Chapter 22: Response to Comments on the Draft Environmental Impact Statement

A. INTRODUCTION

This chapter of the Final Environmental Impact Statement (FEIS) summarizes and responds to substantive comments received during the public comment period for the Draft Environmental Impact Statement (DEIS), issued on April 26, 2024, for the proposed MSK Pavilion project.

City Environmental Quality Review (CEQR) requires a public hearing as part of the environmental review process. A public hearing was held on June 26, 2024, at 11:00 AM, in person at 120 Broadway, New York, New York, and remotely via videoconference and phone. The comment period remained open through 5:00PM on July 8, 2024.

A list of organizations and individuals who commented can be found in Section B. Section C contains a summary of relevant comments on the DEIS 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 EIS. Where more than one commenter expressed similar views, those comments have been grouped and addressed together. Commenters who expressed general support or general opposition but did not provide substantive comments on the DEIS are listed at the end of Section C. All written comments are included in Appendix E, "Written Comments Received on the Draft Environmental Impact Statement." Where relevant, in response to comments on the DEIS, changes have been made and are shown with double underlines in the FEIS.

B. LIST OF ORGANIZATIONS AND INDIVIDUALS WHO COMMENTED ON THE DEIS[1]

ORGANIZATIONS

1. Joseph Mikhael, MD, Chief Medical Officer, International Myeloma Foundation, written comments received on June 19, 2024 (Mikhael_IMF_001)
2. Kenneth Raske, President, Greater New York Hospital Association, written comments received on June 11, 2024 (Raske_GNYHA_002)
3. Dr. Sharon Ellen Smith, Chair, Physical and Mental Health Committee, North Manhattan Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, written comments received on June 20, 2024 (Smith_NMAC_003)

4 Connie Bordenga, MD, MS, Assistant Director, Cancer Center Partnerships, American Cancer Society, written comments received on June 21, 2024 (Bordenga_ACS_004)

5. Sudha Acharya, Executive Director, South Asian Council for Social Services, written comments received on June 18, 2024 (Acharya_SACSS_005)

[1] Citations in parentheses refer to internal comment tracking annotations.

6. Toyin Omotola, CEO, DSI (Diligently Serving Immigrants) International, written comments received on June 19, 2024 (Omotola_DSI_006)
7. Stephanie Poland, Senior Program Manager and Program Director, SHARE Cancer Support, written comments received on June 20, 2024 (Poland_SHARE_007)
8. Lt. Alvaro Velásquez, Assistant Corps Officer, The Salvation Army Manhattan Citadel Corps, written comments received on June 20, 2024 (Velásquez_SAMCC_008)
9. Jairo Guzman, President, Mexican Coalition, written comments received on June 18, 2024 (Guzman_MC_009)
10. Bruce J. Flanz, President and CEO, Jamaica Hospital Medical Center, written comments received on June 18, 2024 (Flanz_JHMC_010)
11. Dr. Maria Contel, Founding Director, Brooklyn College Cancer Center (CommUnity Outreach, Research, and Education), written comments received on June 21, 2024 (Cotel_BCCC_011)
12. William J. Dionne, Executive Director, Carter Burden Network, written comments received on June 21, 2024 (Dionne_CBN_015)
13. Roseann Lynch, Chief People Officer and Head of the Ralph Lauren Corporate Foundation, written comments received on June 21, 2024 (Lynch_RLCF_016)
14. Linda Thompson, Health Ministry Leader, The Abyssinian Baptist Church in the City of New York, written comments received on June 20, 2024 (Thompson_ABC_017)
15. Santos Rodriguez, Building and Construction Trades Council of Greater New York, written comments received on June 28, 2024 (Rodriguez_BCTC_018)
16. Zeynap Turan, Friends of the Upper East Side, oral comments delivered on June 26, 2024 (Turan_FUES_021)
17. Nuha Ansari, Executive Director, Friends of the Upper East Side, written comments received on July 7, 2024 (Ansari_FUES_034)
18. George M. Janes, AICP, George M. Janes & Associates, prepared statement for Friends of the Upper East Side, written comments received on July 8, 2024 (Janes_FUES_035)
19. Andrew Ravaschiere, Wendy Machaver, John McClement, Board Members, East Side Neighbors NYC Association, written comments received on July 8, 2024 (Ravaschiere_ESN_037)

GENERAL PUBLIC

20. Kieran Healy, oral comments delivered on June 26, 2024 (Healy_039)
21. Anat Rosenberg, written comments received on June 24, 2024, June 26, 2024, and June 26, 2024, and oral comments delivered on June 26, 2024 (Rosenberg_012, Rosenberg_013, Rosenberg_014, Rosenberg_023)
22. Laura Jackson, written comments received on July 1, 2024 and July 8, 2024 (Jackson_019, Jackson_036)
23. Jane Griffin, MD, written comments received on July 1, 2024 (Griffin_020)
24. Nathaniel, oral comments delivered on June 26, 2024 and written comments received on July 8, 2024 (Nathaniel_022, Nathaniel_038)
25. Eliot Nerenberg, oral comments delivered on June 26, 2024 (Nerenberg_024)
26. Kate Niehaus, oral comments delivered on June 26, 2024 (Niehaus_025)
27. Virginia Wettlaufer, oral comments delivered on June 26, 2024 (Wettlaufer_026)
28. Irene Joyce Dimatulac, oral comments delivered on June 26, 2024 (Dimatulac_027)
29. Mary Pat Simunovich, oral comments delivered on June 26, 2024 (Simunovich_028)
30. Nicole Grogan, oral comments delivered on June 26, 2024 (Grogan_029)
31. Laura Ardizzone, oral comments delivered on June 26, 2024 (Ardizzone_030)

32. Charisma McDuffie, written comments received on July 2, 2024 (McDuffie_031)
33. Mariely Del Valle, written comments received on July 2, 2024 (DelValle_032)
34. Amy Speck, written comments received on July 2, 2024 (Speck_033)

C. COMMENTS AND RESPONSES

PROPOSED ACTIONS AND THE PROPOSED PROJECT

Comment 1: There must be a balance between what benefits Memorial Sloan Kettering Cancer Center (MSKCC) and their patients and the community. A 594-foot-tall building that will take six years to construct and would cast a shadow onto the P.S. 183 schoolyard and the Church would be grossly out of proportion with the neighborhood. (Rosenberg_012, Rosenberg_013, Rosenberg_023)

MSKCC has yet to show how it plans to lower the profile of the pavilion or meet the needs of the community. (Rosenberg_014)

The project is of such enormous size and scale that it requires rezoning and variances to local zoning regulations. The double-story floors instantly transform the building into the equivalent of a 62-story skyscraper, a tower looming large over a block with residential, elementary school, and a 130-year old church. The Proposed Project should be reduced in height by 250 feet and should include setbacks. (Jackson_019)

The Applicant bases its projections on a 2021 Centers for Disease Control and Prevention (CDC) study, exploiting the data to make the case that out-of-scale pavilion is necessary to deal with a future increase in cancer. The Applicant has never mentioned cancer prevention in its presentations. 206 patient rooms and 28 operating rooms projected for 2050 appears to be arbitrary and could be adjusted to fit in a smaller building. (Jackson_036)

I have reservations about the grossly oversized building proposed. (Griffin_020)

We have concerns about the Proposed Project's height and bulk. The Applicant could achieve its goals with a more contextual building that remains in conversation with its neighbors. We urge MSKCC to revise its plans to ensure a project with a significant height reduction and an appropriate setback on First Avenue. (Ansari_FUES_034)

Response: Comment noted. The Purpose and Need for the Proposed Project is described in Chapter 1, "Project Description," of the FEIS. As noted in the FEIS, the CDC estimate that annual cancer rates will increase by 50 percent by 2050. New cases in New York City are expected to reach 47,000 by 2030 and 60,000 by 2050. While these projections will result in more cancer cases among all age groups, MSKCC expects to see large increases in new cancer cases in young people and in older New Yorkers as the population ages at levels that will strain its current facilities which currently are operating at or near capacity. With up to 206 single-bedded rooms for acutely ill patients and 28 state-of-the-art operating rooms, the Proposed Project is designed to provide the capacity required for the influx and acuity of future cancer patients, and the families who care about them. In addition, see response to Comment 4 for further discussion about mechanical space requirements.

Comment 2: The project as planned will set a terrible precedent for the Upper East Side and New York City in general. (Rosenberg_012, Rosenberg_013)

The Proposed Project would set a dangerous precedent of supersized overdevelopment that will forever alter the character of the residential Upper East Side. (Jackson_019)

The Proposed Project would be the tallest hospital building in New York City. The Proposed Project would be a massive tower rising directly from the sidewalk, with no setbacks. Approval of the Proposed Actions would send a troubling signal to developers about what is permissible on the Upper East Side, and with respect to institutional expansion in the City. (Turan_FUES_021, Ansari_FUES_034)

In 2001, the Applicant tore down a church and rectory and put up a 400-foot research tower. Then, the Applicant constructed the Breast Cancer Center on Second Avenue as-of-right, without community review. The Proposed Actions will allow a 600-foot-tall building, and I am afraid the Applicant will tear down the whole block between York Avenue and First Avenue. (Nathaniel_022)

Response: Comment noted. None of the proposed Zoning Actions can be used to further private residential or commercial development and thus their approval could not serve as precedents for private residential or commercial development. With the exception of the Zoning Action for a revocable consent to facilitate the proposed Patient Bridge and the Zoning Action to re-map the South Block midblock from R8 to R9, the proposed Zoning Actions are based on zoning text available only to certain large- scale community facility developments with multi-block campuses that are governed by Article VII (Administration) Chapter 9 (Special Regulations Applying to Large-Scale Community Facility Developments) of the Zoning Resolution. The availability of these Zoning Actions is further limited to certain community facility uses located within certain community districts and further limited to certain zoning districts within those community districts. None of the Zoning Actions within the LSCFD text are available to facilitate commercial or residential development and in any event are available to any party as a matter of right. Any future proposed project would be subject to the same review and approval process including CEQR and the Uniform Land Use Review Procedure (ULURP) requiring review by the Community Board and the Borough President, as well as review and approval by the City Planning Commission and the City Council. With regard to the zoning map amendment, it has been under consideration for twenty years solely in the context of supporting the MSKCC's 2001 LSCFD that is the subject of these Zoning Actions.

Comment 3: The purpose of the Proposed Project can be met by smaller scale structures at other locations. (Griffin_020)

The Applicant should scale back the Project and build in neighborhoods where they are actually needed and locations that are accessible to patients. There are other cancer care institutions on the Upper East Side and in New York City; the

Proposed Project would serve the Applicant's ambitions more than the community. (Jackson_019, Jackson_036)

The Applicant could bring world renowned cancer care to underserved New Yorkers by instead building satellite medical facilities in places lacking such services, such as Staten Island. (Turan_FUES_021, Ansari_FUES_034)

Response: Comment noted. As described in the FEIS, the Proposed Project is not a free-standing hospital and would be dependent on facilities throughout the MSKCC's three-block main campus for both administrative and medical services, but most importantly its patients would need to access the diagnostic and treatment facilities on the main MSKCC campus via the proposed Patient Bridge. The Proposed Project cannot function unless immediately adjacent to the main MSKCC campus. Without the ability to move patients between the Proposed Project and the main MSKCC campus via the Patient Bridge, the Proposed Project fails to meet the Applicant's needs. MSKCC operates a number of satellite locations throughout the Tri-State Region for outpatient initial screenings, diagnoses, treatments, and post-treatment follow-ups, but maintains only one surgical center for all acutely ill patients who require admission. See response to Comment 43 and FEIS Chapter 17, "Alternatives," for additional information on the Lower Height Alternative as it relates to the Proposed Project's purpose and need.

Comment 4: The Proposed Project allocates 56 percent of the building's vertical space to mechanical space, with only 44 percent of the space used for patient care, surgery, clinical areas, and the lobby. This is a poor use of space and a less vertically-oriented building design should be considered. (Ansari_FUES_034)

Response: Comment noted. The five full floors of dedicated mechanical space in the Proposed Project, combined with mechanical space located above each medical floor, plus the height of the rooftop mechanical space represent over half of the overall height of the building's proposed zoning envelope because that is what is necessary to provide the code-required infrastructure to support the operating rooms, procedure spaces, and inpatient beds in the building. Unlike a general hospital building, every occupied floor above the lobby would be engaged in the intensive activities of a surgical pavilion. As described in Chapter 1, "Project Description," of the FEIS, every floor would require above-ceiling space that drives the mechanical systems, the medical gas delivery systems, and the structural systems required to provide vibration isolation in the structure of the building.

In providing the minimum requirements for modern surgical pavilion design, it is important to highlight the structural system as well as the mechanical system, as the structural depth necessary to provide the necessary rigidity for surgical procedures and medical imaging constitutes a significant percentage (approaching 50%) of the above-ceiling space on surgical floors as well as the bed floors. Additionally, it is important to highlight the range of systems—not

just mechanical, but also medical gas, electrical, IT and low voltage, pneumatic tube, fire suppression, fire alarm, and plumbing—that require space above the ceiling. Like any other modern hospital, there is a complex web of systems that must be carefully accommodated above the ceilings.

Further, the five mechanical floors distributed throughout the building provide the necessary air changes for air filtration requirements—and do so efficiently, maintaining a 1.37 to 1.43 ratio between departmental gross square footage and building gross square footage on the clinical floors. Modern hospital buildings will typically range between 1.25 and 1.45 for this value, influenced by a range of contributing factors. The mechanical floors provide distribution efficiency as well as dedicated floors with equipment designed for the specific zone of use (patient beds vs. operating rooms). These parameters are appropriate to modern inpatient hospitals and drive the mechanical systems, the medical gas delivery systems, and the structural systems required to provide vibration isolation in the structure of the building that is vital to the complex surgeries that will occur on the surgical floors.

Given the complexity and volume of surgery expected at the MSK Pavilion, and the immune-compromised conditions of many of its patients, the building's air changing equipment would constitute nearly 20 percent of the Proposed Project's gross floor area above grade (5 of the 31 floors, or 16 percent). Maintaining the medical essential air change rates for the functioning of the operating rooms and to control infectious diseases throughout the building requires a minimum air change rate of 4-6 times per hour for inpatient rooms and 20 times per hour for operating rooms (along with minimum outside air requirements), many times higher than residential and office buildings. These air change rates represent the code-required ventilation standards that hospitals across the country must meet, and the move to accommodate these systems within enclosed space in the building to support monitoring, preventative maintenance, and repair in a controlled environment is a best practice that is common among peer facilities throughout the United States.

Comment 5: Manhattan Community Board 8 (CB8) recommended that MSKCC enter into a community benefits agreement with the City, acceptable to the Councilmember of Council District 5, based upon local input of local residents of Community District 8 and Manhattan Community Board 8 regarding improvements and enhancements to community infrastructure, including the esplanade, the local parks, local schools, and the immediately adjacent residents and other items to be agreed upon. (Rosenberg_014, Jackson_019)

Response: Comment noted. As described in the FEIS Chapter 18, "Mitigation," MSKCC is working to provide mitigation for significant adverse impacts identified (shadows, construction traffic, and construction noise). MSKCC has committed to establishing a Construction Working Group that would meet regularly during the construction period. Further, MSKCC has committed to continuing to study

ways to reduce the height of the building while satisfying the Purpose and Need for the Proposed Project. A community benefits agreement to address conditions outside of the impacts identified in the FEIS is outside of the scope of the environmental review.

Comment 6: Despite the urgent need for affordable housing, the Proposed Project would require the demolition of over 300 units of staff housing. (Jackson_019)

Response: Comment noted. The demolition of Sloan and Scholars would not reduce the supply of affordable housing. The housing in Sloan and Scholars buildings is dormitory-style contract housing within Use Group 3 (community facility – not-for-profit staff dwellings). Staff housing is provided for professional staff and students for their terms of service or academic affiliation with MSKCC. The great majority of MSKCC contract housing goes to trainees. It is not available to the general population and, therefore, demolition of Sloan and Scholars is not a loss to the general housing supply. Further, MSKCC has an adequate supply of housing available for the purpose of housing its professional staff and students for the terms of service or academic affiliation with MSKCC. For those requiring continuing housing, those individuals have been offered contract housing in other MSKCC buildings.

Comment 7: The Applicant did not present an elevation, street level view, or rendering of the south side of the Proposed Project in the Final Scope of Work. The Applicant has not shown a street view of the north side of East 66th Street between York and First Avenues, which would impact residents on the south side of East 66th Street, to residents, CB8, the Manhattan Borough President, or the Department of City Planning (DCP). The site plan presented at the May 8, 2024 CB8 meeting showed a clean bay with a curb cut, not the ambulance bay shown in the DEIS. (Nathaniel_022, Nathaniel_038)

Response: Comment noted. See FEIS Chapter 7, "Urban Design and Visual Resources," for an assessment of urban design and visual resources conditions. This assessment includes street level contextual renderings of the Proposed Project along the East 66th Street (Figures 7-26 and 7-27) and massing comparisons of the No Action and With Action condition along East 66th Street (Figure 7-32), which, along with similar images of other frontages of the Proposed Project, have been provided in accordance with CEQR requirements. Diagrams depicting the elevation of the Proposed Project on East 66th Street are also provided in the chapter (see Figures 7-21 and 7-27). Additionally, the Applicant filed land use application materials that were deemed completed by the City Planning Commission on April 26, 2024, and in accordance with DCP rules and instructions, which contains additional drawings, as required. All ULURP and CEQR materials have been prepared according to standards required by DCP.

LAND USE, ZONING AND PUBLIC POLICY

Comment 8: East 66th Street between First Avenue and York Avenue is a residential block. East 66th Street consists of an elementary school, a Catholic church, 5-story walk-ups, a 13-story co-op, and a 22-story apartment building. The medical facilities north of East 67th Street are irrelevant. (Jackson_019)

The Project Site is zoned residential; the Proposed Actions would change the use of an entire avenue to effectively a commercial use. The Project Site would be a hospital 24 hours a day, 7 days a week. (Nathaniel_022)

Response: Comment noted. An assessment of land use is provided in Chapter 2, "Land Use, Zoning, and Public Policy," of the FEIS. As described in that chapter, the Development Site is, and will continue to be, part of the larger previously established MSKCC Large-Scale Community Facility Development (the 2001 LSCFD) that includes numerous patient care and research facilities that extend to the south side of East 69th Street. From that point moving north, lie the campuses of New York Presbyterian Hospital, Weil-Cornell Medical Center and Hospital for Special Surgeries. To the east of the Development Site, running from East 62nd Street to East 68th Street, lies the campus of Rockefeller University. All of these medical campuses, including the Applicant's, are located in residential districts that permit as a matter of right Use Group III(A) and III(B) Community Facilities. Commercial uses are not permitted in any of these districts. The two existing buildings on the Development Site contain (formerly Use Group 3) Community Facility uses including dormitory-style community facility housing and administrative/support uses for MSKCC. The Proposed Project would be compatible with other similar land uses found in the surrounding area, which includes a concentration of major research and health care facilities that have co-existed for many years in a mixed-use neighborhood with residential, retail, and other community facility uses. As concluded in the FEIS, overall, the Proposed Project would not adversely affect the land use character of the study area and would not result in significant adverse land use impacts in the study area.

Comment 9: Rockefeller Lab should not be rezoned to R9. What assurances can be made that the site will not be redeveloped in the future? (Jackson_019)

Response: Comment noted. The proposed zoning map amendment would rezone Manhattan Block 1461, Lot 13 and the western portion of Lot 21 from R8 to R9. This would increase the maximum permitted zoning floor area within the 2001 LSCFD by 140,584.5 sf to be incorporated into the Proposed Project. The Proposed Project would effectively utilize all the remaining allowable floor area within the 2001 LSCFD. In addition, as a LSCFD, any future development modifying the 2001 LSCFD's boundaries or zoning calculations is subject to DCP approval, so there are no as-of-right development opportunities within the 2001 LSCFD. Therefore, the Rockefeller Research Laboratories (RRL) or any other lot within the 2001 LSCFD could not be redeveloped in the future without undergoing its own separate discretionary City approval process.

Comment 10: The Applicant's proposal is exceptional compared to all development in New York City since the development of the Equitable Building, which rises approximately 501 feet without setback, and prompted the City to develop and adopt the nation's first zoning code. The Proposed Project would not be setback and would be nearly 100 feet taller than the Equitable Building. The Proposed Project would affect light and air, and the Proposed Actions would not be consistent with the New York City Zoning Resolution and its land use policy objectives. (Janes_FUES_035)

The Proposed Actions would result in pre-zoning regulation building form. (Ansari_FUES_034)

Response: Comment noted. The text establishing Large-Scale Community Facility Developments and the discretionary authorizations and special permits available exclusively to hospitals and health-related institutions provided in Article VII (Administration) Chapter 9 (Special Regulations Applying to Large-Scale Community Facility Developments) have been integral to the City's zoning regulations since the adoption of the modern Zoning Resolution in 1961. This group of discretionary authorizations and special permits to waive generic bulk requirements based on specific findings of programmatic needs of both the applying hospitals and the communities they serve confirms the City's longstanding land use and health policies to support the few New York City hospitals that exist in muti-block campus settings that can meet the text's narrow eligibility standards. Six of the eight Zoning Actions proposed in this Application are based on Article VII, Chapter 9, which limits LSCFDs to hospital and related uses in certain Community Districts within certain high density zoning districts, ensuring they would have no precedential impacts except within established LSCFDs.

Comment 11: The EIS omits the future New York Blood Center development at 310 East 67th Street (Block 1441, Lot 40) and the development site at 1215 First Avenue (Block 1440, Lot 23). (Nathaniel_038)

Response: Projected future background developments were identified for the FEIS analysis following CEQR guidelines. All background developments anticipated to be completed by the build year have been included in the FEIS and accounted for in the relevant technical analyses.

OPEN SPACE

Comment 12: The EIS fails to note that St. Catherine's Park is closed for a 1.5 year renovation project beginning in January 2024. Therefore, this open space resource should not be included in the open space analysis. In addition, the open space analysis in the EIS is based on 5.28 acres of publicly accessible open space, including 2.95 acres of passive open space. Permanently closed, privately owned spaces should be removed from the calculations, and spaces outside the circumference should be excluded. The actual acreage should be 2.156 acres of total open space, including

1.133 acres of passive open space and 1.023 acres of active open space. (Nathaniel_038)

Response: Comment noted. Based on the latest available information, the renovation of St. Catherine's Park is anticipated to commence in 2025 and will be completed and the park would be re-opened to the public in 2026 before the Proposed Project's build year (2030) and therefore the park was included in the FEIS's open space analysis, presented in Chapter 4, "Open Space." There are no permanently closed open spaces in the study area. Publicly accessible opens spaces (POPS) are considered open space according to the 2021 *CEQR Technical Manual* and should be included in any quantitative open space analysis. Overall, the open space analysis conducted for the FEIS followed the methodologies prescribed in the *CEQR Technical Manual* and was reviewed and approved by DCP and NYC's Department of Parks and Recreation, and the open space calculations reported in the FEIS are correct.

Comment 13: The neighborhood already has the smallest number of parks and green spaces of any neighborhood in the City, in relation to its population. (Jackson_019)

Response: Comment noted. An assessment of the project's demand for open space is presented in Chapter 4, "Open Space," of the FEIS since the Proposed Project, in accordance with the *CEQR Technical Manual.* As noted in the analysis, the Proposed Project would introduce new workers and visitors to the study area, which would increase demand on publicly accessible open space resources. Currently, the passive open space ratio in the study area for non-residential users (0.058 acres/1,000 people) is below the City's guideline of 0.15 indicated in the *CEQR Technical Manual* and would remain below the guideline in both the future with the Proposed Project (the With Action condition) and the future without the Proposed Project (the No Action condition). While the Proposed Project would add some hospital workers and visitors to the area, it would also create a small amount of on-site open space to help offset the demand for passive open space from that new population. Overall, the Proposed Project would result in a very minimal decrease in the passive open space ratio from 0.0683 to 0.0680 compared with the No Action condition and therefore would not result in a significant adverse open space impact.

Comment 14: The Proposed Project would result in the loss of open space (and over 4 million cubic feet of air space), sunlight, and air flow that would impact residents, students, and workers, including those who sit on the stoops of the low-rise tenement apartment buildings on East 66th Street facing precious open space situated between MSKCC's existing residential buildings on York and its Rockefeller Research Laboratories. (Jackson_019)

Response: Comment noted. The existing open space located on the Development Site is private space that is accessible from the RRL building and is not considered public open space as defined in the *CEQR Technical Manual*, since it is not accessible to the general public. The Proposed Project, however, would provide publicly

available open space around the MSK Pavilion lobby. Therefore, as detailed in Chapter 4, "Open Space," of the FEIS, the Proposed Project would result in a modest increase in available public open space compared to existing and future No Action conditions. Also see response to Comment 13.

The apartment buildings on East 66th Street along the project block are not considered sunlight-sensitive resources for shadow impacts, in accordance with the *CEQR Technical Manual,* and are therefore not analyzed for shadow impacts in the FEIS. The analysis presented in Chapter 5, "Shadows," of the FEIS, includes publicly accessible parks and other open spaces, sunlight-dependent features of historic resources, and natural resources that depend on sunlight.

SHADOWS

Comment 15: The Proposed Project would include a several-story-tall sky bridge, which would cast shadows on the sidewalks below and negatively impact the pedestrian experience. (Ansari_FUES_034)

The Proposed Project would result in shadows and darkness on P.S. 183, the Church, apartment steps, and St. Catherine's playground. (Rosenberg_023, Nathaniel_022, Jackson_019)

Response: Comment noted. According to the *CEQR Technical Manual*, both public sidewalks and school playgrounds that are not open to the public as well as apartment steps are not considered sunlight-sensitive resources for shadow impacts. At the time of FEIS publication, P.S. 183's playground is not part of NYC's Schoolyard to Playgrounds program, which would make this resource eligible as a sunlight sensitive open space and therefore not subject to shadows analysis in the FEIS. A detailed analysis of project shadow impacts is provided in Chapter 5, "Shadows," of the FEIS and determined that there would be no significant adverse shadow impacts except to the stained-glass windows of St. John of Nepomucene Church, an identified sunlight sensitive resource

The pedestrian experience is analyzed in the FEIS, in accordance with the *CEQR Technical Manual* in Chapter 7, "Urban Design and Visual Resources." The urban design analysis determined that the Patient Bridge would not adversely affect the pedestrian experience on East 67th Street.

URBAN DESIGN AND VISUAL RESOURCES

Comment 16: The 594-foot-tall glass and steel structure with no setbacks would be drastically out of context. The tallest building on the block, 400 East 67th Street, is 325 feet tall and the pavilion would be approximately 200 feet taller than neighboring buildings. (Jackson_019)

There is not even a setback or landscaping proposed as part of the Project. (Griffin_020)

Response: Comment noted. Urban Design has been analyzed in Chapter 4, "Urban Design and Visual Resources," of the FEIS in accordance with the *CEQR Technical Manual* guidelines. The Proposed Project would be located among other tall institutional buildings in the study area. The new building would also be consistent with other newer hospital buildings immediately adjacent to the Project Area. The new building would be of a height and form that would be compatible with these large, tall buildings, including institutional buildings on York Avenue and East 69th and East 70th Streets, and both institutional and residential buildings on First Avenue. Further, the study area to the south and east of the Development Site and Project Area is already characterized by tall institutional buildings that have been built during different development periods. Therefore, while the new building would be taller than study area buildings to the south and east, it would be compatible with the overall varied urban design character of the study area, including the study area on York Avenue to the north. Overall, the Proposed Project would be compatible with the varied urban design character of the study area and would not adversely impact the pedestrian experience. As illustrated in the FEIS, the glass-enclosed lobby on the east side of the building on York Avenue would be set back from the building line providing additional space for landscaping, signage, public seating, and walkways as shown on FEIS Figure 1-9.

Comment 17: The data and analysis provided in the Urban Design and Visual Resources chapter of the DEIS does not support an assertion that there would be no significant adverse impact on the pedestrian experience. The Proposed Project would have six curb cuts; most of the East 67th Street sidewalk would become a driveway. The DEIS does not analyze the impact of the curb cuts on the pedestrian experience. If significant adverse impacts are identified, mitigation should be identified. (Janes_FUES_034)

Response: Comment noted. An urban design and visual resources assessment was conducted for the FEIS in conformance with the *CEQR Technical Manual* guidelines and concluded that the Proposed Project would not result in any significant adverse impacts to the urban design character of the study area, as analyzed in FEIS Chapter 7, "Urban Design and Visual Resources." Regarding pedestrians, as discussed in that chapter, the new building's recessed double height, highly transparent lobby structure, along with the landscaping and seating areas along the lobby structure's street frontages, would activate the Development Site and contribute to the pedestrian experience. The open spaces that would be created by the recessed lobby represent the first publicly available open spaces adjacent to public sidewalks provided in any recent hospital development built along York Avenue in the vicinity of the Project Site. The through-block driveway for patient drop-offs and pick-ups would have minimal conflict points with pedestrians on sidewalks since there would only be a single lane curb cut for right turns into the driveway on East 66th Street and a single lane curb cut for left turns out of the driveway on East 67th Street. Absent the through-block driveway, patient drop-

offs and pick-ups would occur in the street, crossing sidewalks to access the proposed building.

HAZARDOUS MATERIALS

Comment 18: A highly flammable oxygen farm would be located steps from the entrance to P.S. 183. (Jackson_019)

The Proposed Project would include an oxygen farm near a driveway with gas powered cars and within 30 feet from East 66th Street. EPA safety regulations specify that the oxygen farm must be in a separate building, 50 feet from any combustible material. There is the potential for fire. (Nathaniel_022, Nathaniel_038)

The Proposed Project would include chemicals that will be used and refilled daily, which is of concern to nearby residents. (Nathaniel_022)

Response: Comment noted. According to the National Fire Protection Association (NFPA) 55, Compressed Gasses and Cryogenic Fluids Code, bulk oxygen (O_2) is classified as a non-flammable, non-toxic gas. It is essential for respiration and is highly reactive and supports combustion, but it will not spontaneously combust. Carbon dioxide (CO_2) is classified by the NFPA as an inert gas. The outdoor control area is equipped with a continuous gas monitoring system that is supervised 24/7 that monitors the concentration levels of both O_2 and CO_2.

In general, hospitals in the United States that experience high volumes of medical gas usage, especially O_2 and CO_2, typically employ bulk medical gas systems. MSKCC must implement bulk medical gas systems, particularly bulk oxygen and carbon dioxide systems, due to the continuous demand for such gases in critical areas. These systems are designed according to NFPA 99, the Healthcare Facilities Code, which is the standard for all healthcare facilities in the United States.

In NYC and other urban environments, O_2 and carbon dioxide CO_2 farms are typically located in facilities that are outside and directly adjacent to the medical buildings due to spatial constraints and available footprint. The Proposed Project's unique high-rise structure requires a vertical expansion of the medical gas farm to accommodate the limited footprint.

The new bulk oxygen and carbon dioxide systems for the Pavilion Building are designed to generally comply with NFPA 55 and applicable codes. The physical clearance requirements detailed in NFPA 55 are satisfactorily met through design measures such as in the Proposed Project's case, fire-rated walls. This design approach is common in NYC, has been approved by the FDNY and would be reviewed and approved by all authorities having jurisdiction.

To ensure safety and compliance, the construction includes both natural and mechanical ventilation, with a minimum of 3 feet of clearance around all

equipment as per NFPA requirements. The front façade is louvered to allow for natural ventilation, while the remaining walls, floor and roof surrounding the medical gas farm are 2-hour rated to separate it adequately from adjacent areas and buildings, including the drive aisle. The use of 2-hour rated construction provides a robust barrier, ensuring the separation of the medical gas farm from other areas and buildings. This approach has been successfully implemented in other hospitals within NYC, demonstrating its effectiveness and reliability. The space would also be protected by a series of bollards to prevent vehicles from entering and potentially damaging the bulk medical gas equipment.

The design and inspection of bulk medical gas systems are heavily regulated by entities such as OSHA, NFPA, CMS, and state and local authorities. These entities work together to ensure that bulk gas systems at hospitals are safe, reliable, and compliant with all relevant guidelines. The Proposed Project is being designed, and will be maintained, in accordance with the applicable city, state, and federal codes.

WATER AND SEWER INFRASTRUCTURE

Comment 19: The shallow drain at the northwest corner of East 66th Street and York Avenue backs up when there are heavy rains. The drain won't be able to handle increased drainage demand from the Proposed Project. (Jackson_019)

Response: Comment noted. As detailed in Chapter 9, "Water and Sewer Infrastructure," of the FEIS an assessment of water and sewer infrastructure was conducted in accordance with the *CEQR Technical Manual* and concluded that the Proposed Project would not result in increases in demand for water and treatment of sewage. Therefore, the Proposed Project would not result in a significant adverse impact on the City's water supply, wastewater treatment, or stormwater management and treatment infrastructure. In terms of project construction, in general, construction of the Proposed Project would comply with all applicable Department of Buildings (DOB) Chapter 33 and Department of Environmental Protection requirements through all stages of construction.

ENERGY

Comment 20: Con Edison regularly removes manhole covers and installs temporary chimneys to let off underground steam to avoid potential explosions on the overtaxed heating grid, including one block north of the Project Site in April 2024. (Jackson_019)

Response: Comment noted. Con Edison's procedures will continue, as necessary, and are outside of the scope of this environmental review.

TRANSPORTATION

Comment 21: We are concerned about the impacts of the Proposed Project on transportation and traffic. (Turan_FUES_021, Ansari_FUES_034)

Response: Comment noted. As presented in Chapter 10, "Transportation," the FEIS follows guidance in the *CEQR Technical Manual* and concluded that the Proposed Project would not result in any significant adverse traffic, pedestrian, transit, or parking impacts. DCP acting on behalf of the CPC as the lead agency reviewed and approved these conclusions. To confirm the accuracy of these conclusions, the Applicant has committed to conducting a Transportation Monitoring Plan (TMP), to analyze the future conditions both during the construction period and in the operational condition. Should the TMP conclude that the projected trips generated by the Proposed Project in the FEIS are surpassed, the Applicant would cooperate with NYC Department of Transportation (DOT) to assess improvements to address the exceedances.

Comment 22: The trip generation assumptions for the existing and No Action conditions are wrong, and result in overstating the No Action trips, so that the net increment between the No Action and With Action is wrong. Residential travel demand factors should not be assumed for the existing contract housing dwelling units in the No Action condition. Nearly everyone who lives in the buildings is walking across the street. The community facility land use should be considered a "non-profit hospital staff dwelling." Office travel demand factors should not be assumed for the existing administrative office space in the No Action condition. (Janes_FUES_035)

Response: Comment noted. It was determined that the typical residential travel demand factor should be assumed in this area, as many of the MSKCC employees living in contract housing have partners and children. These partners may not work on the main MSKCC campus and have travel patterns accordingly. Additionally, those employees with families would have typical household travel patterns more similar to regular households. The procedures for conducting a detailed transportation screening assessment from the *CEQR Technical Manual* have been followed. The contract units have been designed like other apartment buildings in the area and are a mix of unit sizes, each with their own hallway entrances, bathrooms, and kitchens. The employees within the dwelling units would be assigned to employment locations throughout the regional area and not the same location day-to-day. They would be anticipated to use a blend of transportation modes to reach destinations consistent with other residents with trips originating in this neighborhood. The Applicant's contract housing allows employees to have families (including partners and children) live with them and accept visitors. Therefore, the Census data and other residential assumptions used for the travel demand assessment were deemed appropriate and would be representative of the dwelling units. The administrative office space in the No Action condition would be occupied and used consistent with the travel demand factors associated with office land use.

Comment 23: The Draft Scope of Work cited 308 staff dwelling units while the Final Scope of Work cited 355 staff dwelling units, neither of which match the 334 staff dwelling

units shown on the Certificate of Occupancy for the existing building. Further the Certificate of Occupancy shows a maximum office capacity of 18 persons and library, nurse lounge, and classroom space capacity of 277 persons, but none of these spaces are included in the analysis while 45,039 gsf of hospital administrative office space is included. The FEIS needs to include a revised analysis which reflects the legal uses identified in the Certificate of Occupancy, (Janes_FUES_035)

Response: Comment noted. The Certificate of Occupancy does not necessarily reflect the current use of a building. The populations within the buildings were validated for the CEQR analysis. Based on information provided by the Applicant, refinements of the numbers of dwelling units and gross square footage of administrative office space were necessary between issuing the Draft Scope of Work and certification of the DEIS to maintain accuracy.

Comment 24: The DEIS is inconsistent in identifying the existing uses on the development site; it cannot claim the development is a community facility in one chapter and then characterize it as residential and commercial office in another chapter. (Janes_FUES_034)

Response: Comment noted. The *CEQR Technical Manual* does not identify trip generation rates for contract housing. The residential trip generation rates were used because they best matched the profiles of the occupants, some of whom were families with partners and children. Likewise, because the *CEQR Technical Manual* does not provide identified trip generation rates for community facility offices, office trip generation rates were used for the administrative office component. Both uses were allowable under Use Group 3 (Community Facility). Therefore, No Action project components in FEIS Chapter 10, "Transportation," have been analyzed for transportation screening assessment purposes using residential travel demand assumptions based on similarities between it and the contract housing and using office travel demand assumptions based on similarities between it and the administrative office space. See also response to Comment 22.

Comment 25: The entrance to the parking garage, which would experience a lot of traffic, would be steps from the entrance to P.S. 183. (Jackson_019)

Response: Comment noted. As analyzed in FEIS Chapter 10, "Transportation," the Proposed Project would not result in a significant adverse impact on operational pedestrian and vehicular conditions, nor was a pedestrian safety impact identified at the garage. Outside of the scope of this environmental review, MSKCC is working directly with the school principal and the New York City Department of Education to consider the need for additional safety protocols beyond those identified in FEIS Chapter 16, "Construction."

Comment 26: The Proposed Project does not include additional parking to accommodate increased demand, or a realistic strategy to manage the immense increase in car, truck, bicycle, or pedestrian traffic. As parking garages in the area continue to

close, congestion pricing goes into effect, and drivers attempt to unload passengers curbside, the DOT and MTA will likely be burdened with an unprecedented parking and traffic crisis. (Jackson_019)

Response: Comment noted. As presented in Chapter 10, "Transportation," the FEIS concluded the Proposed Project would not result in any significant adverse traffic, pedestrian, transit, or parking impacts. However, the Applicant would establish a transportation monitoring plan (TMP) for the construction period and in the operational condition, at the proposed entrances to the through-block driveway and garage on East 66th Street and East 67th Street and the traffic analysis locations at First Avenue and East 67th Street and Second Avenue and East 67th Street to document any queuing at the proposed entrances to the through-block driveway and garage on East 66th Street and confirm the accuracy of the With Action trip generation and vehicle trip assignment assumptions. Another purpose for conducting the TMP is to take into consideration other planned or approved projects and changes to background conditions not anticipated in the FEIS, such as parking garage closures, additional background redevelopment projects, and other infrastructure or policy changes. Should the TMP conclude that any queuing at the proposed entrances to the through-block driveway and garage on East 66th Street or East 67th Street are occurring, or the projected trips generated by the Proposed Project in the FEIS are surpassed, the Applicant would cooperate with DOT to assess improvements to address these conditions.

Comment 27: The bottleneck of cars trying to enter MSKCC's parking garage on East 66th Street backs up onto York Avenue, blocking the bus lane and adding to already severe congestion on York Avenue. Valet parking has exacerbated the problem. Information on MSKCC's website in May 2024 directing patients to additional parking garage in the area on the south side of East 67th Street between First and York Avenues, four garage on East 69th Street between First and Second Avenues, and three garages on East 65th Street between First and Second Avenues is several years out of date; there is only one remaining public garage on East 69th Street, which is small and fills up early with employees from area hospitals. (Jackson_019)

Response: Comment noted. Currently, the garage does not optimally accommodate the incoming demand during a short period of time on weekdays from approximately 11 AM to 12 PM due to the number of reservoir spaces, allotted area for valet operations within the garage, combined entrance/exit ramps, internal circulation and vertical circulation, and other inefficiencies. This condition would be improved with the Proposed Project to reduce or eliminate the existing, suboptimal conditions, which sometimes do not allow MSKCC to fill all available spaces during the peak demand period. As described in Chapter 10, "Transportation," of the FEIS, the redesigned and improved garage would have an optimized layout, improved valet operations, additional reservoir spaces, and a relocated exit to separate entering and exiting traffic between the two cross

streets. The operation of the through-block driveway for patient and visitor vehicular access for MSK Pavilion would work in concert with the adjoining garage. Additionally, MSKCC would implement new policies to improve parking operations and more efficiently use the 263 spaces, such as restricting use to only accept patients and visitors destined to MSKCC facilities for appointments that day using a QR code or other technology, providing timed arrival windows, and changes in valet staff protocols. The FEIS relies on June 2022 and June 2023 parking surveys which are within the acceptable 36-month window before which updated parking data must be collected. In Chapter 10, "Transportation," the FEIS concluded that the Proposed Project would not result in a parking shortfall.

AIR QUALITY

Comment 28: Residents and students on East 66th Street are subjected to potentially toxic air being emitted by some of MSKCC's existing ventilation systems. The building's exhaust would vent onto the residents of East 66th Street and P.S. 183. MSKCC must rethink its venting plans. Exhaust venting pointed at East 66th street must not be below the highest mechanical level of the hospital. Venting must be located as high as possible toward York Avenue and/or East 67th Street where buildings are sealed and windows cannot be opened. (Jackson_019)

The first three levels of mechanicals would expel heat and energy from the 28 operating rooms. The HVAC unit would be blowing on the residences on East 67th Street. (Nathaniel_022)

It is imperative that the Proposed Project's vents are not pointed at historic buildings on East 66th Street. (Jackson_019)

Response: As described in Chapter 11, "Air Quality," of the FEIS, an (E) Designation would be applied ensuring that the Proposed Project utilize only electric and/or utility steam-powered process, heating, ventilation, and air conditioning systems, except for systems designed to power such equipment in the event of a utility electric outage, and a hot water loop providing service from the existing MSKCC boilers to be used only during limited periods if supplemental heating is needed. In addition, while outside the scope of the environmental review, it should be noted that based on the building's mechanical system design, the lower floor (level 3) louvers facing East 66th Street would vent only ambient air that would be circulated through the backup generator's fuel oil storage area in the sub-cellar, the unenclosed bulk oxygen and clean bay areas on level 1, a battery storage area on level 2, and a materials management area on level 4 and its operation would not be constant and would be limited. Overall, no toxic air would be emitted to East 66th Street at the Proposed Project's lower mechanical vents.

Since only ambient air would be directed to East 66th Street by the Proposed Project, the residential buildings across the street from the Proposed Project vents on East 66th Street would not be impacted by air emissions from the Proposed

Project. Further, it should be noted that the residential buildings on East 66th Street have not been identified as historic resources by the city or state agencies.

GREENHOUSE GAS EMISSIONS AND CLIMATE CHANGE

Comment 29: The Proposed Project is anti-environmental and does not consider the realities of climate change. (Jackson_019, Griffin_020)

Response: Comment noted. The Proposed Project would be designed with a highly efficient façade which would reduce the energy consumption and amount of mechanical equipment required for the building. The Proposed Project would be all electric except for backup generators. The Applicant has stated that the Proposed Project is targeted to achieve LEED Gold standard. Overall, the Proposed Project would achieve an energy use intensity of 125 kBTU/sf. In contrast, other hospital buildings in Manhattan typically have energy intensity ratings of 200 to 250 kBTU/sf. As discussed in the Draft and Final Scope of Work, an analysis of the impacts of climate change is deemed warranted for projects at sites located within the 100- or 500-year flood zone, consistent with the *CEQR Technical Manual*.

As discussed in Chapter 12, "Greenhouse Gas Emissions and Climate Change," the Development Site is located over 400 feet outside of the nearest potential end-of-century flood hazard zone identified by the New York City Panel on Climate Change (NPCC). Furthermore, the Development Site is not projected to experience deep and contiguous stormwater flooding (1 foot or greater) and has a heat vulnerability index (HVI) of 1 (lowest risk). Therefore, the Proposed Project is unlikely to be impacted directly 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.

Comment 30: The combination of the Proposed Project's height and energy usage for inpatient healthcare will exacerbate climate change pollution and impact New York City's ability to meet its GHG reduction goals. (Ravaschiere_ESN_037)

Response: Comment noted. As discussed in FEIS Chapter 12, "Greenhouse Gas Emissions and Climate Change," greenhouse gas (GHG) emissions were estimated associated with the operational energy consumption, vehicle use, construction activities, and embodied carbon of construction material. The FEIS also discusses design features and operational measures to reduce the Proposed Project's energy use and GHG emissions, including utilizing electric or Con Edison steam for heating, ventilation and air conditioning and other services. Additionally, the Proposed Project would use existing diagnostic and treatment facilities and would not require additional construction if located elsewhere.

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 New York City 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/sf compared to an average of 90 kBTU/sf for low-rise buildings.[2]

Comment 31: Recent investigations have found that ground levels in New York City are sinking under the weight of its own buildings. The Proposed Building would both exacerbate and be impacted by future flooding conditioning in New York City due to the combination of sea level rise and sinking ground levels. (Ravaschiere_ESN_037)

Response: Comment noted. The most recent NPCC projections show that sea levels are anticipated to increase by up to 23 inches by 2050 and up to 65 inches by the end-of-century. While this may be exacerbated by soil subsidence of up to 5 mm for bedrock,[3] bedrock beneath the Development Site is anticipated to be shallow and would limit the potential effect of soil subsidence. The proposed site is located over 400 feet outside of the nearest flood hazard zone identified by the NPCC projected through the end-of-century. Therefore, the Proposed Project is unlikely to be impacted directly by flooding climate conditions, based on the latest available predictions at the time of FEIS publication.

Comment 32: The Proposed Project would exacerbate the urban heat island effect and result in increased energy consumption associated with increased air conditioner usage. (Ravaschiere_ESN_037)

Response: Comment noted. As discussed in Chapter 12, "Greenhouse Gas Emissions and Climate Change," of the FEIS, the Proposed Project would potentially incorporate invert roofing systems to reduced heating/cooling loads and limit the effect of localized heating through evapotranspiration.

NOISE

Comment 33: Residents and students on East 66th Street are subjected to the noise emitted by MSKCC's existing ventilation systems. High decibel vibrations are coming from the pipe of MSKCC's main hospital building on East 67th Street between First Avenue and York Avenue, and a loud hum is emitted from the vents inside the entrance to MSKCC's parking garage on East 66th Street between First Avenue and York Avenue. The impact of noise from the Proposed Project would fall on East 66th Street residents and students. (Jackson_019)

Response: Comment noted. Chapter 13, "Noise," of the FEIS shows in Table 13-8 that noise levels on East 66th Street with the Proposed Project complete would be reduced. All mechanical equipment in the Proposed Project would comply with Section

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

[3] Tom Parson, Pei-Chin Wu, Meng (matt) Wei, Steven D'Hondt. *The Weight of New York City: Possible Contributions to Subsidence From Anthropogenic Sources*. Earth's Future Volume 11, Issue 5. May 2023.

24-227 of the NYC Noise Control Code. That would mean that the aggregate noise level from all equipment as experienced inside an open residential window—particularly at south-adjacent residences across East 66th Street—would be <45 dBA, which is "acceptable" per the *CEQR Technical Manual*.

CONSTRUCTION

Comment 34: MSKCC estimates that Construction of the Proposed Project would take 6 years. There are no assurances that overnight work will be avoided. (Jackson_019)

We are concerned about the disruptions of the projected 6-year construction period. (Turan_FUES_021, Ansari_FUES_034)

I am concerned about the six-year construction period, and the proximity of demolition and construction on the Project Site to P.S. 183. Construction of the Proposed Project would affect students at P.S. 183 who already had learning disruptions from the pandemic. (Rosenberg_023)

Response: Comment noted. As detailed in FEIS Chapter 16, "Construction," project-related construction activities would generally be carried out in accordance with New York City laws and regulations, which allows construction activities between 7 AM and 6 PM on weekdays. 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. Outside of the scope of this environmental review, MSKCC has also committed to establishing a Construction Working Group that would meet regularly during the construction period to address community concerns. Construction period traffic and noise impacts have been identified in the FEIS (see Chapter 16, "Construction") along with mitigation measures (see Chapter 18, "Mitigation") and alternatives (see Chapter 17, "Alternatives"), and any unavoidable adverse impacts (see Chapter 19, "Unavoidable Adverse Impacts") have been disclosed.

Comment 35: On April 15, 2023, a large construction truck carrying sand broke through the pavement creating a sinkhole at the border between MSKCC's Research Labs and P.S. 183. Has anyone considered how two massive bedrock blasting projects (the Proposed Project and New York Blood Center) happening simultaneously just one block from each other might impact the stability of the surrounding buildings, the electric, gas, and steam grids, air quality, and the fragile, aging infrastructure in general? (Jackson_019)

Response: Comment noted. Maintenance of the streets of New York City is generally the responsibility of the DOT and is outside the scope of the environmental review

related to this project. Refer to response to Comment 34 for details on construction analysis.

Comment 36: Crane accidents are rare, but do happen. During construction of the Proposed Project, it is assumed a large crane will loom over P.S. 183, the residential buildings on East 66th Street, Rockefeller University and Research Labs, and MSKCC's main hospital posing an unlikely but potential risk of collapse. (Jackson_019)

Response: Comment noted. Crane safety is outside the scope of environmental review; however, it should be noted that all means and methods for crane usage for the Proposed Project would comply with DOB – Chapter 33, specifically Section BC 3319 Cranes and Derricks. In regard to the specific incident shown in the photo in the comment letter: a Favco 440 crane had a fire within the engine bay due to hydraulic fluid leaking. Turner Construction and Lendlease (US) Construction (a member of the Applicant's construction management team) worked with the DOB to establish the industry remedy, FFCA-EB-30 Bulletin that followed which among other things requires a fire detection and suppression system in the crane cabin. Overall, construction of the Proposed Project would be conducted in accordance with city regulations and would be subjected to all typical inspections and procedures of every other construction site in the city.

Comment 37: The health of P.S. 183 students will be affected by the release of toxins, including asbestos and lead-based paint), during demolition of the existing building on the Project Site. (Rosenberg_012, Rosenberg_013, Rosenberg_023)

Response: Comment noted. In accordance with the procedures described in the FEIS in Chapter 8, "Hazardous Materials," and Chapter 16, "Construction," the following measures have been or would be implemented to avoid significant adverse hazardous materials impacts during demolition:

- An asbestos survey of the areas to be demolished has been conducted, and any asbestos containing material would be removed and disposed of prior to demolition in accordance with local, state, and federal requirements.
- Any activities with the potential to disturb lead-based paint would be performed in accordance with applicable requirements (including federal OSHA regulation 29 CFR 1926.62—*Lead Exposure in Construction*).
- A PCB and Universal Waste Survey report has been conducted on areas to be demolished. Disposal for any PCB-containing electrical equipment, caulking, hydraulic equipment, and fluorescent lighting fixtures or fluorescent lighting bulbs containing mercury, would be conducted in accordance with applicable federal, state, and local requirements.
- The work plan and implementation for the safe removal of hazardous materials would be monitored by two separate independent Environmental Health and Safety Risk Management companies.

In addition, outside of the scope of this environmental review, MSKCC has committed to establishing a Construction Working Group that would meet regularly during the construction period to address community concerns about construction activity.

NEIGHBORHOOD CHARACTER

Comment 38: The Proposed Project would impact neighborhood character. The size of the Proposed Project would destroy the surrounding area and its balance of tenements, a historic church, a school, and community spaces including St. Catherine's Park. (Turan_FUES_021, Ansari_FUES_034)

Response: Comment noted. As described in Chapter 15, "Neighborhood Character," of the FEIS, the neighborhood character of the study area is primarily defined by its mix of institutional/community facility and residential land uses, as well as the diverse urban and architectural context of the neighborhood. The Proposed Project would be consistent with the existing character of the neighborhood, particularly in that it would not result in a substantial change in use on the Development Site but rather replace two existing MSKCC community facility (formerly Use Group 3 community facility housing and administrative/support) buildings with a new state-of-the-art facility serving MSKCC's long-term mission of advancing cancer research and caring for cancer patients. The Proposed Project would be consistent with other similar uses found throughout the surrounding area, which includes a concentration of major research and health care facilities that have co-existed for many years in a mixed-use neighborhood with residential, retail, and other community facility uses.

Comment 39: MSKCC claims in Chapter 15, "Neighborhood Character," that it is replacing two community facility buildings with a new state-of the-art facility and that it would not result in a substantial change in use on the development site. This is incorrect because MSKCC would be replacing two residential buildings. (Jackson_019)

Response: Comment noted. See response to Comment 8. As noted above, these are community facility resources with dormitories, and therefore are occasionally analyzed as residential buildings for some analysis categories, where appropriate. The characterization of Sloan and Scholars as community facilities is not inaccurate.

Comment 40: Traffic and noise from the Proposed Project would reduce the quality of life for residents. (Griffin_020)

Response: Comment noted. As discussed in the Chapter 15, "Neighborhood Character," of the FEIS, since Proposed Project would not adversely affect transportation conditions in the study area, it would not result in significant adverse impacts to neighborhood character due to transportation and would not have an adverse effect on the character of the neighborhood. The Proposed Project would not generate traffic volumes that have the potential to cause a significant noise impact

and would be designed to provide building attenuation to satisfy applicable interior noise criteria. Therefore, there would be no significant adverse impact on neighborhood character with respect to operational noise. The combination of moderate effects from the Proposed Project on the elements that contribute to neighborhood character (which according to CEQR may include a neighborhood's land use, socioeconomic conditions, open space, historic and cultural resources, urban design and visual resources, shadows, transportation, and noise) would not create a significant adverse impact on neighborhood character.

Comment 41: The addition of multiple curb cuts, an ambulance bay, a highly flammable oxygen farm, and the loss of over four million square feet of open air space signifies that this project would result in significant adverse neighborhood impacts. (Jackson_019)

Response: Comment noted. As discussed in the FEIS, the Proposed Project would not result in significant adverse impacts to open space, urban design and visual resources, and hazardous materials. The Proposed Project would be consistent with the existing character of the neighborhood and would be consistent with other similar uses found throughout the surrounding area, which includes a concentration of major research and health care facilities that have co-existed for many years in the mixed-use Upper East Side neighborhood containing residential, retail, and other community facility uses. The combination of moderate effects from the Proposed Project on the elements that contribute to neighborhood character would not create a significant adverse impact on neighborhood character.

See response to Comment 18, for additional details about the oxygen farm and response to Comment 25, for additional information about the transportation conditions.

PUBLIC HEALTH

Comment 42: The Proposed Project would have negative impacts on public health. (Ravaschiere_ESN_037)

Response: Comment noted. An assessment of public health was conducted for the FEIS following *CEQR Technical Manual* procedures. As described in FEIS Chapter 14, "Public Health," the CEQR definition of public health relates to impacts in the areas of air quality, water quality, hazardous materials, or operational noise. As determined in that chapter, the Proposed Project would not result in any significant adverse impacts to these impact areas, and therefore no significant adverse impact to Public Health was identified.

ALTERNATIVES

Comment 43: CEQR requires that alternatives be considered that would avoid or reduce potential significant adverse impacts. A lower profile building would reduce the construction period, impacts on commonly shared utilities and infrastructure,

traffic, parking, and shadows. I have attached two alternative compromise massing scenarios for consideration. (Jackson_036)

The Alternatives section of the DEIS indicates that MSKCC would either build the pavilion they want or not at all. A lower-profile structure would be better than none at all. (Rosenberg_012)

Response: Comment noted. As described in FEIS Chapter 17, "Alternatives," a Lower Height Alternative was explored in the environmental review. The analysis of the Lower Height Alternative determines that the resulting development would not meet the specific goals of the Proposed Project. The specific alternatives options, proposed in the comments (see Jackson_038), similarly do not satisfy the purpose and need of the Proposed Project. The smaller floorplates in each alternative would reduce the number of beds up to 50 percent per floor and the operating rooms would not fit at all. The required relocation of the core in both alternatives would effectively render the resulting floorplates unusable for inpatient hospital use. Moreover, any elimination of interstitial mechanical floors would force the relocation of all air handling equipment to the roof, thereby requiring extensive and large vertical risers from top to bottom throughout the building. Additionally, the reduced tower floorplate would require the relocation of the building core, which in turn would render the cellars unusable for parking. When coupled with the reduction of building heights, these alternatives would not satisfy the needs of the program and would not be feasible to build**.** Further, they would not avoid the significant adverse shadow impact to the St. John of Nepomucene Church.

MISCELLANEOUS

Comment 44: Health care workers and medical care access is not equally distributed in the New York City health care system. The Bronx, Queens, and Staten Island have half the health care workers proportionate to their overall populations that Manhattan does. Weill Cornell Hospital, Mt. Sinai, Metropolitan Hospital, and Rockefeller University already provide inpatient care to patients in the area and the need for patient beds is decreasing due to the utilization of telehealth services. Additionally, Memorial Sloan Kettering Cancer Center recently laid off 300 of its workers due to decreasing demand for health care services. The Proposed Project should not increase the number of patient beds in a saturated market. (Ravaschiere_ESN_037)

Is there really justification for the massive expansion as cancer care moves towards outpatient facilities and the use of medication? (Turan_FUES_021, Ansari_FUES_034)

Response: Comment noted. While there has been an increase in telehealth care services, there has been no reduction in demand for inpatient surgeries. MSKCC's inpatient surgical facilities continue to operate at capacity. As stated by MSKCC, the advent of new treatments and therapies has not diminished the need for surgeries for many patients with advanced or complex cancers, and even for those patients

who over the course of their treatment will be treated on an ambulatory basis. MSKCC estimates that inpatient surgeries will continue to be a necessary component in a majority of the cases it will see in the coming decades and for the acutely ill cancer patient, in almost all cases. Telehealth services generally replace outpatient visits as opposed to inpatient surgeries, procedures, and hospital stays. The Proposed Project is needed to serve the increasing number of patients, in particular high acuity patients. While MSKCC operates outpatient facilities elsewhere in Manhattan, in the outer boroughs, and in the Tri-State Region, the purpose of the Proposed Project, as described in Chapter 1, "Project Description," of the FEIS is to provide a central facility for complex inpatient surgeries that is interconnected to the main campus to assure the highest levels of comprehensive care to those inpatients who require it during their treatments.

GENERAL OPPOSITION

Comment 45: I/we oppose this project. I/we recommend disapproval of this project. I/we have concerns about the Proposed Project. (Rosenberg_012, Rosenberg_013, Rosenberg_014, Jackson_019, Griffin_020, Turan_FUES_021, Nathaniel_022, Rosenberg_023, Ansari_FUES_034, Janes_FUES_035, Jackson_036, Ravaschiere_037, Nathaniel_038)

Response: Comment noted.

GENERAL SUPPORT

Comment 46: I/we support this project. (Mikhael_IMF_001, Raske_GNYHA_002, Smith_NMAC_003, Bordenga_ACS_004, Acharya_SACSS_005, Omotola_DSI_006, Poland_SHARE_007, Velasquez_SAMCC_008, Guzman_MC_009, Flanz_JHMC_010, Contel_BCCC_011, Dionne_CBN_015, Lynch_RLCF_016, Thompson_ABC_017, Rodriguez_BCTC_018, Nerenberg_024, Niehaus_025, Wettlaufer_026, Dimatulic_027, Simunovich_028, Grogan_029, Ardizzone_030, McDuffie_031, DelValle_032, Speck_033, Healy_039)

Response: Comment noted.