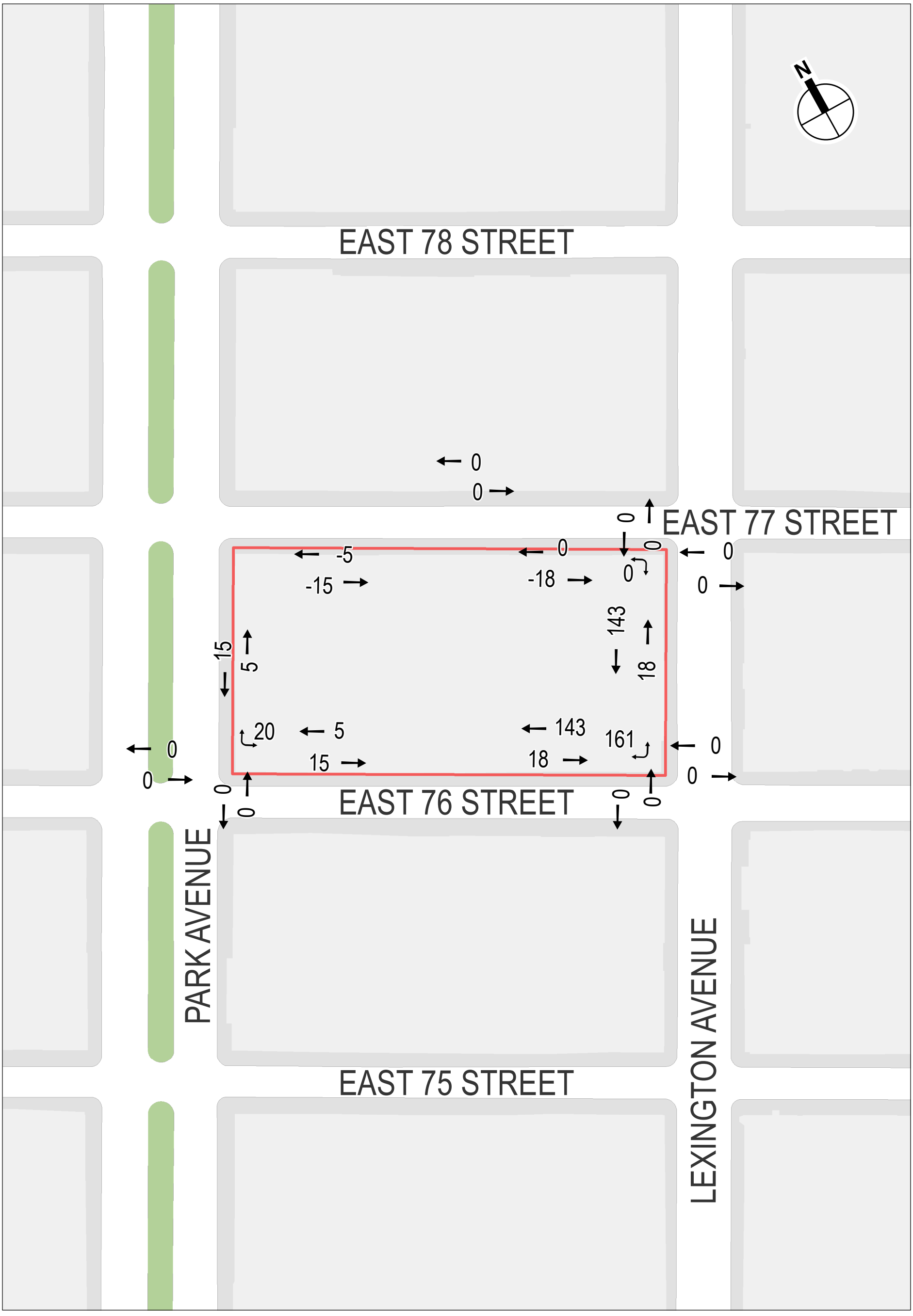
NOTE: DRAWING NOT TO SCALE

Construction Plan--Maintenance and Protection of Traffic

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 1

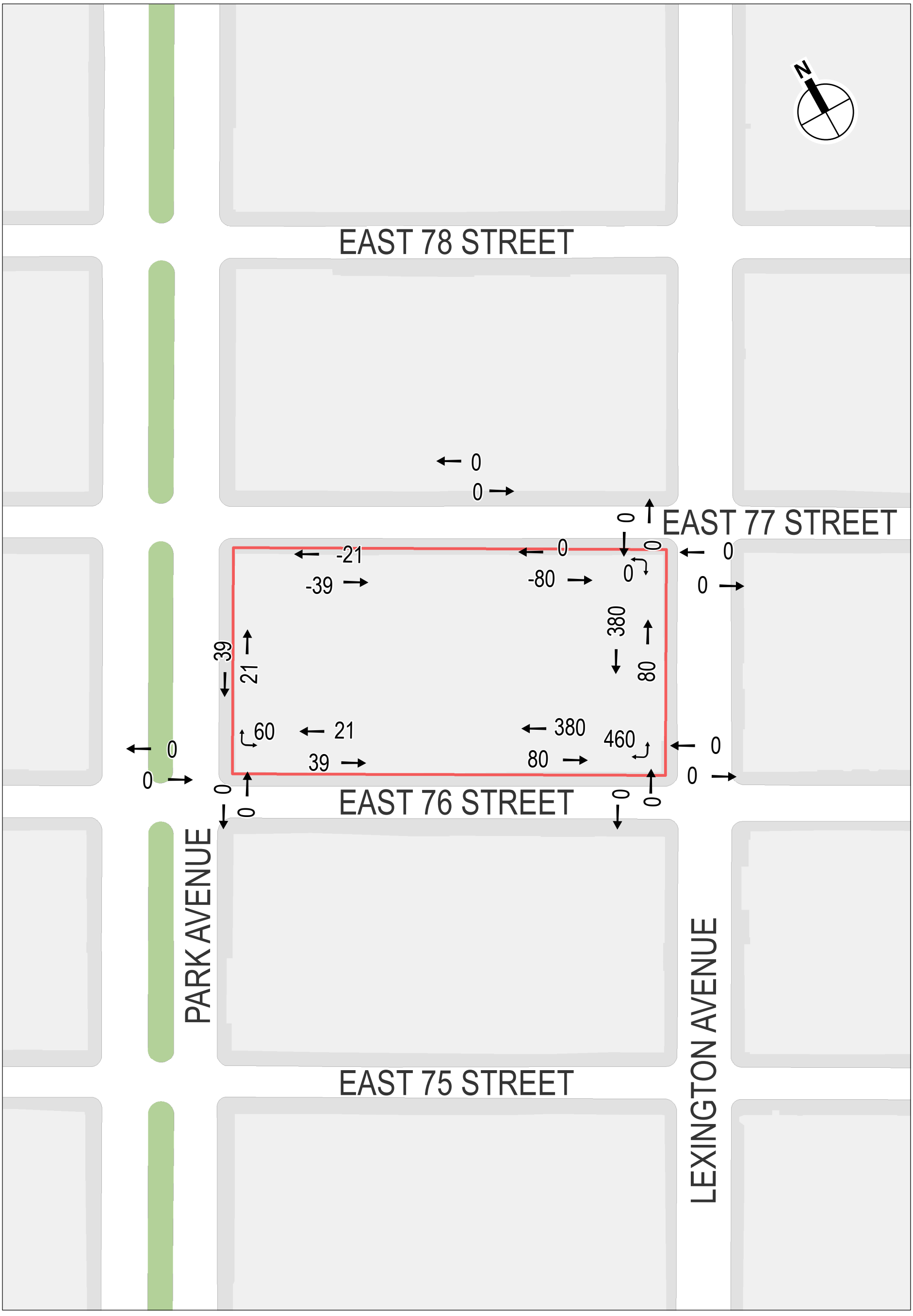
7.25.24



Construction Diverted Pedestrian Trips
Weekday 6-7 AM Peak Hour
Figure 2

LENOX HILL HOSPITAL REDEVELOPMENT

7.25.24



Construction Diverted Pedestrian Trips
Weekday 8-9 AM Peak Hour
Figure 3

LENOX HILL HOSPITAL REDEVELOPMENT

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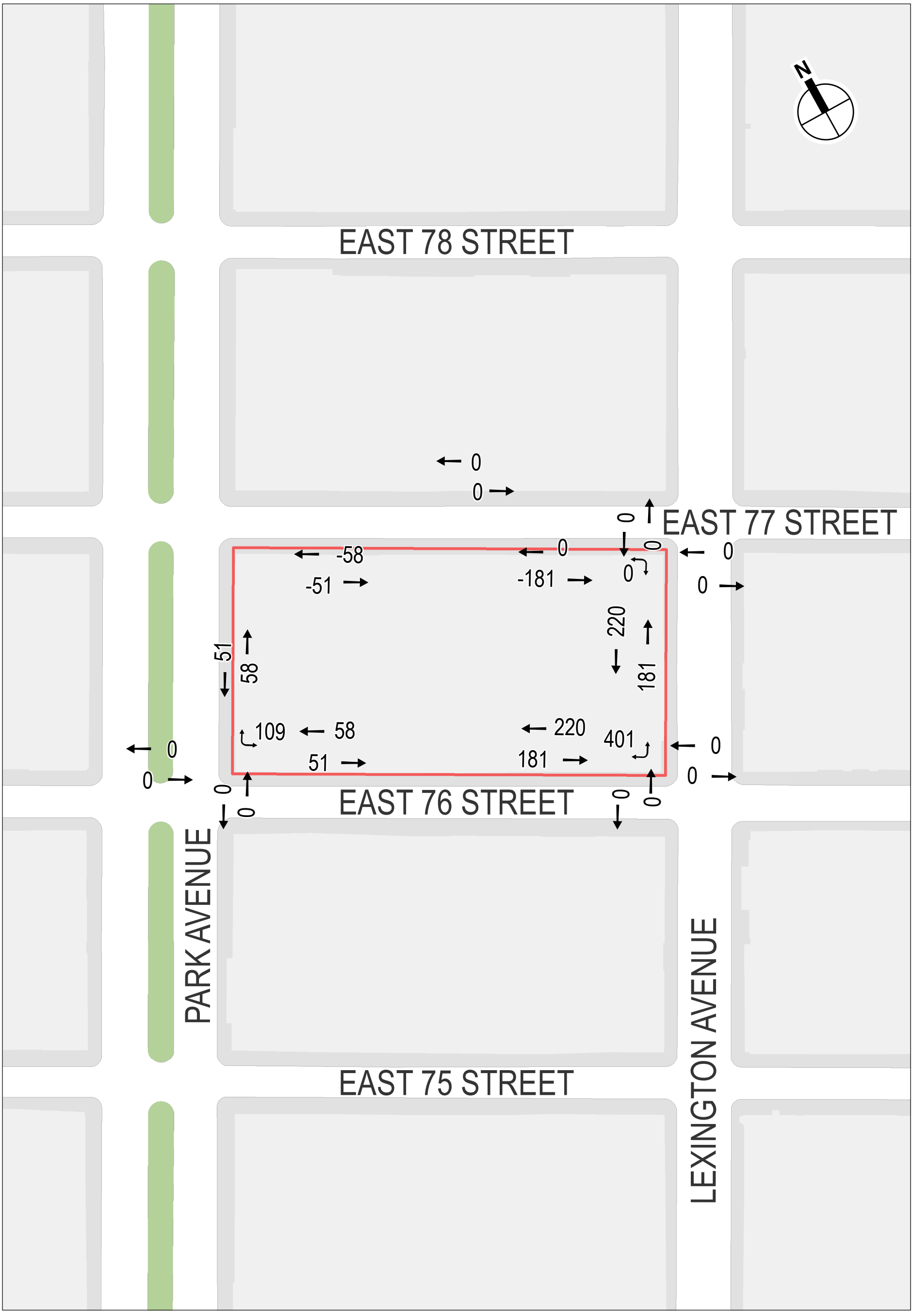

Project Site

0 200 FEET

Construction Diverted Pedestrian Trips
Weekday 12:15-1:15 PM Peak Hour

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 4

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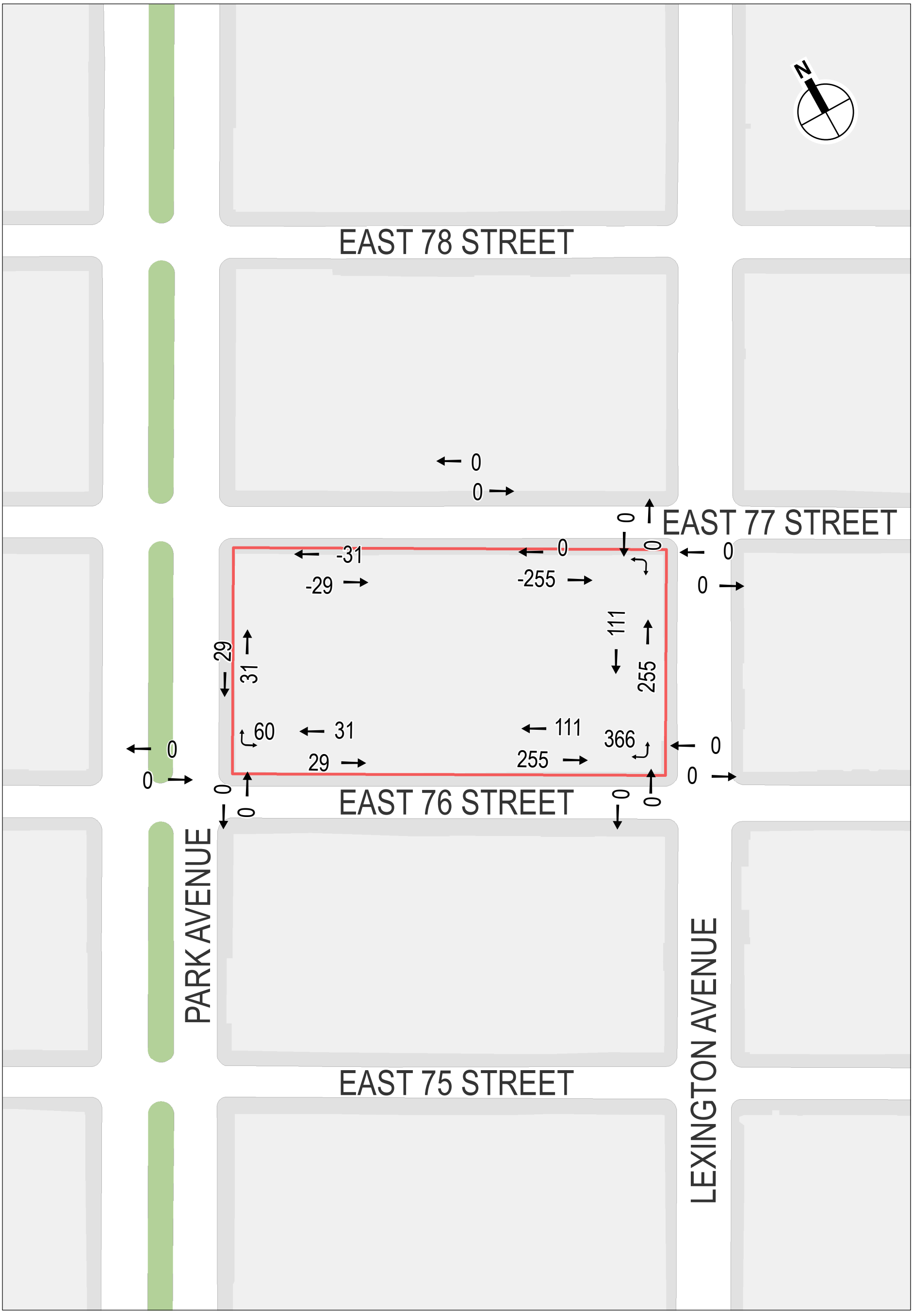

Project Site

0 200 FEET

Construction Diverted Pedestrian Trips
Weekday 3-4 PM Peak Hour

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 5

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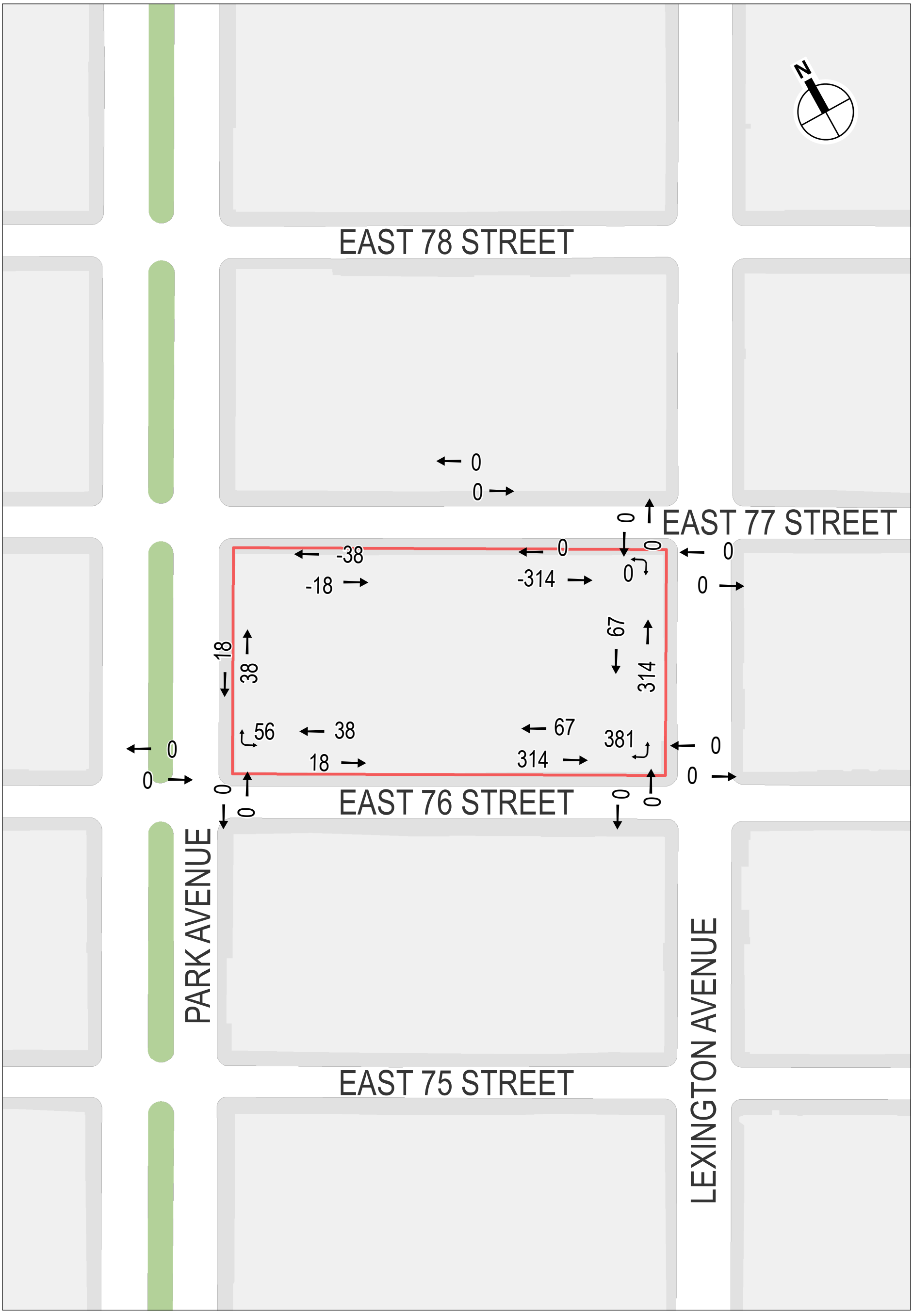

Project Site

0 200 FEET

Construction Diverted Pedestrian Trips
Weekday 4:15-5:15 PM Peak Hour
Figure 6

LENOX HILL HOSPITAL REDEVELOPMENT

Proposed Project's increment would result in 50 or more vehicle trips, 50 or more Citywide Ferry Service trips, and/or 200 or more transit/pedestrian trips during a given peak hour (a "Level 1" screening), a Level 2 screening analysis is undertaken.

For the Level 2 screening analysis, project-generated trips are assigned to specific intersections, transit routes, and pedestrian elements. For a typical Level 2 screening, if the results of this analysis show that the Proposed Project would result in 50 vehicle trips at an intersection, 25 passenger ferry trips in a single direction on a single route, 50 bus riders on a route in one direction, 200 subway trips at a station, or 200 pedestrian trips on a crosswalk, street corner, or sidewalk segment, quantified analyses may be warranted in the areas of traffic, transit, pedestrian, and/or parking.

TRIP GENERATION SUMMARY

LEVEL 1 SCREENING

Based on the travel demand assumptions presented in **Table 4** above, the Proposed Project's construction peak hour person and vehicle trips during peak construction are shown in **Table 5**.

Table 5
Peak Quarter of 2030 Construction Trip Generation Summary: Proposed Project

	Peak Hour	In/Out	Person Trip						Vehicle Trips (PCEs)			
			Auto	Taxi	Subway	Bus	Walk	Total	Auto	Taxi	Truck	Total
Proposed Project Construction Site	6–7 AM	In	187	4	195	25	4	415	144	3	16	163
		Out	0	0	0	0	0	0	0	3	16	19
		Total	187	4	195	25	4	415	144	6	32	182
	3–4 PM	In	0	0	0	0	0	0	0	3	4	7
		Out	187	4	195	25	4	415	144	3	4	151
		Total	187	4	195	25	4	415	144	6	8	158

Note: PCE = Passenger Car Equivalent. A PCE factor of 2.0 has been applied to truck trips for transportation screening assessment purposes.

Traffic

As shown in **Table 5**, the Proposed Project's construction-generated trips during peak construction activities would be 182 and 158 PCE vehicle trips during the weekday AM and PM construction peak hours, respectively. Since the vehicle trips during the weekday AM and PM construction peak hours exceed the *CEQR Technical Manual* analysis threshold of 50 peak hour vehicle trips, a Level 2 screening assessment (presented in the section below) was conducted to determine if there is a need for additional quantified traffic analysis during the weekday AM and PM construction peak hours.

Transit

Based on the modal splits derived from the 2000 reverse-journey-to-work data for construction and excavation occupations from the U.S. Census Bureau, it is anticipated that approximately 47 percent and 6 percent of workers would commute to the Project Site via subway and bus, respectively. As previously described, rail and ferry trips were added to the subway mode. During the construction worker shift (7:00 AM – 3:30 PM) during the peak quarter of 2030, there would be 520 average daily construction workers, with 80 percent of these workers arriving or departing during the construction peak hours. As shown in **Table 5**, the incremental subway and bus trips generated by the construction of the Proposed Project would be 195 subway trips and 25 bus trips during both the weekday AM and PM construction peak hours. Furthermore, the analysis of subway and bus impacts is performed for the hours of 8-9 AM and 5-6 PM, the typical commuter periods, when there would typically be no transit trips from construction workers.

The Project Site is served by the New York City Transit (NYCT) 77th Street (No. 6) and 72nd Street (N, Q, and R) Subway Stations, as well as the M79 Select Bus Service, and the M98, M101, M102, and M103 bus routes. The subway trips generated are below the *CEQR Technical Manual's* subway analysis threshold, which is 200 or more peak hour subway trips. The bus trips generated are below the *CEQR Technical Manual's* bus analysis threshold, which is 50 bus trips. Therefore, no further subway or bus analysis is required. The project may require temporary relocation of the bus stop along Lexington Avenue, which will be explored in coordination with NYCT for a nearby alternative location and be described in the EIS.

Pedestrians

As shown in **Table 5**, the incremental pedestrian trips generated by construction of the Proposed Project would be 415 during both the weekday AM and PM construction peak hours, respectively. Since the incremental pedestrian trips would be greater than 200 person trips during the weekday AM and PM construction peak hours, a Level 2 screening assessment has been conducted to determine at which pedestrian elements quantified analysis is warranted for construction conditions, if any.

LEVEL 2 SCREENING

As part of the Level 2 screening assessment, construction-generated trips have been assigned to specific intersections and pedestrian elements near the Project Site. In addition, sidewalks and corner reservoir areas that would be narrowed for MPT as well as pedestrian elements where pedestrian trips currently using the relocated emergency department walk-in entrance were diverted as described above under "Geometric Effects" have been accounted for in the Level 2 screening assessment. As previously stated, further quantified analyses would be warranted during the construction of the Proposed Project on the transportation system if the trip assignments were to identify key intersections incurring 50 or more peak hour PCE vehicle trips or pedestrian elements incurring 200 or more peak hour pedestrian trips, and/or those sidewalks or corner reservoir areas that would be narrowed for MPT.

TRAFFIC

As shown in **Table 5**, incremental vehicle trips resulting from the construction of the Proposed Project would exceed the *CEQR* Level-1 screening threshold during the weekday AM and PM construction peak hours. These vehicle trips have been assigned to area intersections based on the most likely travel routes to and from the Project Site, prevailing travel patterns, commuter origin-destination (O-D) summaries from the census data, and the locations of off-street parking facilities. Taxi trips were assigned to pick up and drop off passengers on the west curbside of Lexington Avenue at the Project Site. Trucks would follow DOT-designated truck routes and would enter the Project Site on Lexington Avenue and East 76th Street.

Table 6 and **Figure 7** show the available study area off-street parking facilities and their utilization during the weekday AM, midday, PM, and overnight peak periods. Level 2 traffic trip assignments were individually developed for the construction-generated worker vehicle trips and truck trips, as shown in **Figures 8 and 9**. Construction worker vehicle trips were assigned to the available off-street parking facilities in the study area based on the utilization and licensed capacity at each facility.

As shown in **Table 7** and **Figures 8 and 9**, based on the construction-generated traffic assignments, two intersections have been selected for the detailed construction traffic analysis: East 79th Street and Park Avenue; and East 77th Street and Third Avenue. These intersections would experience 50 or more PCE vehicle trips during one or more peak hour. The selected traffic analysis locations are shown in **Figure 10**.



Off-Street Parking Facilities

LENOX HILL HOSPITAL REDEVELOPMENT

Figure 7

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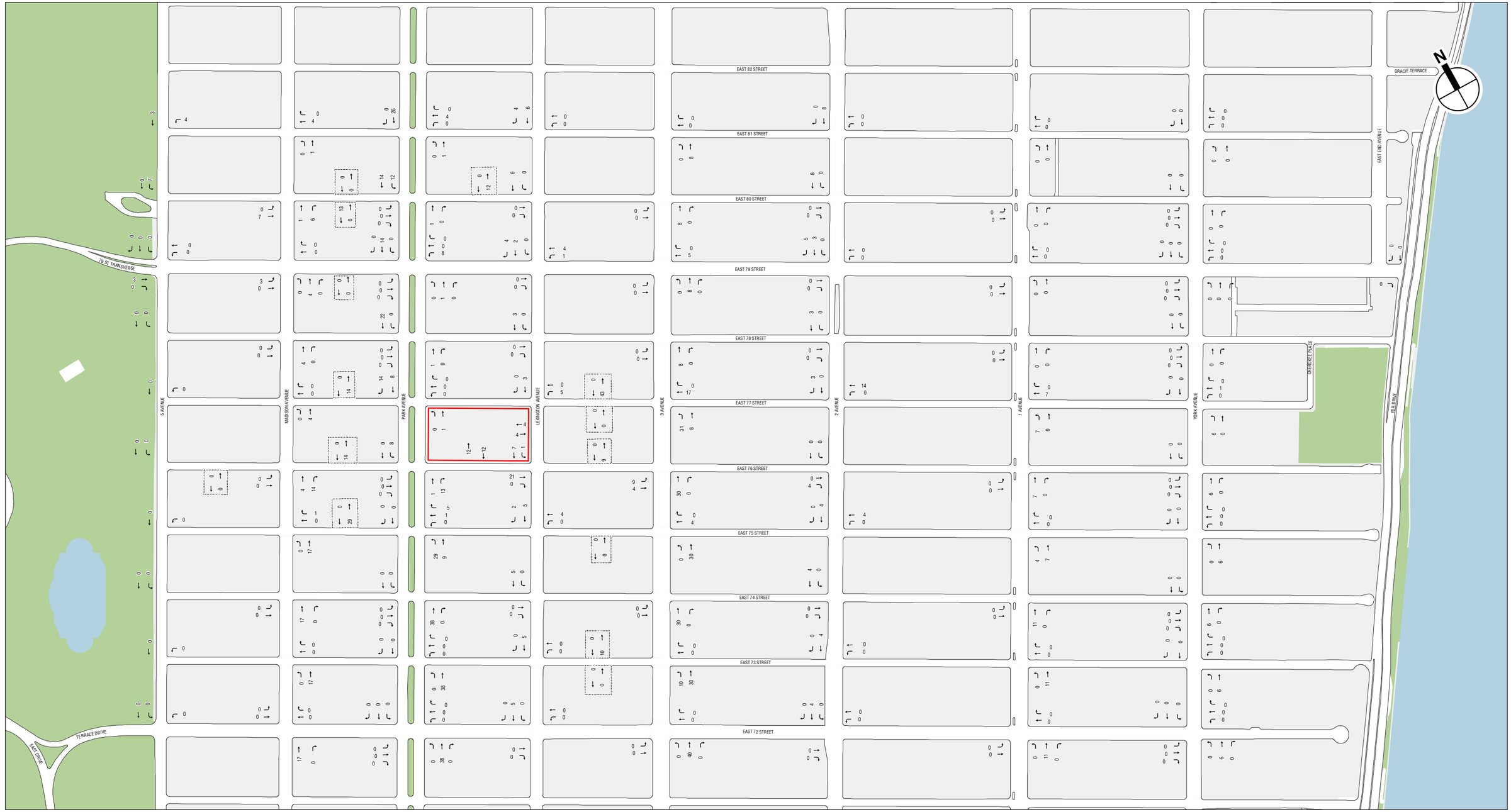

Project Site

Parking Garages

0 400 FEET

Construction Generated PCE Vehicle Trips
Weekday Construction AM Peak Hour
Figure 8

LENOX HILL HOSPITAL REDEVELOPMENT

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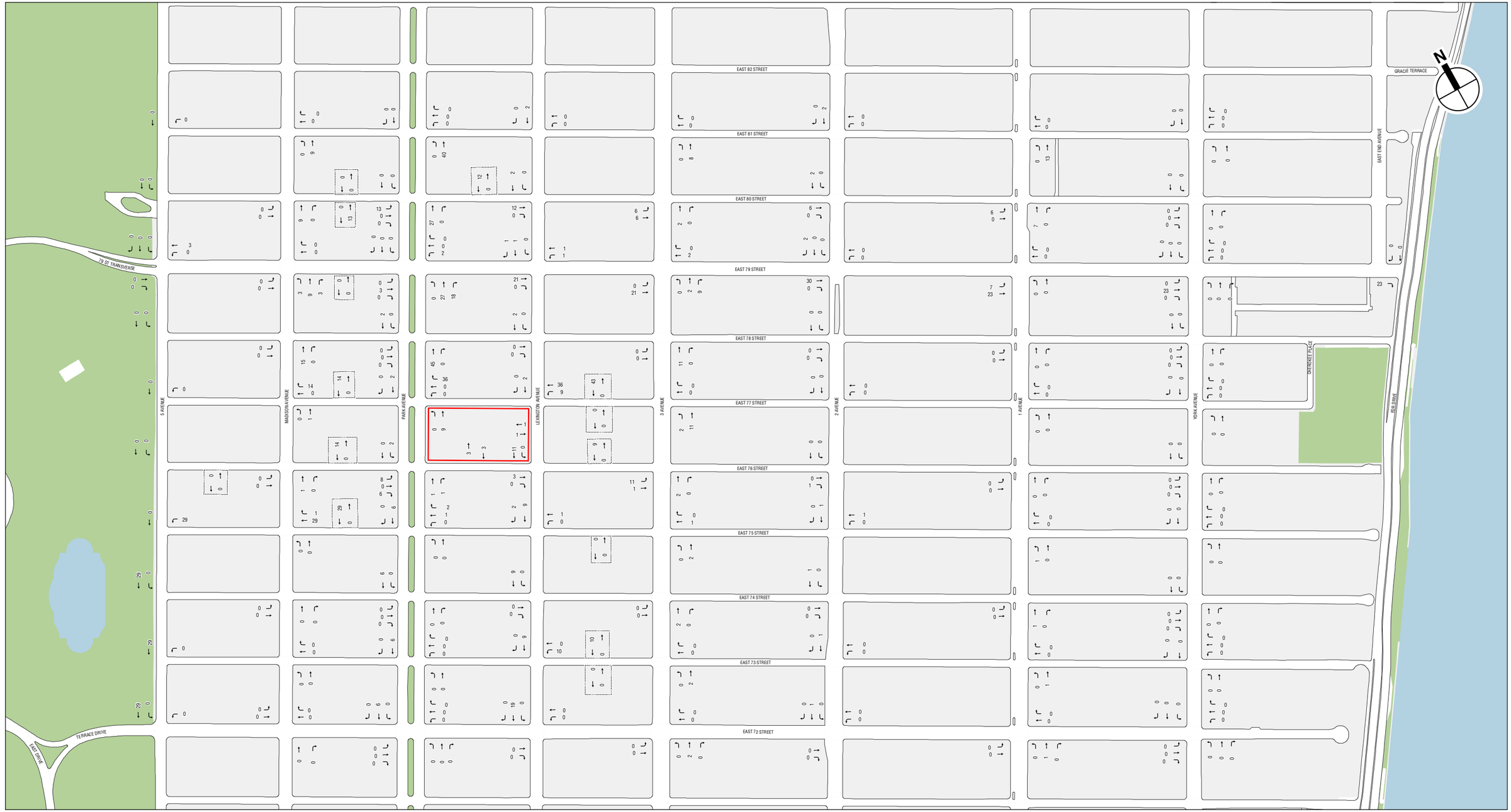

Project Site

Parking Garages

0 400 FEET

LENOX HILL HOSPITAL REDEVELOPMENT

Construction Generated PCE Vehicle Trips
Weekday Construction PM Peak Hour
Figure 9

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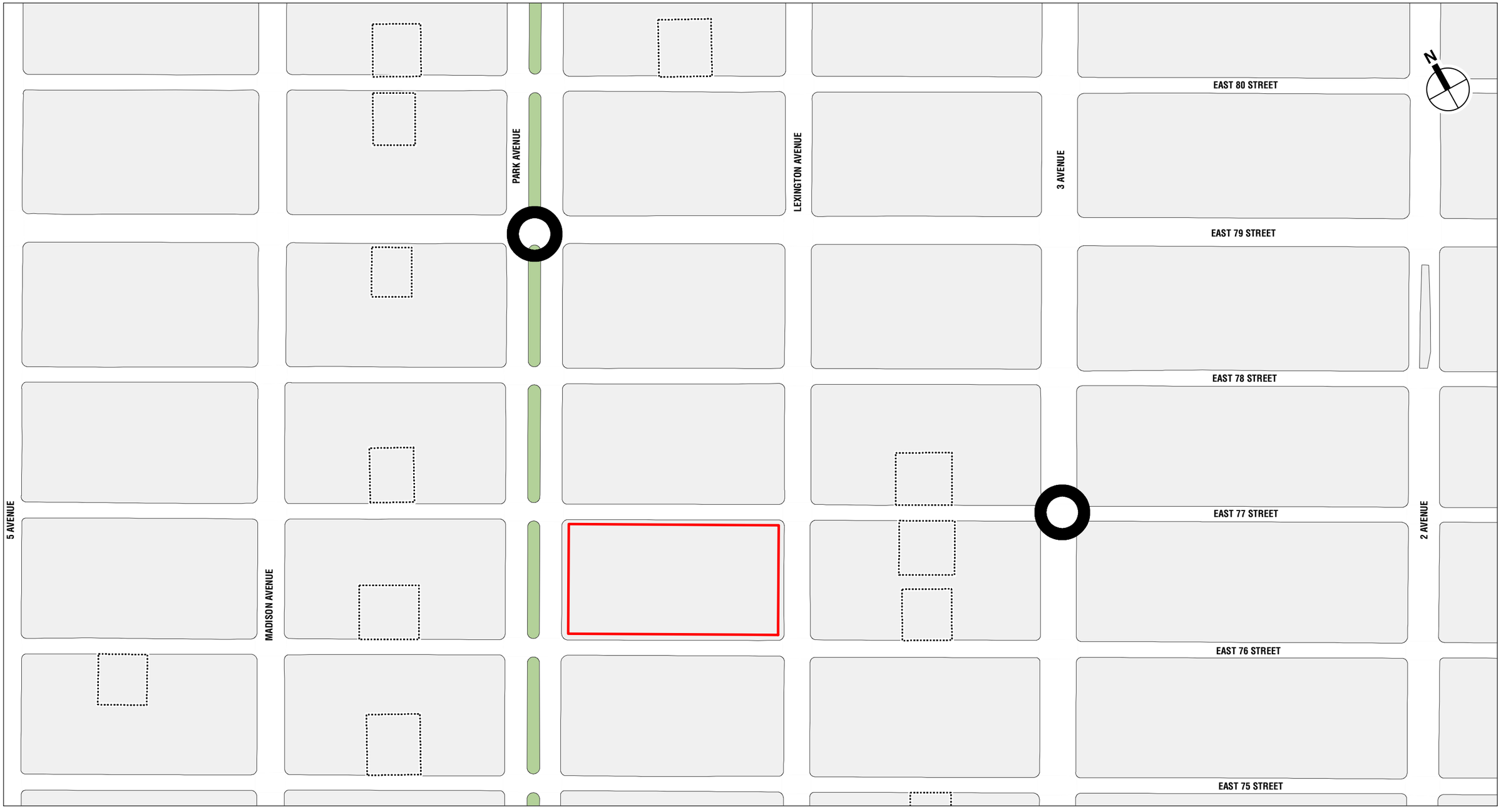

Project Site

Parking Garages

Traffic Analysis Location

LENOX HILL HOSPITAL REDEVELOPMENT

Construction Traffic Study Area
Figure 10

Table 6
Existing Off-Street Parking Supply and Utilization
Approximately ¼-Mile Study Area

Map #	Name/Address	License Number	Licensed Capacity	Utilization Rate				Utilized Spaces				Available Spaces			
				AM	MD	PM	ON	AM	MD	PM	ON	AM	MD	PM	ON
1	E 71st Street Garage Corp. / 135 E 71st St	469813	54	60%	80%	70%	60%	32	43	38	32	22	11	16	22
2	Tower East Garage Corp. / 191 E 71st St	367970	62	90%	75%	75%	65%	56	47	47	40	6	15	15	22
3	Central Parking System of NY Inc. / 910 Fifth Ave	1357464	56	55%	95%	60%	70%	31	53	34	39	25	3	22	17
4	Manhattan Garage Entities / 923 Fifth Ave	1338871	73	80%	80%	70%	60%	58	58	51	44	15	15	22	29
5	Townhouse Parking LLC / 117 E 73rd St	1319920	115	75%	85%	80%	40%	86	98	92	46	29	17	23	69
6	165 East Parking Corp / 165 E 73rd St	1319920	59	60%	90%	90%	80%	35	53	53	47	24	6	6	12
7	Propark America New York LLC / 35 E 75th St	2053071	72	40%	55%	50%	33%	29	40	36	24	43	32	36	48
8	Red Bull Parking Parkan Lex Garage LLC / 115 E 75th St	959361	165	70%	75%	60%	60%	116	124	99	99	49	41	66	66
9	The Berger's Parking Corp. / 196 E 75th St	367613	27	95%	95%	95%	95%	26	26	26	26	1	1	1	1
10	Equity Parking LLC / 1441-55 Second Ave	469373	70	70%	80%	85%	65%	49	56	60	46	21	14	10	24
11	73rd Street Parking Corp / 1257 3rd Ave & 200-202 E 73rd St	1323180	65	45%	80%	75%	100%	29	52	49	65	36	13	16	0
12	Rapid East 77th Street Corp / 155 E 76th Street	927031	70	65%	80%	75%	75%	46	56	53	53	24	14	17	17
13	4 E. 76th Street Garage / 4 E. 76th Street	429204	86	60%	90%	90%	65%	52	77	77	56	34	9	9	30
14	Carlyle Car Park / 51-53 E. 76th Street	2009446	119	80%	80%	70%	70%	95	95	83	83	24	24	36	36
15	167 E. 77th Parking / 176 E. 77th Street	2046932	79	85%	95%	70%	85%	67	75	55	67	12	4	24	12
16	Rapid East 77th St. Corp. / 150 E. 77th Street	927032	37	100%	100%	100%	100%	37	37	37	37	0	0	0	0
17	Imperial Parking Systems / 165 E. 77th Street	1389677	200	60%	75%	80%	40%	120	150	160	80	80	50	40	120
18	Champion Parking 77th Street / 51 E. 77th Street	908745	113	80%	80%	80%	60%	90	90	90	68	23	23	23	45
19	50 E. 79th St. Parking / 50 E. 79th Street	1222882	48	25%	85%	50%	30%	12	41	24	14	36	7	24	34
20	ProPark America / 920 Park Place	2053069	27	90%	90%	80%	80%	24	24	22	22	3	3	5	5
21	Icon Parking / 900 Park Avenue	699244	61	70%	40%	20%	20%	43	24	12	12	18	37	49	49
22	GMC Parking / 120 E. 81st Street	2021125	94	65%	65%	50%	40%	61	61	47	38	33	33	47	56
23	GMC 111 E. 82nd Partners LLC / 111 E. 82nd St.	2046567	143	45%	60%	60%	50%	64	86	86	72	79	57	57	71
24	E. 81st St. Realty LLC / 145 E. 81st Street	1070440	22	75%	90%	80%	80%	17	20	18	18	5	2	4	4
25	SP Plus Corporation / 201 E. 79th Street	2020003	67	80%	80%	90%	90%	54	54	60	60	13	13	7	7
26	SP Plus Corporation / 213-217 E. 80th Street	2022417	51	90%	90%	90%	90%	46	46	46	46	5	5	5	5
27	MPG / 239 E. 79th Street	1091919	42	75%	100%	90%	50%	32	42	38	21	10	0	4	21
¼-Mile Area Total			**2,077**	**68%**	**78%**	**72%**	**60%**	**1,407**	**1,628**	**1,493**	**1,255**	**670**	**449**	**584**	**822**

Notes: MD = Midday; ON = Overnight
Source: Survey conducted by AKRF, Inc., June 2019

Table 7
Traffic Level 2 Screening Analysis Results—
Selected Construction Traffic Analysis Locations

Intersection	Weekday Vehicle Trips		Selected Analysis Location
	6–7 AM	3–4 PM	
East 76th Street and Madison Avenue	18	1	
East 75th Street and Madison Avenue	18	30	
East 74th Street and Madison Avenue	17	0	
East 73rd Street and Madison Avenue	17	0	
East 72nd Street and Madison Avenue	17	0	
East 81st Street and Park Avenue	31	40	
East 80th Street and Park Avenue	27	40	
East 79th Street and Park Avenue	23	50	✓
East 78th Street and Park Avenue	23	47	
East 77th Street and Park Avenue	23	47	
East 76th Street and Park Avenue	22	18	
East 75th Street and Park Avenue	44	9	
East 74th Street and Park Avenue	38	6	
East 73rd Street and Park Avenue	38	6	
East 72nd Street and Park Avenue	38	6	
East 81st Street and Lexington Avenue	10	2	
East 80th Street and Lexington Avenue	6	14	
East 79th Street and Lexington Avenue	11	25	
East 77th Street and Lexington Avenue	8	47	
East 76th Street and Lexington Avenue	29	14	
East 77th Street and Third Avenue	56	13	✓
East 76th Street and Third Avenue	43	14	
East 75th Street and Third Avenue	34	3	
East 74th Street and Third Avenue	30	2	
East 73rd Street and Third Avenue	40	2	
East 72nd Street and Third Avenue	40	2	
East 77th Street and Second Avenue	17	0	
East 77th Street and First Avenue	14	0	
East 75th Street and First Avenue	11	1	
East 74th Street and First Avenue	11	1	
East 73rd Street and First Avenue	11	1	
East 72nd Street and First Avenue	11	1	

Note: ✓ denotes intersections selected for the detailed construction traffic analysis.

PEDESTRIANS

As shown in **Table 5**, the incremental pedestrian trips generated by construction of the Proposed Project would exceed the *CEQR* analysis threshold of 200 pedestrians during the weekday AM and PM construction peak hours. Level 2 pedestrian trip assignments were developed for the construction-generated worker trips, as shown in **Figures 11 and 12** and discussed below.

- Auto Trips—Construction workers would primarily seek parking at off-street parking facilities in the study area. Construction workers parking at off-site facilities would walk to and from these off-street parking facilities.
- City Bus Trips—City bus riders would take buses stopping on Fifth Avenue, Madison Avenue, Lexington Avenue, Third Avenue, and East 79th Street.
- Subway Trips—Subway riders were assigned to the 77th Street station (No. 6 train), and the 72nd Street station (Q train).
- Walk-Only Trips—Pedestrian walk-only trips were developed by distributing construction-generated person trips to area pedestrian facilities (i.e., sidewalks, corner reservoirs, and crosswalks) based on commuter origin-destination (O-D) summaries from the Census data.
- Based on the detailed assignment of construction-generated pedestrian trips, one sidewalk and one corner would exceed the *CEQR* analysis threshold of 200 pedestrian trips during the weekday AM and

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LENOX HILL HOSPITAL REDEVELOPMENT

Construction Generated Pedestrian Trips
Weekday Construction AM Peak Hour
Figure 11

8.24.24



Construction Generated Pedestrian Trips
Weekday Construction PM Peak Hour
Figure 12

LENOX HILL HOSPITAL REDEVELOPMENT

PM construction peak hours. In addition to this sidewalk and corner, considering the effects of narrowing sidewalks and corners during construction due to MPT elements as well as the diverted pedestrian trips due to the temporary relocation of the emergency department walk-in entrance on the south side of East 77th Street shown in **Figures 2 through 6**, a total of seven sidewalks and three corners are selected for detailed analysis: the west sidewalk along Lexington Avenue between East 77th Street and East 76th Street, the north sidewalk along East 76th Street between Lexington Avenue and the Hospital Entrance, the north sidewalk along East 76th Street between Park Avenue and the Hospital Entrance, the north sidewalk along East 77th Street between Lexington Avenue and Park Avenue, the south sidewalk along East 77th Street between Lexington Avenue and the Hospital Entrance, the south sidewalk along East 77th Street between Park Avenue and the Hospital Entrance, the east sidewalk along Park Avenue between East 77th Street and East 76th Street, the southwest corner of Lexington Avenue and East 77th Street, the northwest corner of Lexington Avenue and East 76th Street, and the northeast corner of Park Avenue and East 76th Street. The peak hour construction-generated pedestrian trips and the 10 selected pedestrian analysis locations are shown in **Table 8**. The selected pedestrian analysis locations are shown in **Figure 13**.

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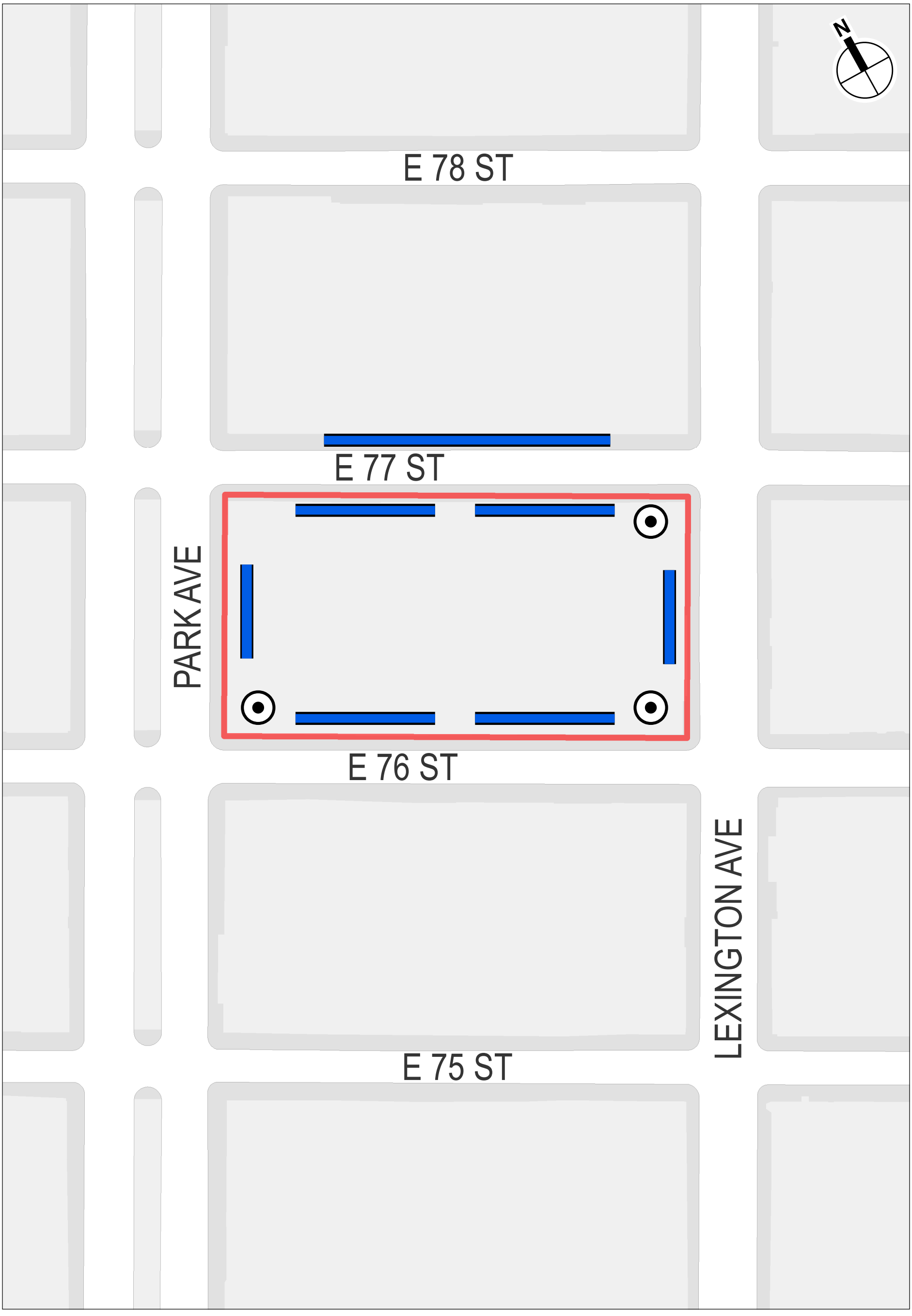

Project Site

Sidewalk Analysis Location

Corner Analysis Location

0 200 FEET

LENOX HILL HOSPITAL REDEVELOPMENT

Construction Pedestrian Study Area

Figure 13

Table 8
Construction Pedestrian Level 2 Screening Results—Selected Analysis Locations

Pedestrian Elements	Weekday Pedestrian Trips 6–7 AM	Weekday Pedestrian Trips 3–4 PM	Selected Analysis Locations
Lexington Avenue and East 77th Street			
North Crosswalk	30	31	
East Crosswalk	30	29	
South Crosswalk	126	67	
West Crosswalk	32	33	
Northeast Corner	60	60	
Southeast Corner	156	96	
Southwest Corner*	245	234	✓
Northwest Corner	62	64	
East Sidewalk along Lexington Avenue between East 77th Street and East 76th Street	0	0	
West Sidewalk along Lexington Avenue between East 77th Street and East 76th Street*	358	358	✓
North Sidewalk along East 77th Street between Lexington Avenue and Park Avenue*	0	0	✓
South Sidewalk along East 77th Street between Park Avenue and Hospital Entrance*	87	134	✓
South Sidewalk along East 77th Street between Lexington Avenue and Hospital Entrance*	87	134	✓
Lexington Avenue and East 76th Street			
North Crosswalk	11	11	
East Crosswalk	0	0	
South Crosswalk	4	4	
West Crosswalk	92	92	
Northeast Corner	11	11	
Southeast Corner	4	4	
Southwest Corner	96	96	
Northwest Corner*	103	103	✓
East Sidewalk along Lexington Avenue between East 76th Street and East 75th Street	2	2	
West Sidewalk along Lexington Avenue between East 76th Street and East 75th Street	88	88	
South Sidewalk along East 76th Street between Lexington Avenue and Park Avenue	0	0	
North Sidewalk along East 76th Street between Park Avenue and Hospital Entrance*	57	57	✓
North Sidewalk along East 76th Street between Lexington Avenue and Hospital Entrance*	57	57	✓
Lexington Avenue and East 75th Street			
Northwest Corner	88	88	
Park Avenue and East 77th Street			
North Crosswalk	9	9	
East Crosswalk	41	41	
South Crosswalk	10	10	
West Crosswalk	9	9	
Northeast Corner	50	50	
Southeast Corner	51	51	
Southwest Corner	19	19	
Northwest Corner	18	18	
South Sidewalk along East 77th Street between Park Avenue and Madison Avenue	1	1	
North Sidewalk along East 77th Street between Park Avenue and Madison Avenue	19	19	
Park Avenue and East 76th Street			
North Crosswalk	28	28	
East Crosswalk	29	29	
South Crosswalk	9	9	
West Crosswalk	9	9	
Northeast Corner*	57	57	✓
Southeast Corner	38	38	
Southwest Corner	18	18	
Northwest Corner	37	37	
East Sidewalk along Park Avenue between East 77th Street and East 76th Street*	0	0	✓
East Sidewalk along Park Avenue between East 76th Street and East 75th Street	20	20	
West Sidewalk along Park Avenue between East 76th Street and East 75th Street	19	19	
South Sidewalk along East 76th Street between Park Avenue and Madison Avenue	0	0	
North Sidewalk along East 76th Street between Park Avenue and Madison Avenue	19	19	

Notes:
✓ denotes pedestrian elements selected for detailed analysis.
* Pedestrian elements selected for detailed analysis due to narrowed sidewalks and corners from MPT elements and/or diverted pedestrian trips from the temporary relocation of the emergency department walk-in entrance on the south side of East 77th Street. Recommended analysis locations are for the weekday AM and PM construction peak hours, and typical weekday AM, midday, and PM peak hours.

PARKING

The parking study in the EIS will assess the parking demand of the Proposed Project, compare it to on-site and off-site parking resources within ¼-mile of the Proposed Project, and identify and quantify any expected parking shortfalls. In addition, based on a review of the construction logistics, the temporary loss of curbside spaces anticipated during construction will be described.

STREET USER SAFETY ASSESSMENT

Per the *CEQR Technical Manual*, a safety assessment is warranted at any intersection that also undergoes detailed traffic or pedestrian analysis. The two recommended traffic analysis intersections shown in **Figure 5** will be assessed in the EIS. The safety assessments will include an analysis of historic crash data for vehicle, bicycle, and pedestrian crashes, identification of nearby Vision Zero corridors/intersections or any high pedestrian/bicycle crash locations, as prescribed by the *CEQR Technical Manual,* and include an inventory of existing safety treatments and identification of safety countermeasures at high crash locations. If the Proposed Project has the potential for worsening existing safety conditions, transportation safety improvement measures will be recommended for implementation by DOT, if feasible.

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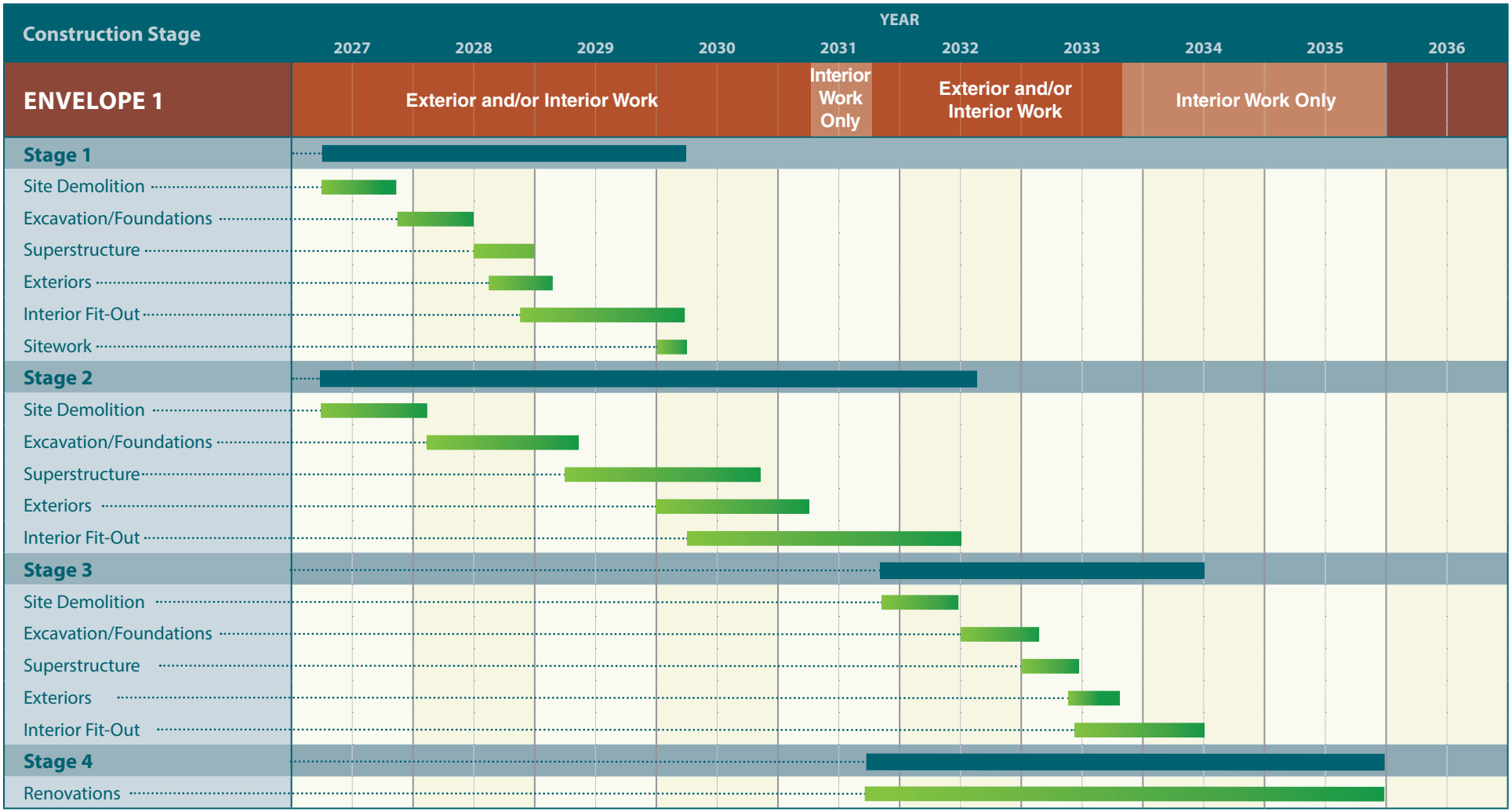
New York, NY 10016
tel: 212.696.0670
www.akrf.com

Memorandum

To:	New York City Department of City Planning
From:	Teresa Lin, Kenny Mui (AKRF, Inc.)
Date:	December 26, 2024
Re:	Lenox Hill Hospital Redevelopment EIS (23DCP079M) – Construction Air Quality Analysis Methodology
cc:	Project Files

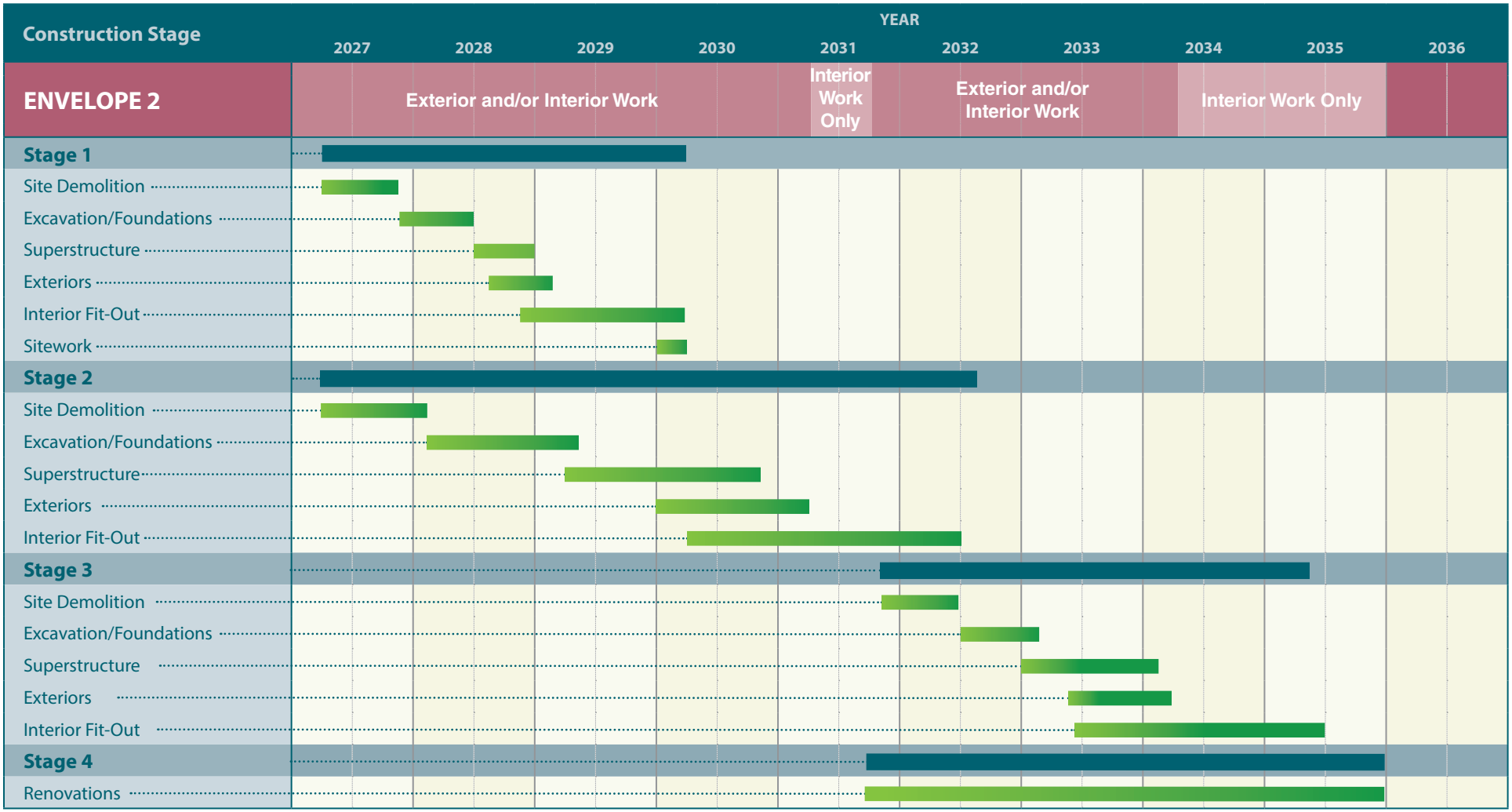
The purpose of this memorandum is to describe the construction air quality analysis approach for the Lenox Hill Hospital (LHH) Redevelopment Environmental Impact Statement (EIS). The Proposed Project involves redevelopment of the block bound by Park and Lexington Avenues and East 76th and East 77th Streets (Block 1411, Lots 1 and 113, "Projected Development Site 1") with a state-of-the-art hospital complex that would include 475 single-bedded patient rooms, 30 operating suites, and an enlarged and updated emergency department. A new building would be constructed on Lexington Avenue that would include an emergency department, operating suites, and patient rooms. The Proposed Project would also include additions and renovations to portions of the existing hospital complex to accommodate connections to the new hospital building. Two building envelopes (Envelope 1 and Envelope 2) are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000 gross square foot (gsf) building on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000 gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either Envelope.

The Reasonable Worst Case Development Scenario (RWCDS) for the EIS also considers the as-of-right development of 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, six-story, 75-foot-tall building to house hospital support functions. It would be connected to Projected Development Site 1 by a utility tunnel under East 77th Street. **Figures 1 and 2** present the anticipated construction schedule for the Proposed Project with Envelope 1 and Envelope 2, respectively. Construction is anticipated to begin in 2027 and be complete and operational by 2036, an approximately 9-year period. Construction of the Proposed Project would proceed in multiple stages, some of which would overlap. Stage 1 would involve the construction of a six-story building on Projected Development Site 1a and a utility tunnel under East 77th Street. Stage 2 would involve the demolition of the existing buildings—William Black Hall of Nursing, the Achelis building, the Einhorn building, and two townhouses on the eastern portion of Projected Development Site 1—and the construction of the new hospital building that would also incorporate the East building into its podium. Work to create the new subway entrance and the ambulance bay would also be undertaken during Stage 2. Stage 3 would involve demolition of the south end of the Main building in the middle of the block and construction of the new truck docks and materials handling facility at ground level with a portion of the emergency department and diagnostic and treatment facilities and mechanical space above. Stage 4 would involve renovations in Uris, West and Wollman and the creation of a new Park Avenue entrance and lobby for the Mother-Baby Hospital.



Anticipated Construction Schedule for Envelope 1

Figure 1



Anticipated Construction Schedule for Envelope 2

Figure 2

CONSTRUCTION AIR QUALITY ANALYSIS METHODOLOGY

Emissions from on-site construction equipment and on-road construction vehicles, as well as dust-generating construction activities, all have the potential to affect air quality. The analysis of potential construction air quality impacts will include an analysis of both on-site and on-road sources of air emissions, and the combined impact of both sources, where applicable.

In general, much of the heavy equipment used in construction is powered by diesel engines that have the potential to produce relatively high levels of nitrogen oxides (NO_x) and particulate matter (PM) emissions. Fugitive dust generated by construction activities is also a source of PM. Gasoline engines produce relatively high levels of carbon monoxide (CO). Since the United States Environmental Protection Agency (EPA) mandates the use of ultra-low sulfur diesel (ULSD) fuel for all highway and non-road diesel engines, sulfur oxides (SO_x) emitted from the Proposed Project's construction activities would be negligible. Therefore, the pollutants to be analyzed for the construction period are nitrogen dioxide (NO_2)—which is a component of NO_x that is a regulated pollutant, particles with an aerodynamic diameter of less than or equal to 10 micrometers (PM_{10}), particles with an aerodynamic diameter of less than or equal to 2.5 micrometers ($PM_{2.5}$), and carbon monoxide (CO). **Table 2** shows the pollutants to be analyzed in the construction air quality analysis and the corresponding averaging periods.

Table 2
Pollutants for Analysis and Averaging Periods

Pollutant	Averaging Period
$PM_{2.5}$	24-hour
	Annual Local
	Annual Neighborhood
PM_{10}	24-hour
NO_2	Annual
CO	1-hour
	8-hour

Concentrations will be predicted using dispersion models to determine the potential for air quality impacts during on-site construction activities and due to construction-generated traffic on local roadways. Concentrations for each pollutant of concern due to construction activities at each sensitive receptor will be predicted during the most representative worst-case time period.

The potential for significant adverse impacts will be determined by comparing modeled PM_{10}, NO_2 and CO concentrations to the National Ambient Air Quality Standards (NAAQS), and modeled $PM_{2.5}$ and CO increments to applicable *de minimis* thresholds. If the analysis concludes that there is a potential for significant adverse impacts, specific control measures required to reduce the effects of construction and to eliminate any significant adverse air quality impacts will be identified

The detailed approach for assessing the effect of construction activities resulting from the Proposed Project on air quality is discussed further below.

DATA SOURCES

LHH will provide a preliminary construction phasing schedule for the Proposed Project, as well as projections of the construction workforce, truck, and equipment projections.

ON-SITE CONSTRUCTION ACTIVITY ASSESSMENT

To determine which construction periods constitute the worst-case periods for the pollutants of concern (PM, CO, NO_2), construction-related emissions will be calculated for each calendar year throughout the duration of construction on a rolling annual and peak day basis for $PM_{2.5}$. $PM_{2.5}$ is selected for determining the worst-case periods for all pollutants analyzed, because the ratio of predicted $PM_{2.5}$ incremental concentrations to impact criteria is anticipated to be higher than for other pollutants. Therefore, initial estimates of $PM_{2.5}$ emissions throughout the construction years will be used for determining the worst-case periods for analysis of all pollutants. Generally, emission patterns of PM_{10} and NO_2 would follow $PM_{2.5}$ emissions, since they are related to diesel engines by horsepower. CO emissions may have a somewhat

different pattern but would also be anticipated to be highest during periods when the most activity would occur.

Based on the emission profiles, the proximity of construction activities to receptors, and the spatial proximity and overlap of construction activities, representative worst-case annual and short-term (i.e., 24-hour, 8-hour, and 1-hour) averaging periods identified in **Table 1** will be selected for analysis. Dispersion of the relevant air pollutants from the construction sites during these periods will then be analyzed. Broader conclusions regarding potential concentrations during other periods, which will not be modeled, will be presented as well, based on the multi-year emissions profiles and the reasonable worst-case period results.

Engine Emissions

The sizes, types, and number of units of construction equipment will be estimated based on the construction activity schedule developed for the Proposed Project. Emission rates for NO_X, CO, PM_{10}, and $PM_{2.5}$ from truck engines will be developed using the EPA Motor Vehicle Emission Simulator (MOVES3) emission model. Emission factors for NO_x, CO, PM_{10}, and $PM_{2.5}$ from on-site construction engines will be developed using the NONROAD emission module included in the MOVES emission model. The emission factor calculations will take into account any emissions reduction measures (i.e., the application of diesel particulate filters, etc.) that is required for the Projected Development Sites.

On-Site Fugitive Dust

In addition to engine emissions, fugitive dust emissions from operations (e.g., excavation and transferring of excavated materials into dump trucks) will be calculated based on EPA procedures delineated in AP-42 Table 13.2.3-1. Since construction is required to follow the New York City Air Pollution Control Code regarding construction-related dust emissions, a 50 percent reduction in particulate emissions from fugitive dust will be conservatively assumed in the calculation (dust control methods such as wet suppression would often provide at least a 50 percent reduction in particulate emissions).

Analysis Periods

As discussed above, the construction periods with activities closest to sensitive receptors—both off-site and completed portions of the projected development sites—and with the most intense activities and highest emissions will be selected as the worst-case periods for analysis. The dispersion analysis will include modeling the worst-case annual and short-term (i.e., 24-hour, 8-hour, and 1-hour) averaging periods identified in **Table 1**. The worst-case short-term and annual periods will be selected once the estimated construction activities have been developed. These periods will be selected based on the maximum construction intensity predicted and their proximity to nearby sensitive receptors (i.e., residential buildings, Allen-Stevenson School).

Dispersion Modeling

Potential impacts from the Proposed Project's construction sources will be evaluated using a refined dispersion model, the EPA/AMS AERMOD dispersion model. AERMOD is a state-of-the-art dispersion model, applicable to rural and urban areas, flat and complex terrain, surface and elevated releases, and multiple sources (including point, area, and volume sources). AERMOD is a steady-state plume model that incorporates current concepts about flow and dispersion in complex terrain and includes updated treatments of the boundary layer theory, understanding of turbulence and dispersion, and handling of terrain interactions.

Source Simulation

For short-term model scenarios (predicting concentration averages for periods of 24 hours or less), all stationary sources, such as compressors, cranes, or concrete trucks, which idle in a single location while unloading, will be simulated as point sources. Other engines, which would move around the site on any given day, will be simulated as area sources. For periods of 8 hours or less (less than the length of a shift), it will be assumed that all engines would be active simultaneously. All sources with the exception of tower cranes would move around the site throughout the year and will therefore be simulated as area sources in the annual analyses.

Meteorological Data

The meteorological data set will consist of five consecutive years of meteorological data: surface data collected at the nearest representative National Weather Service Station (La Guardia Airport) from 2015 to 2019 and concurrent upper air data collected at Brookhaven, New York. The meteorological data provide hour-by-hour wind speeds and directions, stability states, and temperature inversion elevation over the five-year period. These data will be processed using the EPA AERMET program to develop data in a format which can be readily processed by the AERMOD model.

Background Concentrations

To estimate the maximum expected total pollutant concentrations, the calculated impacts from the emission sources must be added to a background value that accounts for existing pollutant concentrations from other sources. The background levels are based on concentrations monitored at the nearest New York State Department of Environmental Conservation (NYSDEC) ambient air monitoring stations, as shown in **Table 3**. Data from 2017–2019 is proposed for use due to uncertainties in the representativeness of background concentrations in 2020 and 2021 related to the effects of COVID-19.

Table 3
Representative Monitored Ambient Air Quality Data

Pollutant	Average Period	Location	Concentration	NAAQS
$PM_{2.5}$	24-hour	JHS 45	18.3 µg/m^3	35 µg/m^3
	Annual	JHS 45	7.6 µg/m^3	12 µg/m^3
PM_{10}	24-hour	IS 52	36 µg/m^3	150 µg/m^3
NO_2	Annual	IS 52	32.8 µg/m^3	100 µg/m^3
CO	1-hour	CCNY	2.52 ppm	35 ppm
	8-hour	CCNY	1.2 ppm	9 ppm
Source: New York State Air Quality Report Ambient Air Monitoring System, NYSDEC, 2017–2019.				

Receptor Locations

Receptors will be placed at locations that would be publicly accessible, at residential, school, and other sensitive uses including the portion of the hospital complex that would remain operational during construction, at adjacent sidewalk locations, at publicly accessible open spaces. In addition, a ground-level receptor grid will be placed to enable extrapolation of concentrations throughout the study area at locations more distant from construction activities.

On-Road Sources

Since emissions from on-site construction equipment and on-road construction-related vehicles may contribute to concentration increments concurrently, on-road emissions adjacent to the construction sites will be included with the on-site dispersion analysis (in addition to on-site truck and non-road engine activity) to address all local project-related emissions cumulatively.

On-Road Vehicle Emissions

Vehicular engine emission factors will be computed using the EPA mobile source emissions model, MOVES3. This emissions model is capable of calculating engine emission factors for various vehicle types, based on the fuel type (gasoline, diesel, or natural gas), meteorological conditions, vehicle speeds, vehicle age, roadway type and grade, number of starts per day, engine soak time, and various other factors that influence emissions, such as inspection maintenance programs. The inputs and use of MOVES incorporate the most current guidance available from NYSDEC.

On-Road Dust Emissions

$PM_{2.5}$ emission rates will be determined with road dust to account for their impacts. However, fugitive road dust will not be included in the annual average $PM_{2.5}$ microscale analyses, as per 2021 *City Environmental Quality Review (CEQR) Technical Manual* guidance used for mobile source analysis. Road dust emission

factors will be calculated according to the latest procedure delineated by EPA[1]. An average weight of 20 tons and 2.5 tons will be assumed for construction trucks and worker vehicles in the analyses, respectively.

Traffic Data

Traffic data for the air quality analysis will be derived from existing traffic counts, projected future growth in traffic, and other information developed as part of the construction traffic analysis for the Proposed Project.

Impact Criteria

The *CEQR Technical Manual* states that the significance of a predicted consequence of a project (i.e., whether it is material, substantial, large or important) should be assessed in connection with its setting (e.g., urban or rural), its probability of occurrence, its duration, its irreversibility, its geographic scope, its magnitude, and the number of people affected.[2] In terms of the magnitude of air quality impacts, any action predicted to increase the concentration of a criteria air pollutant to a level that would exceed the concentrations defined by the NAAQS would be deemed to have a potential significant adverse impact. In addition, to maintain concentrations lower than the NAAQS in attainment areas, or to ensure that concentrations will not be significantly increased in non-attainment areas, threshold levels (CEQR *de minimis* criteria) have been defined for certain pollutants; any action predicted to increase the concentrations of these pollutants above these thresholds would be deemed to have a potential significant adverse impact, even in cases where violations of the NAAQS are not predicted. Predicted concentrations from the modeling analysis will be compared with NAAQS for NO_2 CO and PM_{10}, and the City's CEQR *de minimis* criteria for $PM_{2.5}$.

Impact Avoidance Measures

The analysis will assume all emissions reduction measures as required by law. These measures include dust control measures, idling restrictions, and the use of ultra-low sulfur diesel fuel. In addition, the analysis will take into account additional emissions reduction measures that would be implemented during construction of the Proposed Project, including the use of newer equipment (i.e., equipment meeting the U.S. Environmental Protection Agency's [EPA] Tier 3 emission standard) and best available tailpipe reduction technologies to further reduce air pollutant emissions.

[1] EPA, Compilations of Air Pollutant Emission Factors AP-42, Fifth Edition, Volume I: Stationary Point and Area Sources, Ch. 13.2.1, NC, http://www.epa.gov/ttn/chief/ap42, January 2011.

[2] New York City. *CEQR Technical Manual*. Chapter 1, section 222. November 2020; and New York State Environmental Quality Review Regulations, 6 NYCRR § 617.7(c).

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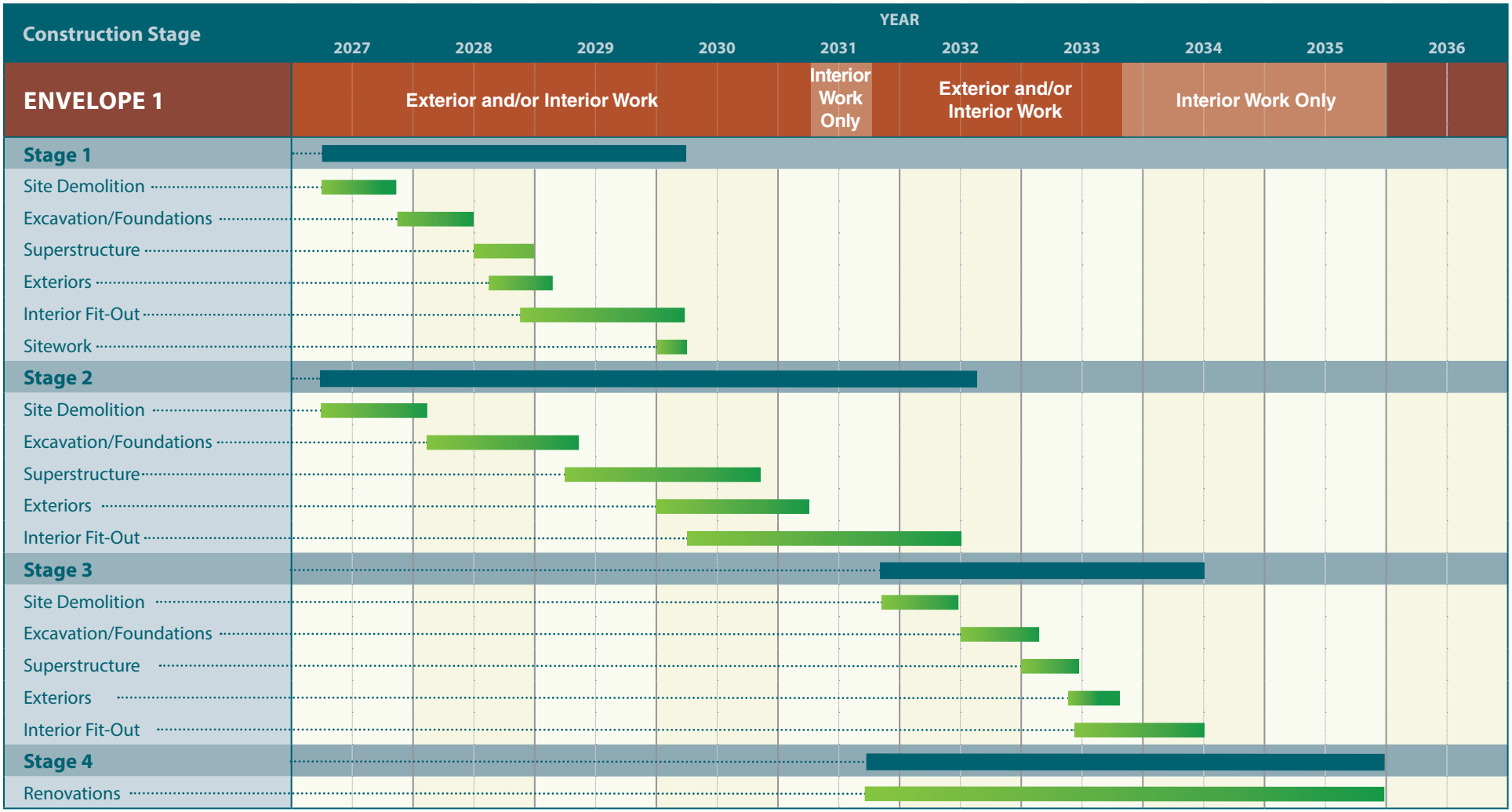
Memorandum

To:	New York City Department of City Planning
From:	Libby Cohen (AKRF, Inc.)
Date:	December 26, 2024
Re:	Lenox Hill Hospital Redevelopment EIS (23DCP079M) – Construction Noise Analysis Methodology
cc:	Project Files

The purpose of this memorandum is to describe the construction noise approach for the Lenox Hill Hospital (LHH) Redevelopment Environmental Impact Statement (EIS). The Proposed Project involves redevelopment of the block bound by Park and Lexington Avenues and East 76th and East 77th Streets (Block 1411, Lots 1 and 113, "Projected Development Site 1") with a state-of-the-art hospital complex that would include 475 single-bedded patient rooms, 30 operating suites, and an enlarged and updated emergency department. A new building would be constructed on Lexington Avenue that would include an emergency department, operating suites, and patient rooms. The Proposed Project would also include additions and renovations to portions of the existing hospital complex to accommodate connections to the new hospital building. Two building envelopes (Envelope 1 and Envelope 2) are proposed, each of which would accommodate the Proposed Project's program. Envelope 1 would include a new approximately 771,000 gross square foot (gsf) building on Lexington Avenue and 56,000 gsf of additions to the existing hospital. Envelope 2 would include a new approximately 867,000 gsf building and 8,000 gsf of additions to the existing hospital. With the existing buildings to remain, the overall gross floor area of the Proposed Project on Projected Development Site 1 would be approximately 1.4 million gsf with either Envelope.

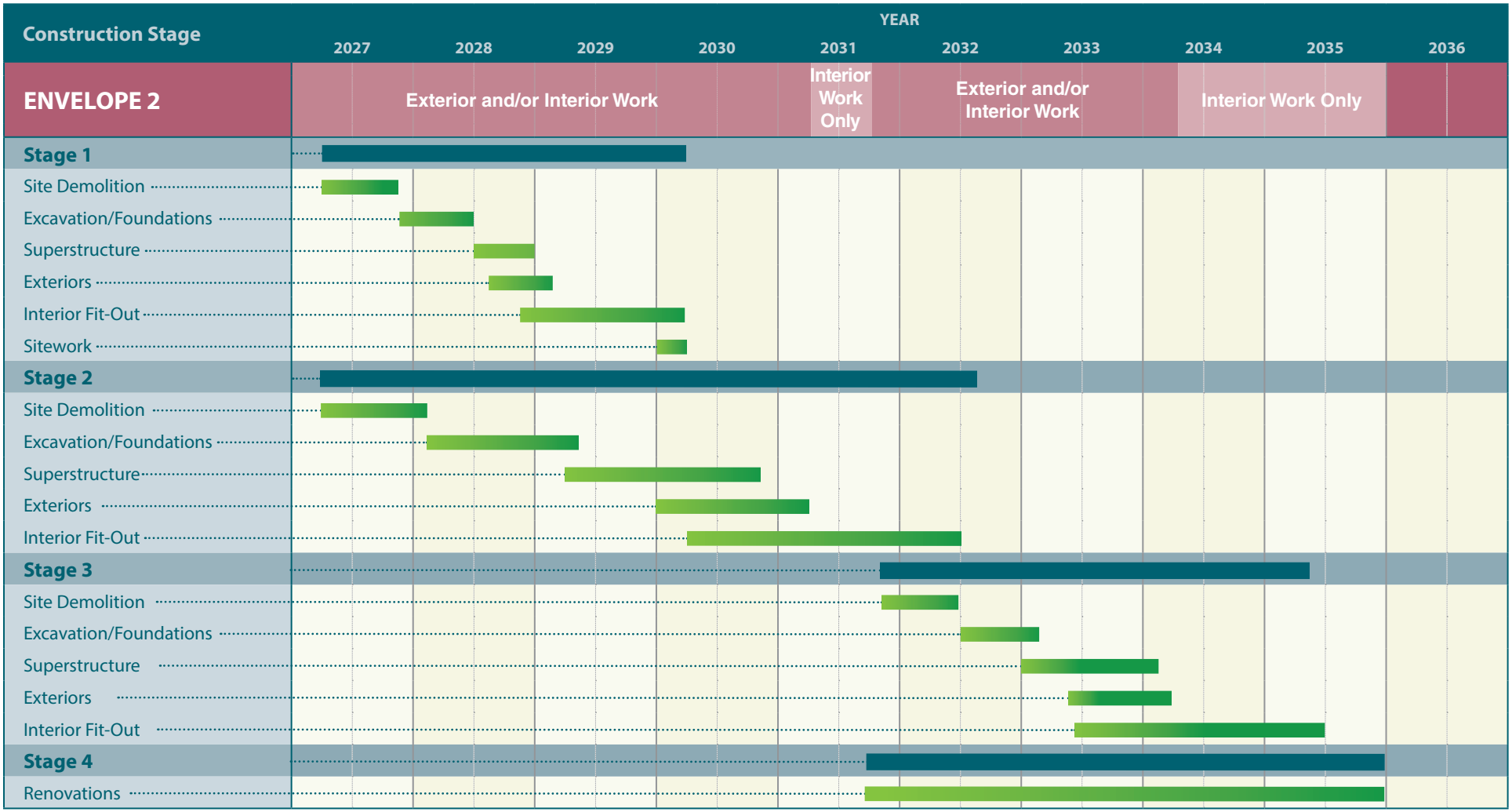
The Reasonable Worst Case Development Scenario (RWCDS) for the EIS also considers the as-of-right development of 111-115 East 77th Street between Lexington and Park Avenues (Block 1412, Lots 9, 10, and 11) (Projected Development Site 1a) as part of the Proposed Project. Projected Development Site 1a would be redeveloped with an approximately 46,000-gsf, six-story, 75-foot-tall building to house hospital support functions. It would be connected to Projected Development Site 1 by a utility tunnel under East 77th Street.

Figures 1 and 2 present the anticipated construction schedule for the Proposed Project with Envelope 1 and Envelope 2, respectively. Construction is anticipated to begin in 2027 and be complete and operational by 2036, an approximately 9-year period. Construction of the Proposed Project would proceed in multiple stages, some of which would overlap. Stage 1 would involve the construction of a six-story building on Projected Development Site 1a and a utility tunnel under East 77th Street. Stage 2 would involve the demolition of the existing buildings—William Black Hall of Nursing, the Achelis building, the Einhorn building, and two townhouses on the eastern portion of Projected Development Site 1—and the construction of the new hospital building that would also incorporate the East building into its podium. Work to create the new subway entrance and the ambulance bay would also be undertaken during Stage 2. Stage 3 would involve demolition of the south end of the Main building in the middle of the block and construction of the new truck docks and materials handling facility at ground level with a portion of the emergency department and diagnostic and treatment facilities and mechanical space above. Stage 4 would involve renovations in Uris, West and Wollman and the creation of a new Park Avenue entrance and lobby for the Mother-Baby Hospital.



Anticipated Construction Schedule for Envelope 1

Figure 1



Anticipated Construction Schedule for Envelope 2

Figure 2

CONSTRUCTION NOISE ANALYSIS METHODOLOGY

A detailed modeling analysis will be conducted to quantify potential construction noise effects at existing noise receptors (e.g., receptors, schools, etc.) near the Project Site as well as at completed and occupied proposed buildings under each Envelope.

The construction noise methodology will involve the following process:

1. *Select analysis hours for construction mobile source noise analysis.* The 6:00 AM to 7:00 AM hour is selected as the analysis hour because this would be the hour when the highest number of construction worker auto and construction truck trips to and from the construction site would simultaneously occur.
2. *Conduct construction mobile source noise analysis.* At each of the roadway segments analyzed for construction traffic, the construction worker vehicle and construction truck trips during the analysis hour will be converted to Noise PCEs and compared to the existing level of Noise PCEs to determine the potential increase in noise levels due to construction-generated trips.
3. *Select analysis hours for cumulative on-site equipment and construction truck noise analysis.* The 7:00 AM to 8:00 AM hour is selected as the analysis hour because this would be the hour when the highest number of truck trips to and from the construction site would overlap with on-site equipment operation.
4. *Select receptor locations for cumulative on-site equipment and construction truck noise analysis.* Selected receptors will represent open space, residential, or other noise-sensitive uses potentially affected by the construction associated with the Proposed Project during operation of on-site construction equipment and/or along routes taken to and from the Project Site by construction trucks. Project elements (i.e., buildings) that would be completed and occupied while construction under the proposed actions is still ongoing will also be included in the analysis as receptors.
5. *Establish existing noise levels at selected receptors*. Measured noise levels from the operational noise analysis will be relied upon for the construction noise analysis as well. A CadnaA model representing the existing conditions (including existing building geometry and existing condition traffic levels) will be validated or calibrated based on the measured existing noise levels and associated traffic counts and used to calculate baseline noise levels at the other noise receptor locations included in the analysis.
6. *Establish worst-case noise analysis periods under the anticipated construction schedule.* The worst-case noise analysis periods are the periods during the construction schedule that are expected to have the greatest potential to result in construction noise effect. The selected time periods are described below in the “Analysis Periods” section.
7. *Calculate construction noise levels for each analysis period at each receptor location.* Given the on-site equipment and construction truck trips expected during each of the analysis periods, and the location of the equipment, which is based on construction logistics diagrams and construction truck and worker vehicle trip assignments, a CadnaA model file for each analysis period will be created. All models will include each of the construction noise sources during the analysis period and hour, calculation points representing multiple locations on various façades and floors of the associated receptors previously identified, as well as the noise control measures that would be used on the construction sites.
8. *Determine total noise levels and noise level increments during construction.* For each analysis period and each noise receptor, the calculated level of construction noise will be logarithmically added to the existing noise level to determine the cumulative total noise level. The existing noise level at each receptor will then be arithmetically subtracted from the cumulative noise level in each analysis period to determine the noise level increments.
9. *Compare construction noise increments to impact criteria.* For each analysis period and each noise receptor, the predicted noise increments due to construction will be compared to CEQR noise impact thresholds and additional incremental noise impact criteria as described below.
10. *Estimate interior noise levels.* At receptors representing interior locations where noise increments due to construction are predicted to exceed incremental construction noise impact thresholds, window/wall attenuation will be estimated based on field observations. Predicted construction noise levels and estimated window/wall attenuation will be used to estimate interior noise levels.

11. *Establish construction noise duration.* For each receptor, the noise level increments and interior noise levels in each analysis period will be evaluated to determine the duration during construction that the receptor would experience exceedances of impact criteria.
12. *Identify potential construction noise impacts.* At each existing receptor where exceedances of construction noise impact criteria are predicted, a determination will be made as to whether the proposed actions would have the potential to result in significant adverse construction noise impacts.

CONSTRUCTION MOBILE SOURCE ANALYSIS

A Noise Passenger Car Equivalent (PCE) screening will be conducted for noise levels from construction mobile sources. At each of the roadway segments analyzed for construction traffic, the construction worker vehicle and construction truck trips during the analysis hour will be converted to Noise PCEs and compared to the existing level of Noise PCEs to determine whether there would be a potential doubling, which would result in an exceedance of CEQR construction noise screening thresholds (i.e., a 3 dBA increase in noise levels), and whether the construction noise impact criteria would be exceeded. The 6:00 AM to 7:00 AM hour is selected as the analysis hour because this would be the hour when the highest number of worker vehicle and construction truck trips to and from the construction site would occur. At any receptor locations where a doubling of Noise PCEs would occur as a result of construction trips, the predicted noise level increment will be added to baseline noise levels to determine the total future noise level during the construction period.

Construction truck trips that would occur during the construction work day (i.e., after 7:00 AM) will be included in the modeling of construction noise as discussed below.

NOISE RECEPTOR SITES

A noise-sensitive receptor is defined in Chapter 19, “Noise,” Section 114 of the 2021 *CEQR Technical Manual* and includes indoor receptors such as residences, hotels, health care facilities, nursing homes, schools, commercial offices, houses of worship, court houses, public meeting facilities, museums, libraries, and theaters. Outdoor sensitive receptors include parks, outdoor theaters, golf courses, zoos, campgrounds, and beaches.

Within the study area, multiple receptor locations close to the construction areas will be selected for the construction noise analysis to represent buildings or noise-sensitive open space locations that have the potential to experience elevated noise as a result of construction. These receptors will be located adjacent to planned areas of activity or streets where construction trucks would pass. At some buildings, multiple façades will be analyzed as receptors. At high-rise buildings, noise receptors at multiple elevations will be analyzed. Receptors at street level will be used to represent open space locations. The receptor sites selected for detailed analysis will represent locations where maximum project effects due to construction noise would be expected. The receptor sites will include existing noise-sensitive locations as well as Project elements that would be completed and occupied while construction under the Proposed Project is still ongoing.

CONSTRUCTION NOISE MODELING

Noise effects from construction activities will be evaluated using the CadnaA model, a computerized model developed by DataKustik for noise prediction and assessment. The model can be used for the analysis of a wide variety of noise sources, including stationary sources (e.g., construction equipment, industrial equipment, power generation equipment), transportation sources (e.g., roads, highways, railroad lines, busways, airports), and other specialized sources (e.g., sporting facilities). The model takes into account the reference sound pressure levels of the noise sources at 50 feet, attenuation with distance, ground contours, reflections from barriers and structures, attenuation due to shielding, etc. The CadnaA model is based on the acoustic propagation standards promulgated in International Standard ISO 9613-2. This standard is currently under review for adoption by the American National Standards Institute (ANSI) as an American Standard. The CadnaA model is a state-of-the-art tool for noise analysis and is approved for construction noise level prediction by the *CEQR Technical Manual*.

Geographic input data used with the CadnaA model will include CAD drawings that define site work areas, adjacent building footprints and heights, locations of streets, and locations of sensitive receptors. For each

analysis period, the geographic location and operational characteristics—including equipment usage rates (percentage of time operating at full power) for each piece of construction equipment operating at the Project Site, as well as noise control measures—will be input to the model.

Construction equipment source strength will be determined by the L_{max} levels presented in Table 22-1 of the 2021 *CEQR Technical Manual.* For construction equipment not included in this table, manufacturer specifications or field measured noise levels will be used.

In addition, reflections and shielding by barriers erected on the construction site and shielding from adjacent buildings will be accounted for in the model. In addition, construction-related vehicles will be assigned to the adjacent roadways. The model will produce A-weighted $L_{eq(1)}$ noise levels at each receptor location for each analysis period, as well as the contribution from each noise source. The $L_{10(1)}$ noise levels will be conservatively estimated by adding 3 dBA to the $L_{eq(1)}$ noise levels, as is standard practice.[1]

DETERMINATION OF NON-CONSTRUCTION NOISE LEVELS

Noise generated by construction activities (calculated using the CadnaA model as described above) will be added to baseline (i.e., non-construction) noise levels, including noise generated by non-construction traffic on adjacent roadways, to determine the total noise levels at each receptor location. Baseline noise levels will be calculated using the CadnaA model using existing condition traffic counts taken during existing noise level measurements. The existing condition CadnaA model will include receptors representing the noise measurement locations from the operational analysis to be used for the purpose of validating or calibrating the existing condition results. If the existing condition CadnaA model results at the measurement locations differ from estimated existing levels by more than 3 dBA (for example because of contribution from noise sources not included in the model such as aircraft overflights), an adjustment factor will be added to analysis receptors nearest that measurement location.

ANALYSIS TIME PERIOD SELECTION

The construction noise analysis will estimate construction noise levels based on projected activity and equipment usage as well as the level of construction traffic for various stages of construction of the proposed project.

Based on the anticipated construction schedule and preliminary construction estimates developed for the Proposed Project with Envelope 1 and Envelope 2, specific time periods during construction will be selected for detailed analysis. The periods selected will capture each major construction stage (e.g., demolition work, excavation/foundation work, superstructure work) at the buildings to be constructed, including major overlaps of construction stages. These will be the time periods with the potential to result in the maximum incremental construction noise at nearby receptors. Each analysis time period will conservatively represent 1 to 13 months of time based on the duration of activities that would be underway during the time period. During some portions of the construction schedule in which only interior work would be occurring (e.g., Stages 1, 2, and 3 interior fit-out), an exterior hoist would still have the potential to generate noise, and these phases have consequently been included in the construction noise analysis periods. The portion of Stage 4 occurring after completion of Stage 3 (i.e., after month 92 of construction), which is entirely interior renovations, would not include any exterior noise-generating equipment and is therefore not shown in the analysis periods.

The selected analysis periods are shown in **Table 1**. The selected analysis periods are subjected to change pending receipt of additional information on the construction program.

[1] Federal Highway Administration Roadway Construction Noise Model User's Guide, Page 15. http://www.fhwa.dot.gov/environment/noise/construction_noise/rcnm/rcnm.pdf

Table 1
Summary of Construction Noise Analysis Periods

Envelope 1 Analysis Period	Envelope 1 Construction Activities	Envelope 2 Analysis Period	Envelope 2 Construction Activities
Months 1–9	Stage 1 – Demolition Stage 2 – Demolition	Months 1–9	Stage 1 – Demolition Stage 2 – Demolition
Months 10–12	Stage 1 – Foundations Stage 2 – Demolition	Months 10–12	Stage 1 – Foundations Stage 2 – Demolition
Months 13–16	Stage 1 – Foundations Stage 2 – Foundations	Months 13–16	Stage 1 – Foundations Stage 2 – Foundations
Months 17–26	Stage 1 – Superstructure, Façade, Interior Fit-Out Stage 2 – Foundations	Months 17–26	Stage 1 – Superstructure, Façade, Interior Fit-Out Stage 2 – Foundations
Months 27–34	Stage 1 – Interior Fit-Out Stage 2 – Superstructure	Months 27–34	Stage 1 – Interior Fit-Out Stage 2 – Superstructure
Months 35–38	Stage 1 – Sitework and Interior Fit-Out Stage 2 – Superstructure, Façade, Interior Fit-Out	Months 35–38	Stage 1 – Sitework and Interior Fit-Out Stage 2 – Superstructure, Façade, Interior Fit-Out
Months 39–45	Stage 2 – Superstructure, Façade, Interior Fit-Out	Months 39–45	Stage 2 – Superstructure, Façade, Interior Fit-Out
Months 46–57	Stage 2 – Façade, Interior Fit-Out	Months 46–57	Stage 2 – Façade, Interior Fit-Out
Months 58–63	Stage 2 – Interior Fit-Out Stage 3 – Demolition	Months 58–63	Stage 2 – Interior Fit-Out Stage 3 – Demolition
Months 64 and 65	Stage 2 – Sitework, Interior Fit-Out Stage 3 – Foundations	Months 64 and 65	Stage 2 – Sitework, Interior Fit-Out Stage 3 – Foundations
Months 66–70	Stage 3 – Foundations	Months 66–71	Stage 3 – Foundations
Months 71–75	Stage 3 – Superstructure, Façade, Interior Fit-Out	Months 72–77	Stage 3 – Superstructure, Façade, Interior Fit-Out
Months 76–86	Stage 3 – Façade, Interior Fit-Out	Months 78–86	Stage 3 – Superstructure, Façade, Interior Fit-Out
Months 87 and 88	Stage 3 – Sitework, Interior Fit-Out	Months 87–99	Stage 3 – Sitework, Interior Fit-Out

Note:
Stage 1 is the term used on the construction schedule to describe construction on Projected Development Site 1a.

CONSTRUCTION NOISE IMPACT CRITERIA

Chapter 22 of the *CEQR Technical Manual* breaks construction duration into “short-term” and “long-term” and states that construction noise is not likely to require analysis unless it “affects a sensitive receptor over a long period of time.” Consequently, the construction noise analysis considers the potential for construction of a project to create high noise levels (the “intensity”), whether construction noise would occur for an extended period of time (the “duration”), and the locations where construction has the potential to produce noise (“receptors”) in evaluating potential construction noise effects.

The noise impact criteria described in Chapter 19, Section 410 of the *CEQR Technical Manual* serve as a screening-level threshold for potential construction noise impacts. If construction of the proposed project would not result in any exceedances of these criteria at a given receptor, then that receptor would not have the potential to experience a construction noise impact.

If noise levels at a given receptor are predicted to exceed the screening criteria, further consideration of the intensity and duration of construction noise at that receptor would be warranted. Noise level increases that would be considered objectionable (i.e., equal to or greater than 15 dBA) lasting 12 consecutive months or more and noise level increases considered very objectionable (i.e., equal to or greater than 20 dBA) lasting three consecutive months or more would be considered significant impacts.

For receptors representing interior spaces (i.e., not open space) that are predicted to experience construction noise exceeding the incremental increase and duration criteria described above, and where the façade attenuation can be determined based on readily available information, interior noise levels may also be considered in the determination of impact significance. Portions of the construction period during which predicted interior noise levels would be in the acceptable range (i.e., not greater than 45 dBA for residential and community facility uses or not greater than 50 dBA for commercial office uses), would not be counted toward the consecutive duration of incremental impact criteria exceedance.

EVALUATION OF CONSTRUCTION NOISE LEVELS

The predicted exterior noise level increments and future noise levels during construction of the Proposed Project at the analyzed receptor sites (including both existing receptors and project elements completed and occupied while construction would still be ongoing) will be compared to the construction noise impact thresholds described above. At the noise-sensitive receptors that experience exceedances of these thresholds during the analysis periods as determined above, the duration of exceedance of each impact threshold will be determined. The significance of the exceedances will be determined based on the predicted magnitude and duration of the construction noise at these locations according to the criteria described above. Based on the incremental noise level increase, overall exterior noise levels for each analysis period will also be determined.