Chapter 23: Response to Comments on the DEIS

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 January 31, 2025, for the Proposed Actions.

City Environmental Quality Review (CEQR) requires a public hearing on the DEIS as part of the environmental review process. A public hearing was held in conjunction with the New York City (NYC) Planning Commission (CPC) hearing on the land use applications on May 21, 2025, to afford all interested parties the opportunity to submit oral and written comments. To allow for broad public participation, the public hearing was held both in-person and remotely via the teleconferencing application Zoom. The comment period remained open through 5:00 PM on June 2, 2025. Written comments on the DEIS were accepted at the May 21 hearing and via the CPC's designated submission portal for comments on the DEIS. The Department of City Planning (DCP) also received written submissions pertaining to the Proposed Project that were submitted in a manner other than via the designated portal. While these submissions were not made to the designated portal for comments on the DEIS, in the interest of completeness, submissions through 5:00 PM on June 2, 2025 containing relevant comments that are different than those submitted to the DEIS portal also have been included in this document.

Section B lists the organizations and individuals who commented on the DEIS during the May 21 public hearing or in writing via the CPC's designated submission portal for comments on the DEIS, as well as the additional submissions described above. 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 environmental impact statement (EIS). Where the responses to comments reference "Appendix A, Attachment 2," they are referring to an attachment to FEIS Chapter 1, "Project Description." Appendix A, Attachment 2 provides a more detailed explanation by the Applicant of the bases for the need and purpose of the Proposed Project and its various components. 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 F, "Written Comments Received on the Draft Environmental Impact Statement."

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

COMMUNITY BOARDS

1. Valerie Mason, Chair, Manhattan Community Board 8, verbal comments dated May 21, 2025 (Mason_CB8_032)
2. Anthony Cohn, Co-Chair of the Landmarks and Zoning Development and Housing Committees, Manhattan Community Board 8, verbal comments dated May 21, 2025 (Cohn_CB8_074)

ELECTED OFFICIALS

3. Liz Krueger, New York State Senator, 28th District, verbal comments delivered May 21, 2025 (Krueger_002)

ORGANIZATIONS AND BUSINESSES

4. Committee to Protect Our Lenox Hill Neighborhood, Inc., letter dated May 16, 2025 (CPOLHN_003)
5. Peter B. Meyer, PhD, President and Chief Economist, The E.P. Systems Group, Inc., letter dated May 22, 2025 and verbal comments delivered May 21, 2025 (Meyer_EPSG_004, Meyer_EPSG_015)
6. Karen Meara, Partner, Carter, Ledyard & Milburn LLP, letter dated June 2, 2025 and verbal comments delivered May 21, 2025 (Meara_CLM_005, Meara_CLM_058)
7. Fred Hyde, Consultant to the Committee to Protect Our Lenox Hill Neighborhood, letter appended to Karen Meara's letter (Meara_CLM_005) and dated March 12, 2025 (Hyde_005A)
8. Nuha Ansari, FRIENDS of the Upper East Side, verbal comments delivered May 21, 2025 (Ansari_FRIENDS_008)
9. Andrea Goldwyn, New York Landmarks Conservancy, verbal comments delivered May 21, 2025 (Goldwyn_NYLC_009)
10. Andrew Soussloff, Committee to Protect Our Lenox Hill Neighborhood, verbal comments delivered May 21, 2025 (Soussloff_CPOHN_010)
11. Chad Purkey, Association for a Better New York, verbal comments delivered May 21, 2025 (Purkey_ABNY_012)
12. Crystal Lebron, Laborers Local 79, verbal comments delivered May 21, 2025 (Lebron_LL79_018)
13. Khalil Vasquez, Laborers Local 79, verbal comments delivered by Nadja Barlera on May 21, 2025 (Vasquez_LL79_019)
14. Layla Law-Gisiko, President, The City Club of New York, verbal comments delivered May 21, 2025 (Law-Gisiko_CCNY_021)
15. Lois Uttley, verbal comments delivered May 21, 2025 (Uttley_023)
16. Elizabeth Crowley, President and CEO, Building Traders Employees Association, verbal comments delivered May 21, 2025 (Crowley_BTEA_024)
17. Kathleen Flynn, President, New York Professional Nurses Union, verbal comments delivered May 21, 2025 (Flynn_NYPNU_026)

[1] Citations in parentheses refer to internal tracking references.

18. Eric Farbman, Member, Local 3 IBEW, verbal comments delivered May 21, 2025 (Farbman_L3_027)
19. Stephanie Reckler, verbal comments delivered May 21, 2025 (Reckler_030)
20. Michael Piccirillo, Area Standards Director, The New York City District Council of Carpenters, verbal comments delivered May 21, 2025 and letter dated May 22, 2025 (Piccirillo_NYCDCC_033, Piccirillo_NYCDCC_070)
21. Frank Clarke, Director of Government Relations, New York Building Congress, verbal comments delivered May 21, 2025 (Clarke_NYBC_034)
22. Eileen Toback, Executive Director, New York Professional Nurses Union, verbal comments delivered May 21, 2025 (Toback_NYPNU_039)
23. Sharon Pope-Marshall, Executive Director, Civitas, verbal comments delivered May 21, 2025 (Pope-Marshall_Civitas_060)
24. Lo Van Der Valk, Carnegie Hill Neighbors on the Upper East Side, verbal comments dated May 21, 2025 (VanDerValk_CHN_064)

GENERAL PUBLIC

25. Amie Rappaport McKenna, letter dated May 14, 2025 and verbal comments delivered May 21, 2025 (RappaportMcKenna_001, RappaportMcKenna_065)
26. Corinne Pulitzer, letter dated March 24, 2025 (Pulitzer_006)
27. M. Barry Schneider, letter dated May 21, 2025 (Schneider_007)
28. Alida Camp, verbal comments delivered May 21, 2025 (Camp_011)
29. Paul Nowierski, Senior Director of Pharmacy Services, Lenox Hill Hospital, verbal comments delivered May 21, 2025 (Nowierski_013)
30. Jean Rodd, Nurse at Lenox Hill Neonatal Intensive Care and Secretary at the New York Professional Nurses Union, verbal comments delivered May 21, 2025 (Rodd_014)
31. Stacy Krusch, verbal comments delivered May 21, 2025 (Krusch_016)
32. Simcha Silverman, Director of Spiritual Services, Lenox Hill Hospital, verbal comments delivered May 21, 2025 (Silverman_017)
33. Ellen Goldstein, verbal comments delivered May 21, 2025 (Goldstein_020)
34. Walter Dean, verbal comments delivered May 21, 2025 (Dean_022)
35. Barbara Zinn Moore, Chair of the Auxiliary, Lenox Hill Hospital, verbal comments delivered May 21, 2025 (ZinnMoore_025)
36. Phyllis Cohen, verbal comments delivered May 21, 2025 (Cohen_028)
37. Pierre Van Bockstaele, verbal comments delivered May 21, 2025 (VanBockstaele_029)
38. Alexander Hodes, verbal comments delivered May 21, 2025 (Hodes_031)
39. Virginia Maloney, verbal comments delivered May 21, 2025 and letter dated May 22, 2025 (Maloney_035, Maloney_068)
40. Anne Namm, verbal comments delivered May 21, 2025 (Namm_036)
41. Thomas R. Trowbridge III, verbal comments delivered May 21, 2025 and letter dated May 22, 2025 (Trowbridge_037, Trowbridge_069)
42. Margaretta Campen, verbal comments delivered May 21, 2025 (Campen_038)
43. Mary Chan, verbal comments delivered May 21, 2025 (Chan_040)
44. Neil Selkirk, verbal comments delivered May 21, 2025 (Selkirk_041)
45. Doon Arbus, verbal comments delivered May 21, 2025 (Arbus_042)
46. John Oxman, verbal comments delivered May 21, 2025 (Oxman_043)
47. Reya Sinha, verbal comments delivered May 21, 2025 (Sinha_044)
48. Vanessa Aronson, verbal comments delivered May 21, 2025 (Aronson_045)
49. Gail Scovell, verbal comments delivered May 21, 2025 (Scovell_046)

50. Alan Harris, verbal comments delivered May 21, 2025 (Harris_047)
51. William Herkelrath, verbal comments delivered May 21, 2025 (Herkelrath_048)
52. George Janes, Urban Planner, verbal comments delivered May 21, 2025 (Janes_049)
53. Nora Ryan, verbal comments delivered May 21, 2025 (Ryan_050)
54. Robert Mele, Neonatal Nurse Practitioner and Supervisor, Lenox Hill Hospital, verbal comments delivered May 21, 2025 (Mele_051)
55. Ruth Holzer, verbal comments delivered May 21, 2025 (Hozer_052)
56. Vanessa Lilly, verbal comments delivered May 21, 2025 (Lilly_053)
57. Elaine Shea, verbal comments delivered May 21, 2025 and letter dated May 22, 2025 (Shea_054, Shea_067)
58. Benjamin Marcus, verbal comments delivered May 21, 2025 (Marcus_055)
59. Hannah Newman, Senior Director Infection Prevention, Lenox Hill Hospital, verbal comments delivered May 21, 2025 (Newman_056)
60. Elizabeth Rose, verbal comments delivered May 21, 2025 (Rose_057)
61. Kosovar Januzi, verbal comments delivered May 21, 2025 (Januzi_059)
62. Sean Groszkowski, verbal comments delivered May 21, 2025 (Groszkowski_061)
63. Lenore Passavanti, verbal comments delivered May 21, 2025 (Passavanti_062)
64. Ann Goodbody, verbal comments delivered May 21, 2025 and letter dated May 27, 2025 (Goodbody_063, Goodbody_085)
65. Evelyn Finster, verbal comments delivered May 21, 2025 (Finster_066)
66. Unknown, letter dated May 22, 2025 (Unknown_071)
67. Kathy Fogerty, verbal comments delivered May 21, 2025 (Fogerty_072)
68. Richard Hymes, verbal comments delivered May 21, 2025 (Hymes_073)
69. Bernard Seltz, verbal comments delivered May 21, 2025 (Seltz_075)
70. Patricia Rossetti, verbal comments delivered May 21, 2025 (Rossetti_076)
71. Michael Byowitz, verbal comments delivered May 21, 2025 (Byowitz_077)
72. Jill Schlesinger, verbal comments delivered May 21, 2025 (Schlesinger_078)
73. Helaine Lerner, letter dated May 19, 2025 (Lerner_079)
74. Edward Samek, letter dated May 20, 2025 (Samek_080)
75. Brandon Rose, letter dated May 15, 2025 (Rose_081)
76. Gail J. Hupper, letter dated May 18, 2025 (Hupper_082)
77. Mitchell Grubler, letter dated May 19, 2025 (Grubler_083)
78. Anonymous, letter dated May 15, 2025 (Anonymous_084)
79. Bryan Verona, letter dated May 19, 2025 (Verona_086)
80. Chrystia Slywotzky, letter dated May 15, 2025 (Slywotzky_087)
81. Jordan Saunders, letter dated May 15, 2025 (Saunders_088)
82. Sarah Stackpole, letter dated May 18, 2025 (Stackpole_089)

C. COMMENTS AND RESPONSES

PUBLIC REVIEW AND COMMUNITY ENGAGEMENT

Comment 1: Any supplemental data provided to the CPC by the Applicant in response to questions raised at the Public Hearing should be made available to the public, and the deadline to submit DEIS comments should be briefly extended for the limited purpose of commenting on those supplemental materials. (Meara_CLM_005)

Response 1: Responses to DEIS comments are being submitted in conformity with the established requirements and process for such submissions. The comment period complied with State Environmental Quality Review Act (SEQRA)/CEQR requirements, see Response 2.

Comment 2: Until April 2025, Northwell made little effort to meet with the community and address the opposition. (RappoportMcKenna_001, Camp_011, Maloney_035)

Northwell ignored the input it received from community stakeholders and elected officials since its 2019 proposal was withdrawn. Between the Public Scoping Meeting in 2023 and certification of the application, Northwell refused to meet with the community to discuss changes. (CPOLHN_003)

Lenox Hill Hospital (LHH) has not reached out to any neighboring buildings. (Dean_022)

There was not a lot of community engagement; the dialogue began at the end of 2024. (Mason_CB8_032)

The Applicant has never really listened to what the community was looking for and have changed accordingly. They have not submitted another plan in the last five years. (Schlesinger_078)

Response 2: As described in EIS Chapter 1, "Project Description," the Proposed Actions are subject to the City's Uniform Land Use Review Procedure (ULURP) and CEQR both of which provide for public comment. 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 of 1977, as amended, and are subject to environmental review in accordance with CEQR guidelines. An Environmental Assessment Statement (EAS) considering the Proposed Project (Envelope 1, since there was no Envelope 2 at the time) was completed on January 30, 2023, analyzing the Proposed Project's potential to have significant adverse environmental impacts. A Positive Declaration, issued on January 30, 2023, established that the Proposed Project may have a significant adverse impact on the environment, requiring preparation of an EIS.

The CEQR scoping process is intended to focus the EIS on the issues most pertinent to the Proposed Project and allows agencies (other than the lead agency) and the public to comment on the scope of the EIS. The scoping document set forth the analyses and methodologies to be used in preparing the EIS. During scoping, those interested in reviewing the Draft Scope, including the public, interested agencies, Community Board 8 (CB8), and elected officials, were invited to comment on the Draft Scope, either in writing or orally, at a public scoping meeting held on March 2,

2023. To allow for broad public participation options, DCP, the lead agency, acting on behalf of CPC, conducted the public scoping meeting remotely. Comments received during that meeting and written comments received by March 13, 2023, were considered and incorporated as appropriate into the Final Scope of Work (the "Final Scope"). DCP oversaw preparation of the Final Scope, which also revised the extent or methodologies of the studies, as appropriate, in response to comments during scoping. Also in response to comments, the Applicant proposed a second building envelope, Envelope 2 to reduce the height of the new building along Lexington Avenue.

The DEIS was prepared in accordance with the Final Scope and in conformance with all applicable laws and regulations, including SEQRA and CEQR, NYC's SEQRA implementing regulations. The DEIS, issued on January 31, 2025, was made available for public review and comment. As noted above, a public hearing was held in conjunction with the CPC hearing on the land use applications on May 21, 2025, to afford all interested parties the opportunity to submit oral and written comments through June 2, 2025. This chapter has been prepared to respond to all substantive comments on the DEIS, and the EIS has been updated to reflect any revisions to the technical analyses necessary to respond to those comments. The FEIS will be used by decision makers to develop SEQRA/CEQR findings, which will address project impacts and proposed mitigation measures, and decide whether to approve the requested discretionary actions with or without modifications.

The ULURP process is designed to allow public review of a proposed project at four levels: the Community Board (CB), the Borough President and (if applicable) Borough Board, the CPC, and the City Council. CPC certified that the ULURP application was complete (which included satisfying CEQR requirements), on January 31, 2025. The application was then forwarded to Manhattan CB8, which had up to 60 days to review and discuss the proposal, hold public hearings, and adopt recommendations regarding the application. The CB8 public hearing for the Proposed Project was held on April 9, 2025.

The application was then forwarded to the Borough President for review, and the ULURP/CEQR public hearing was held on May 21, 2025. As described above, comments made at the DEIS public hearing and submitted through June 2, 2025 are addressed in this FEIS, which must be completed at least 10 days before the CPC makes its decision on the application. The CPC may approve, approve with modifications, or deny the application.

The Applicant has provided information on its continued engagement with CB8 and other local community members and organizations since

the proposal was publicly announced in 2019, including its meeting with the CB's Zoning and Development Committee in 2019, an open house at LHH for neighbors to learn about the initial 516-foot tall proposal; seven meetings of a task force organized by the Council Member and Borough President in 2019–2020, which included members of the CB; and, post-COVID, meetings with elected officials and CB8 leading up to the presentation of its revised proposal reducing the building height in 2023 and the introduction of an alternate proposal further reducing the building height in 2025. The Applicant also indicated that it reached out to and met with neighborhood organizations to discuss the project on multiple occasions, including The Committee to Protect Our Lenox Hill Neighborhood, 136 E. 76th Street Co-Op, Carnegie Hill Neighbors, The Eighth Church of Christ, Scientist, CIVITAS, 77th Street Block Association, The Allen Stevenson School, Friends of the Upper East Side, and New York Landmarks Conservancy. Based on community input from members and leaders over the years, the Applicant revised its proposal, resulting in the reduced building height and shortened construction timeline analyzed in the EIS.

PROJECT DESCRIPTION

PROPOSED ACTIONS NECESSARY TO FACILITATE THE PROPOSED PROJECT

Comment 3: The Proposed Actions would authorize LHH to modernize and enlarge to 12.5 floor area ratio (FAR) is unprecedented and far beyond what is permitted under current zoning. (Krueger_002, Groszkowski_061, VanDerValk_CHN_064, Aronson_072)

The scale of the Proposed Project is unprecedented and out of context for the residential Lenox Hill neighborhood. The existing hospital campus already exceeds current zoning limits. The Proposed Actions ignore the context of existing zoning laws, which were intended to protect the iconic streetscapes of the surrounding historic neighborhood and beyond. (CPOLHN_003, Soussloff_CPOLHN_010, Marcus_055)

The proposed zoning and building form would be a dramatic departure from current conditions and from the CPC's longstanding practice with regard to bulk controls in residential neighborhoods. The proposed combination of very large floorplates (over 30,000 square feet) height (436 feet or 295 feet), and minimal setbacks would be unprecedent outside the City's Central Business Districts (CBDs). The proposed tower would extend 80 feet into the midblock, and would rise to 2.5 times the height permitted on Lexington Avenue and 5 times the heights permitted on East 76th and East 77th Streets. The project would increase density on

the block from 7.5 FAR to 12.5 FAR, unheard of in the study area or any residential neighborhood in NYC. (Meara_CLM_005, Janes_049)

The Proposed Project would be 436 feet tall in a residential neighborhood where zoning limits height to 170 feet. (RappoportMcKenna_001, Trowbridge_037, Trowbridge_069)

The Proposed Project disregards the urban fabric of the Upper East Side, its residential neighborhood, and sets a dangerous precedent for zoning and institutional expansion across the City. (Ansari_FRIENDS-UES_008, Lilly_053, Shea_054, RappaportMcKenna_065)

The Proposed Project should be revised to conform more closely to the context of the residential community. (VanDerValk_CHN_064)

Response 3:

The proposed zoning actions and building form would allow the historic use of Projected Development Site 1, which LHH has occupied for over a century, to continue. As detailed in Chapter 2, "Land Use, Zoning, and Public Policy," of the EIS, the surrounding neighborhood is comprised of a mix of land uses. Current and historic uses include a mixture of community facility uses; including healthcare, religious and educational institutions; residential, including in mixed-use buildings; and commercial uses, including ground floor retail on Lexington Avenue and the approximately 427-foot-tall Carlyle Hotel. As noted in the DEIS, other institutions within the immediate study area of 400 feet from the Project Site include St. Jean Baptiste Church, Eighth Church of Christ, Scientist, Temple Israel Synagogue, the Allen-Stevenson School, the Ramaz Upper School within the Morris and Ida Newman Educational Center, the Hewitt School, and St. Jean Baptiste High School. Major institutions on the Upper East Site along Lexington Avenue or in the Special Park Improvement District include Hunter College, the Park Avenue Armory, and the Mount Sinai Hospital campus to the north. The changes proposed for the Project Site would allow for the continuation of the historic hospital use in a manner that reflects long-standing City policy supporting the special needs of health care institutions. It should be noted that the zoning district regulations for Projected Development Site 1 have been modified at least eight times since the enactment of the Zoning Resolution in 1961. This includes the recently adopted "City of Yes for Carbon Neutrality" and "City of Yes for Housing Opportunity" text amendments, which, among other things, increased the permitted height and density for residential development and increased the height of permitted rooftop mechanical equipment above zoning height limits, both on the hospital block and in the neighborhood generally.

The proposed land use approvals would increase the permitted heights across Projected Development Site 1 for the hospital project, but not by the amounts asserted. Compared to current height allowances for

community facility use in the C1-8X (R9X equivalent) district, inclusive of permitted mechanical heights, the increase on the Lexington Avenue frontage for Envelope 1 would be approximately 90 percent. Compared to height allowances for residential use, the increase would be approximately 61 percent. For Option 2, the increases would be approximately 72 percent relative to current community facility allowances and 46 percent relative to current residential use allowances. With regards to the portion of Projected Development Site 1 located 100 feet west of Lexington Avenue, the total height of the existing hospital, which is legally non-complying with current regulations, is approximately 200 feet. With regards to the portion of Projected Development Site 1 located 100 feet west of Lexington Avenue, the total height of the existing hospital, which is legally non-complying with current regulations, is approximately 200 feet. The proposed project would increase this permitted height by approximately 118 percent in Envelope 1 and 97.5 percent in Envelope 2 for the tallest portions of the proposed project; the permitted height would increase by five percent for Envelope 1 and 80 percent in Envelope 2 for the lower portions of the proposed project in this location.

With respect to floor area, current zoning allows a base FAR of 10.0 to a depth of 100 feet from Park Avenue, 9.0 FAR to a depth of 100 feet long the Lexington Avenue frontage, and 5.1 FAR for community facility use for the remainder of the block. For residential use, the current allowance is up to 12.0 FAR along Park Avenue, 10.8 FAR along Lexington Avenue, and 4.8 FAR on the remainder of the site. Current zoning allows the permitted floor area to be increased by up to 20 percent by discretionary approval of the City Planning Commission in connection with improvements to mass transit infrastructure, allowing up to a total of 14.4 FAR along Park Avenue, 12.96 FAR along Lexington Avenue and 5.76 FAR on the remainder of the block. The proposal would result in a base FAR of 10.0 for community facility use across the entirety of Projected Development Site 1, with a total of 12.5 FAR in connection with proposed transit improvements and the proposed hospital use, reflecting the City's recognition of the unique space needs of modern healthcare institutions.

As noted in the DEIS, zoning map and text changes and special permits to support the continuation of healthcare institutions is a long-standing policy of the City, and the actions being requested in this instance are comparable to actions received by other healthcare institutions. These include zoning map amendments—generally to districts with a base floor area ratio of 10.0 FAR for hospital use—zoning text amendments, special permits to modify floor area and other bulk regulations to allow floor plates and floor-to-floor heights required for healthcare institutions. In

many cases, the City has also approved demapping and conveyance of streets to increase the lot area and floor area of a hospital site.

Comment 4: The Proposed Actions would result in a spot zone incursion into a district governed by contextual zoning. (Law-Gisiko_CCNY_021, Dean_022)

Response 4: EIS Chapter 2, "Land Use, Zoning, and Public Policy," considers 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. As detailed in the chapter, the Proposed Actions would not result in significant adverse impacts to land use, zoning or public policy.

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 supports the historic 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 reflective of other zoning districts in the surrounding area and the zoning districts typically used in areas with hospital campuses, and the Zoning Map amendment reflects the historic 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.

PURPOSE AND NEED

Comment 5: The DEIS fails to articulate a clear and consistent need for this specific, costly, massive project over alternatives that could meet many of the Applicant's programmatic needs while imposing fewer adverse impacts on the community. Data in the DEIS does not support the claim that 475 single-bedded inpatient rooms are needed to meet future projected hospital admissions; this claim is contradicted by various available databases showing that LHH's self-reported average daily inpatient

census has been far below this need. Last week alone the hospital reported that it only had 344 "total beds," 71 of 75 which were "available" despite being certified for 450 beds, begging the question as to why LHH is planning to increase the number of beds rather than decrease them. To the extent the Applicant is counting on increases in market share to fill beds, the DEIS fails to evaluate whether approval of the project could exacerbate health care inequities, contrary to City policy goals. The DEIS fails to make a conclusory case that 475 beds will be needed in 2036 and beyond. The actual utilization rate of the existing 450 beds is not mentioned in the DEIS. According to data submitted by the Applicant to the American Hospital Association, LHH's average daily patient census in 2022, 2023, and 2024 was 298, 331, and 312, respectively. The Applicant must back up its inpatient projections. (Meara_CLM_005)

Why does the Proposed Project have to include 475 beds? Consider reducing the scope. (Oxman_043)

The Proposed Project would upgrade patient room size to close to the Facility Guidelines Institute (FGI) maximum recommended size for single-bedded and critical care units. Based on the high volume of hospital beds and low patient-to-bed ratio on the Upper East Side, the Proposed Project is ambitious, but may also be viewed as extravagant and unwarranted. LHH should opt for a more moderate patient room configuration. (Krueger_002)

To have 475 rooms intensive care unit (ICU)-ready is not feasible since that requires storing additional equipment and maintaining necessary staff levels. Clearly, smaller single-occupancy rooms as well as a mix of rooms would be warranted, and in fact, that is what they are doing at their other hospitals. (Goodbody_085)

Response 5:

The purpose and need for the Proposed Project is detailed in Chapter 1, "Project Description," and additional information is provided in Appendix A, Attachment 1, "Additional Information" of the EIS. In response to comments, additional information has been provided in FEIS Appendix A, Attachment 2, "Additional Information Regarding the Proposed Project's Program."

The Proposed Project's need for 475 single-bedded inpatient rooms and appropriate hospital operating capacity is described in the Project Description Chapter and Appendix A, Attachment 1. Additional information has been added to the FEIS, see Appendix A, Attachment 2. The data on the New York State Department of Health's (NYSDOH) Hospital Bed Capacity Dashboard is staffed beds, which is reflective of patient volume on a given day, not the number of actual beds in the hospital.

Comment 6: The DEIS does not explain why the hospital needs such huge expansions in zoning and gross FAR to accommodate such modest increases in scope of services. It relies heavily on "industry standards" without attribution and dimensions included in the 2018 FGI Guidelines to justify added bulk. The DEIS states that 14- to 16-foot ceiling heights for patient room floors are "industry standard" but does not explain why the Applicant needs 16-foot floor-to-floor heights rather than something closer to 14 feet. One of the two scenarios incorporates lower floor-to-floor heights below the podium, indicating that lower floor-to-floor heights could be used throughout. (Meara_CLM_005)

Response 6: DEIS Chapter 1, "Project Description," and Appendix A, Attachment 1, include a description of the Proposed Project and its purpose and need. As stated in Appendix A, Attachment 1, "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 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."

In response to comments, additional information describing the existing and proposed square footages and the Applicant's need to accommodate hospital infrastructure systems has been provided in FEIS Appendix A, Attachment 2, "Additional Information Regarding the Proposed Project's Program." Some lower floor-to-floor heights are located in the podium to allow new floors that are continuous with those in the existing buildings to which they are connected.

The DEIS was prepared in accordance with the *CEQR Technical Manual*; Chapter 1, "Procedures and Documentation" of the *CEQR Technical Manual* states that "the purpose of the DEIS is to disclose and discuss potential significant adverse environmental impacts so that a decision-maker may understand them and their context. The DEIS fully describes the project and its background; purpose; public need and benefits, including social and economic considerations; approvals required; and the role of the EIS in the approval process. The EIS describes the potential significant adverse environmental impacts identified in the scoping process at a level of detail sufficient to enable the lead agency and other involved agencies to make informed decisions about those impacts for a proposed project, and, if necessary, how to avoid or mitigate those impacts to the maximum extent practicable."

Comment 7:

According to the DEIS, although inpatient utilization rates have been dropping for two decades, the Applicant expects that trend will reverse because the population is aging and because it expects programmatic growth in cardiac surgery and neurosurgery as well as other specialties. However, anticipated programmatic growth is not quantified and directly contradicts the Applicant's response to CPC's questions on purpose and need for the Project, which was described as a continuation of existing operations. The data provided to support the aging population argument falls short of justifying 475 beds given current trends in utilization at LHH. Utilization rates can approach 90 percent if a hospital has all single rooms without ensuring the compatibility of roommates. The Applicant has failed to justify a need for 475 beds, and the scope of project must be reduced accordingly (suggested 300 to 350 beds).

The average room size of 340 square feet is at the high end of the range cited as "industry standard." The DEIS does not explain why other spaces that contribute to the project's bulk require the amount of floor area proposed, and does not include a breakdown by program. (Meara_CLM_005)

The Applicant should reduce the size and number of rooms it plans to build. (Uttley_023)

The Proposed Project adds only 25 beds while drastically increasing the hospital's footprint. (RappoportMcKenna_001, Law-Gisiko_CCNY_021)

Response 7:

As described in DEIS Chapter 1, "Project Description" and Appendix A, Attachment 1, the patient room size is compliant with critical care requirements and the universal room model. See also FEIS Appendix A, Attachment 2.

Comment 8:

The Proposed Project is not justified with any demonstration of medical need in this particular neighborhood of the Upper East Side. (Krusch_0016)

The Proposed Project is not justified. (Goldstein_020, Hodes_031, Selkirk_041)

Rational hospital and health facility planning, which historically included architects, programming professionals, and feasibility consultants employed by hospitals examining historical utilization to plan for the future, is absent from this project. Modern hospital finance has led to price inflation; only organizations and individuals who make a living from part of all of the commerce are involved. (Hyde_005A)

The hospital is not needed here. The Upper East Side already has the lowest patient-to-bed ratios in NYC. It should be built elsewhere/in an underserved area. (RappoportMcKenna_001, CPOLHN_003, Reckler_030, Namm_036, Arbus_042, Scovell_046, Herkelrath_048, Holzer_052, Ryan_073, Rossetti_076, Byowitz_077)

Response 8: As stated in DEIS Chapter 1, "Project Description," and Appendix A, Attachments 1 and 2, the purpose and need for the Proposed Project are grounded in improving health outcomes for patients and ensuring that LHH will remain a resource for the community and NYC for years to come. The current facility, parts of which date back to the 1800s, is not sustainable for the clinical demands of future generations. A revitalized hospital complex would allow LHH to continue providing top-tier care to all of its patients.

Comment 9: The DEIS does not cite any authority identifying a public need for more inpatient beds on the Upper East Side, which already has 10.58 hospital beds per 1,000 residents, far more than the City average of 2.7 beds per 1,000 residents. (Meara_CLM_005, Uttley_023)

The DEIS does not cite an authority for the Applicant's decision to make all inpatient rooms "critical care" capable. (Meara_CLM_005)

Response 9: The ULURP application process does not require citation of an authority identifying public need for the Proposed Project. It is not the role of the DEIS to cite an authority for the Applicant's decision to make all inpatient rooms critical care capable. See Appendix A, Attachment 2 and Response to Comment 100 for information on the need for patient rooms to be critical care-capable.

Comment 10: Assuming the project can be demonstrated to serve the immediate neighborhood, broader local community, and the City as a whole, what justifies the construction of two towers, one 21 stories and the other 26 stories tall? Northwell claims that "the buildings to be demolished cannot be used for inpatient care because their structures cannot accommodate the necessary heating, ventilation, and air conditioning (HVAC) infrastructure, sensitive modern imaging equipment, or patient transport between buildings." Those buildings are in use now. If they are used for inpatient care, then the hospital is acknowledging that it is not providing a high quality of care. If they serve other hospital purposes and functions than inpatient care, why do they need to be demolished? No rationale is provided for the intended demolitions and the construction of proposed structures are substantially taller than any other buildings around the project sites and will substantially change the character of the neighborhood. (Meyer_EPSG_004)

Response 10: Envelope 1 and Envelope 2 are two alternative configurations being considered for the Proposed Project. Only one of these would be selected for construction.

As stated in DEIS Chapter 1, "Project Description," the buildings to be demolished include William Black Hall 1963, Achelis 1894/Achelis Annex 1917, Einhorn 1937, and two late 1800s rowhouses. The rowhouses are not currently in use and cannot serve any modern hospital functions. The other three buildings are occupied by offices and administrative functions. These buildings are not and cannot be used for inpatient care and because their structures cannot accommodate necessary HVAC infrastructure, heavy equipment loads, sensitive modern imaging equipment, current layouts for patient rooms or patient transport between buildings. The proposed building is of the size necessary to accommodate the proposed program as stated by the Applicant. Its heights and forms are similar to newer buildings at other health care institutions in Manhattan.

As discussed in Chapter 15, "Neighborhood Character," of the EIS, the proposed project would not have a significant adverse effect on neighborhood character.

PROPOSED PROJECT

Comment 11: The DEIS Project Description provides incomplete project information and mischaracterizes the severity of proposed changes in bulk controls. (Meara_CLM_005)

Response 11: Consistent with the 2021 *CEQR Technical Manual*, the EIS fully describes the Proposed Project in terms of the proposed program, projected population, and building scale and form, particularly in EIS Chapter 1, "Project Description," Chapter 2, "Land Use, Zoning, and Public Policy," and Chapter 7, "Urban Design and Visual Resources."

Comment 12: The project description implies there would be no change to heights at the midblock, which is not true. The project would introduce a building that rises to 395 or 436 feet, a full 180 feet from Lexington Avenue, or 80 feet into the midblock. The DEIS does not acknowledge that fact, and instead claims that the midblock portion of the new building under Envelope 1 could be approximately 210 feet tall, which is an inaccurate statement repeated throughout the DEIS and is contrary to State Environmental Quality Review (SEQR)'s purpose to provide a transparent and thorough assessment. The DEIS must be corrected to clearly state all heights proposed at the midblock. (Meara_CLM_005)

Response 12: EIS Chapter 1, "Project Description," correctly describes the heights and dimensions of the proposed development envelopes for Envelope 1 and Envelope 2, including the length and height of the envelopes along the East 76th Street and East 77th Street frontages.

Midblock is not a defined term in the Zoning Resolution. As used in descriptions of the Proposed Project, midblock refers to the portion of Projected Development Site 1 located west of the taller portion of the building under both Envelope 1 and Envelope 2, not the full "through lot" portion of the block, which comprises the area of the proposed C1-8 district. The DEIS and the land use application accurately describe the dimensions of the proposed envelopes and associated height limits relative to Lexington Avenue. Under Envelope 1, the patient bed floors above the podium levels, with a height of up to 436 feet inclusive of rooftop mechanical space, would extend 180 feet from Lexington Avenue after a 10-foot setback, then would reduce to a maximum height of 210 feet for an additional 80 feet to the west, encompassing the midpoint of the block. Under Envelope 2, the patient bed floors within 180 feet of Lexington Avenue would have a maximum height of 395 feet, inclusive of rooftop mechanicals, and then reduce to a maximum height of 360 feet of an additional 80 feet to the west.

Comment 13: There is area on the plan for zoning changes not covered by the planned hospital and for which they have not indicated a use. The hospital should specify what they intend to do with that part of the property before the proposal goes any further in the land use process. (Camp_011)

Response 13: As described in DEIS Chapter 1, "Project Description," and as depicted in Figures 1-2 through 1-4 of that chapter, under either Envelope 1 or Envelope 2, the entire hospital block (Projected Development Site 1), including the proposed rezoning area, would be programmed entirely with hospital related uses (the approximately 400-square foot retail space shown on DEIS Figure 1-3 is expected to house a pharmacy). Some portions of Project Development Site 1 would be new construction while others would remain with existing buildings that would undergo renovations and/or additions. The special permit requested as part of the Proposed Actions clearly identifies and establishes the use of the Proposed Project.

Comment 14: Does the claim that "current standards of healthcare delivery, including single- bedded patient rooms" require this expansion stand? Are single-bedded rooms the norm in New York or nationally? (Meyer_EPSG_004)

Response 14: Single-bedded rooms have been industry standard for more than a decade, as noted in Chapter 1, "Project Description," and Appendix A,

Attachment 1, "Supplemental Information," of the DEIS. NYSDOH regulations incorporate by reference a series of standards and codes that apply to the construction of health facilities in New York. 10 NYCRR § 711.2(b). The listed standards and codes have the same force and effect as if fully set forth in the regulations. The list includes the 2010 *FGI Guidelines for Design and Construction of Health Care Facilities*. 10 NYCRR § 711.2(b)(7). In August 2019, NYSDOH announced that it would be adopting the 2018 FGI Guidelines. The 2010 and 2018 FGI Guidelines call for single-bedded rooms for inpatient beds in new hospital buildings. To the Applicant's knowledge, since 2010 all major hospital new construction projects in New York State (NYS), including multiple such projects in NYC, have contained all single-bedded rooms. Single-bedded rooms are the industry standard for patient rooms because they help 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.

Comment 15: What is "right sized" when it comes to the appropriate size of an emergency room? (Meyer_EPSG_004)

Response 15: As described in Chapter 1, "Project Description," of the DEIS, 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, 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 open-curtained bays. The patients positioned in the open-curtained 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.

The Proposed Project would increase the number of ED treatment positions from 34 to 48; all of these 150-sf positions would be hard-walled rather than curtained positions. Overall, the proposed ED would be approximately 41,500 sf. The proposed expansion of the ED would create space to isolate infectious or immuno-compromised patients and would offer patients more comfort and privacy.

Comment 16: How does the addition of 25 beds necessitate an ED expansion of 14 treatment units from the current 34 to the proposed 48? (Meyer_EPSG_004)

Response 16: As described in DEIS Chapter 1, "Project Description," based on Northwell's population-based projection, by 2036, LHH is anticipated to 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. The number of ED treatment spaces is separate from, and unrelated to, the number of beds needed for inpatients. See also FEIS Appendix A, Attachment 2.

Comment 17: Where is the evidence that 5 additional operating rooms (ORs) are needed in this part of the city, or the city as a whole? (Meyer_EPSG_004)

Response 17: The purpose and need for additional OR space is described in DEIS, Chapter 1, "Project Description." See also FEIS Appendix A, Attachment 2.

Comment 18: What evidence justifies a "new off-street ambulance bay with six berths" and "four new and longer truck loading bays" when three truck bays already exist and the proposed construction would impede local traffic, cross pedestrian walkways and intrude on the neighborhood streetscape? While new vehicular access may be an improvement over existing, are they needed? What is the evidence that the demand for services at this location warrants six ambulance bays and seven truck bays? (Meyer_EPSG_004)

Response 18: DEIS Chapter 1, "Project Description," describes the Proposed Project's ambulance and truck bays. In response to comments, additional information has been added to FEIS Appendix A, Attachment 2. The number of ambulance bays was calculated based on the number of ambulances currently parking on East 77th Street in order to deliver patients to the hospital. The additional truck bays are based on material deliveries scheduling, the need to separate soiled materials, and the need for deeper bays to physically get trucks off the sidewalk on East 76th Street. As described in DEIS Chapter 1, "Project Description," 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. The new truck docks would allow four additional trucks to be accommodated at the same time. They would be long enough and angled to allow all the trucks using them to be off the street and off the sidewalk such that they would no

longer interfere with pedestrian and vehicular movement on East 76th Street.

Comment 19: Why do any of these new facilities necessitate a new "46,000-gsf, six-story, 75-foot-tall building to house hospital support functions"? What are those functions and aren't they already housed in existing buildings that could be rehabilitated or modernized? (Meyer_EPSG_004)

Response 19: As described in DEIS Chapter 1, "Project Description," the approximately 46,000-gsf, 75-foot-tall building to house hospital support functions, including educational and administrative space and below grade utility/mechanical functions. These support functions are proposed to be located on Projected Development Site 1a to avoid adding additional bulk on the main Project Site. The building would be as-of-right under existing zoning; it may occur independent of the Proposed Project, but is analyzed as part of the Proposed Project.

Comment 20: There may be a need for the proposed Subway Station Access and Sidewalk Improvements but providing them is not a hospital function; it is a Metropolitan Transportation Authority (MTA) function. There is no evidence to show that improvements are not in the MTA's workplan. There apparently has been no contact with the MTA about whether the site improvements are not already in their workplan, and Northwell's contribution is not required. This failure to communicate with the MTA is reflected in the plans for the tunnel proposed for access between the two development sites. According to Northwell, that tunnel "would require a revocable consent from the NYC Department of Transportation (NYCDOT)." But the applicant for permission to undertake a massive project has apparently had as much contact with NYCDOT as it has had with the MTA. Any plans developed without needed consultations—not to mention those dependent on a "revocable consent" really aren't plans. They failed to demonstrate feasibility. Some facets of that limited feasibility are evident in the flaws in the DEIS discussion of the anticipated impacts of the proposed project.

Access improvements to the local subway station are likely to be undertaken by the MTA over the next decade with or without the project-and subway access is not an integral concern of a hospital. (Meyer_EPSG_004)

Response 20: As described in DEIS Chapter 1, "Project Description," the Proposed Actions would include a modification to Zoning Resolution (ZR) Section 66-513(a)(2) to allow a floor area bonus for transit improvements in combination with other floor area bonuses where explicitly permitted by a CPC special permit. The Proposed Actions assessed in the EIS were

reviewed by DCP on behalf of the CPC, in a coordinated review of the EIS as required for a Type I action.

The major improvement to the subway station access is not otherwise planned by MTA. The sidewalk improvements result when the new stairs are built inside LHH property and removed from the public sidewalk.

LHH has been consulting with MTA on the planning and design of this improvement since 2018. 77th Street was not included in the 2020–2024 Capital Program[2] and it is not listed in the 2025–2029 Capital Plan. To the Applicant's knowledge, accessibility upgrades to this station are fully dependent on LHH at this time. Further, as described in DEIS Chapter 1, "Project Description," working with the MTA, the Applicant would replace the two existing 5-foot-wide stairways on the sidewalk adjacent to the Development Site with a new 15-foot-wide stairway located within Projected Development Site 1, increasing stair capacity by approximately 50 percent; install an elevator to provide Americans with Disabilities Act (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 improve lighting and security systems within the station. MTA's conceptual approval of the improvement plans was included in the Land Use Application filed in January 2025; a final agreement is in negotiation.

The utility tunnel between the two development sites runs beneath East 77th Street and thus does not involve any changes to the subway station or any MTA property. LHH has been consulting with NYCDOT and would seek a revocable consent from NYCDOT, as well as any other required permits, for the utility tunnel under East 77th Street.

Comment 21: The proposed subway improvement falls short because it only addresses the downtown subway platform, and does not include uptown elevator access. Moreover, the proposed elevator only goes to the tollbooth level and then a long ramp reaches the platform. Wheelchair/walker-bound patients will have difficulty navigating the steep uphill ramp at the station. (CPOLHN_003, Schlesinger_078)

Response 21: The subway access improvement is located on property owned by the Applicant and where construction would take place. The uptown portion of the station is located on property not controlled by the Applicant, and not adjacent to LHH construction. The Applicant has been working with the MTA since 2019 to plan the improvement on the west side of Lexington Avenue in accordance with MTA guidance.

[2] https://www.mta.info/capital/2020CapitalProgram

Comment 22: The proposed subway improvements would displace tenants and put small businesses out of business through eminent domain. (Shea_054)

Response 22: Construction of the proposed subway improvement would take place on property owned and occupied by the Applicant. As noted on EAS page 10e, "Socioeconomic Conditions," the Proposed Project would not displace any residents or businesses.

OTHER

Comment 23: The project description chapter should include an aerial photo of the study area. (Meara_CLM_005)

Response 23: An aerial view of the study area was included in the DEIS as Figure 7-2 of Chapter 7, "Urban Design and Visual Resources." There is no CEQR requirement that an aerial view be provided in the Project Description.

Comment 24: The DEIS provides incomplete information about the existing buildings, including how much square footage would be retained versus lost via demolition and how the six buildings to remain are proposed to be utilized to meet the project's programmatic needs after renovation. The project description must provide a full accounting of the current and proposed zoning and gross square footage by programmatic area so CPC has a complete understanding of which project elements are driving the proposed increase in scale. (Meara_CLM_005)

The project description fails to disclose how the proposed zoning square footage would be allocated to programmatic needs. It provides square footage allocations for the applicant-identified drivers of the need to enlarge (415,500 square feet for single-patient rooms, 132,000 square feet for operating rooms, and 41,500 square feet for the emergency department, including support areas) but does not explain how the remaining 440,000 square feet would be utilized. Without this information for existing and future conditions, the CPC does not have the information it needs to evaluate the claimed need for 12.5 FAR, 16.9 FAR, and the viability of alternatives. (Meara_CLM_005)

Response 24: The purpose and need for the Proposed Project program is provided in DEIS Chapter 1, "Project Description," and Appendix A, Attachment 1. In response to comments, additional information has been detailed in FEIS Appendix A, Attachment 2, "Additional Information Regarding the Proposed Project's Program."

ANALYSIS FRAMEWORK

Comment 25: The DEIS is incomplete and inaccurate in ways that downplay adverse impact, particularly with respect to bulk and overstated need, and lacks key information. It should be revised to reflect the Project's departure from bulk controls and conclude that this is an adverse impact. It cannot be compared to another hospital a 1/2-mile or a mile away. (Meara_CLM_058)

Response 25: The DEIS fully illustrates the size and scale of the Proposed Project. The other hospitals referenced are also on the Upper East Side of Manhattan and are in similarly densely developed neighborhoods that contain a variety of uses including residential, institutional, and commercial and well as open spaces. Modern hospitals and their related laboratory buildings must rise vertically without setbacks due to the layout of inpatient room floors or operating room floors and the utilities that they require. Prior to publication of the DEIS, the analyses were thoroughly reviewed by the lead agency and other involved agencies. Further, the Zoning Resolution allows the CPC to make exceptions to bulk controls.

Comment 26: The DEIS downplays and obfuscates the magnitude and unprecedented scale of the project, incorrectly concluding that there would be no adverse impacts to zoning, public policy, urban design, visual resources, historic resources, and neighborhood character. (Meara_CLM_005)

Response 26: The DEIS fully illustrates the size and scale of the Proposed Project. In terms of urban design, an assessment under CEQR considers whether and how a project may change the experience of a pedestrian in the project area. Views of the project are provided from the pedestrian point of view (e.g., the sidewalk). The assessment focuses on the components of a proposed project may have the potential to alter the arrangement, appearance, and functionality of the built and natural environment in the context of the project. The Lexington Avenue frontage of the Proposed Project would represent a major improvement in replacing aging structures (particularly the brownstones at the corner of East 76th Street) with a new lobby with windows overlooking a widened sidewalk. The DEIS comprehensively analyzes zoning, public policy, urban design and visual resources, historic resources, and neighborhood character and concludes that the Proposed Project would not have significant adverse impacts to these areas, as detailed in DEIS Chapter 2, "Land Use, Zoning, and Public Policy," Chapter 6, "Historic and Cultural Resources," Chapter 7, "Urban Design and Visual Resources," and Chapter 15, "Neighborhood Resources."

Comment 27: The DEIS does not meet the requirements of SEQRA because it fails to take a "hard look" at the Project's environmental impacts and to consider a range of alternatives that could mitigate them.

The DEIS does not provide an adequate basis for the CPC to make the required SEQRA findings and must be substantially revised or the Application should be rejected. (Meara_CLM_005)

Response 27: DCP acting as lead agency for the environmental review on behalf of the CPC issued the DEIS and Notice of Completion of the DEIS on January 31, 2025, following a coordinated review.

Comment 28: The DEIS fails to analyze an as-of-right R9/R10 development on the Project Site, such as an alternative large scale community facility use that could have different and possibly more significant adverse impacts. Absent an enforceable restriction preventing other as-of-right developments under the rezoning without further environmental review, CPC has an obligation to take a hard look at potential consequences. The Reasonable Worst Case Design Scenario (RWCDS) did not consider that the Project Site could be redeveloped in a manner different from the Proposed Project. The DEIS must be corrected or a restrictive declaration imposed. (Meara_CLM_005)

Response 28: The proposed land use actions work together to allow for the continuation and upgrade of the historic use of the hospital. In particular, the special permit is tied to the enlargement and modernization of an existing hospital on the project site and would not allow for alternative uses. Moreover, using the project site for an alternate use would require the complete closure and demolition of Lenox Hill hospital in contravention of the specific purposes of the project.

As described in DEIS Chapter 1, "Project Description," in order to assess the possible effects of the Proposed Project, an RWCDS was developed to account for existing conditions, the Future without the Proposed Project (No Action condition), and the Future with the Proposed Project (With Action condition). Overall, the hospital complex with Envelope 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, and the hospital complex with Envelope 2 would have a gross floor area of approximately 1,390,000 sf and a zoning floor area of 1,034,471 sf for an FAR of 12.5. The Proposed Actions would restrict the maximum floor area to 12.5 FAR under either Envelope 1 or Envelope 2; therefore, the Proposed Project's gross and zoning floor areas represent the RWCDS for the With Action condition. The zoning approvals would allow for a slightly larger building envelope to provide flexibility in the building massing; therefore, to account for the RWCDS in terms of bulk and height, the

maximum zoning envelope was conservatively used to represent the With Action condition in the environmental analysis. The RWCDS analyzed in the EIS 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.

Comment 29: Table 1-1 assumes without basis that 450 inpatient beds are being or will be staffed in existing and future No Action conditions. These staffing figures must be updated to reflect lower actual and project staffing rates without the project. Failure to do so would result in undercounting projected impacts in areas such as Transportation. (Meara_CLM_005)

Response 29: The daily inpatients and inpatient visitors for the existing, No Action, and With Action in Chapter 1, "Project Description," Table 1-1, "Project Population—Typical Average Weekday Daily Persons," conservatively reflect a higher occupancy rate than the hospital experiences most days. The hospital typically operates at an approximately 75 percent occupancy rate, but that rate is exceeded on an approximately weekly basis; this trend is expected to continue in No Action and With Action conditions. By assuming the same occupancy rate in the No Action and With Action conditions and analyzing the hospital at 100 percent occupancy for the purposes of developing the RWCDS, the analysis conservatively overestimates the Proposed Project's potential impacts. Text has been added to the footnote in Table 1-1 of the FEIS, Chapter 1, "Project Description" for clarification.

Comment 30: The DEIS defines its study area as within 400 feet from the midpoint of the project site, not the borders of the site. When a site is a whole city block, the boundary of the study area is far greater when the distance to boundary is used.

The context discussions may be off by a significant measure. Looking at Figure ES-1, the more appropriate study area would be one that reaches to the far side of Madison Avenue, 76th Street, the far side of Third Avenue and the far side of 79th Street.

If the study area really was defined by a distance from the center of the project site, it would be a perfect circle; the distorted dotted line shape may account for the second development site, but it is still different from a circle and its shape is never explained. An explanation is needed. (Meyer_EPSG_004)

Response 30: The *CEQR Technical Manual* notes that the appropriate study area is related to the type and size of the project being proposed as well as the location and neighborhood context of the area that could be affected by the project. DEIS Figure ES-1, "Project Location," does show a 400-foot study area from the boundaries of Projected Development Sites 1 and 1a, consistent with *CEQR Technical Manual* guidance used for Land Use and Zoning, Urban Design and Visual Resources, and Historic and Cultural Resources. Other study areas are shown in Chapter 4, "Shadows" (Figure 4-1) and Chapter 16, "Construction" (Figures 16-3, 16-6, and 16-13), based on *CEQR Technical Manual* guidance. The suggested expansion beyond 400 feet would largely add street beds to the study area. The entire DEIS including the study areas used for the analyses, has been reviewed and approved by the Department of City Planning, as lead agency for the environmental review.

Comment 31: The DEIS fails to consider the changes in traffic flow due to better emergency room (ER)-ambulance interactions or improvements in subway access would have on the viability of local businesses and other community facilities. (They could improve conditions, not contribute to deterioration; the failure to consider even such positive effects is a measure of how shallow the review has been to date.) (Meyer_EPSG_004)

Response 31: The DEIS was prepared according to the guidelines of the *CEQR Technical Manual*. CEQR technical analyses focus on potential adverse impacts. However, those improvements and other benefits provided by the Proposed Project are described in Chapter 1, "Project Description."

Comment 32: No consideration is given to the negative transportation impacts associated with what is likely to be over a decade of construction in the neighborhood and the effects on livability and attractiveness associated with that disruption. Those disamenities are real and potentially substantial, but totally ignored in the DEIS. (Meyer_EPSG_004)

Response 32: A range of construction transportation impacts are thoroughly analyzed in the DEIS. As described in DEIS Chapter 1, "Project Description," consistent with the guidelines presented in the *CEQR Technical Manual*, the incremental difference between the future No Action condition and future With Action condition serves as the basis for identifying potential environmental impacts. An assessment of potential transportation impacts during peak construction conditions is presented in DEIS Chapter 16, "Construction."

Comment 33: There has been almost no attention to LHH's redevelopment plans if the zoning amendments required for its expansion plans were turned down. The January 31, 2025 Final Scope for a DEIS for the LHH Redevelopment (the Scope of Work), which runs hundreds of pages, contains all of one page on the subject. The remaining pages of the Scope of Work focus exclusively on the improvements the massive expansion would make over the existing hospital, and not over the hospital that LHH could become within the existing zoning framework. (Hupper_082)

Response 33: The Final Scope of Work, as well as the DEIS Executive Summary and Chapter 1, "Project Description," provide a description of the Future without the Proposed Project (the No Action condition). Per *CEQR Technical Manual* guidelines, the No Action condition serves as a baseline by which the Future with the Proposed Project (the With Action condition) is compared to determine the environmental effects of a proposed action. As such, for the purpose of environmental analysis, the No Action condition is evaluated throughout the DEIS for each CEQR subject area. In addition, in accordance with the guidelines presented in Chapter 23, "Alternatives," of the *CEQR Technical Manual*, a No Action alternative must be examined, as required by SEQRA.

LAND USE, ZONING, AND PUBLIC POLICY

Comment 34: The DEIS analysis of land use, zoning, and public policy is incomplete and understates or ignores the significance of the proposed changes and resulting impacts. The proposed zoning changes to the project site, particularly the proposed bulk changes, would result in significant material changes to existing regulations or policy. CPC's longstanding policy and practice in residential neighborhoods, reflected in the Zoning Resolution and Zoning Map, is to map higher density and bulk on wide streets and zone lower density on midblocks; the wider the street, the greater the density permitted, and the narrower the street, the greater the prevalence of bulk controls such as height limits and setback requirements under R8B mapped on midblocks. Contextual protections, including a 170-foot height limit, were mandated on Lexington Avenue from East 61st and East 98th Street in recognition of the fact that Lexington Avenue is one of the narrowest avenues on the Upper East Side. (Meara_CLM_005)

The Proposed Actions would upend the carefully balanced zoning framework that has long protected the character of Lexington and Park Avenues and their low-rise midblock. A 1983 DCP report described Lexington Avenue as a uniquely narrow avenue with congested retail-oriented sidewalks and a very special neighborhood character. This

character has been preserved for decades by zoning tools. (Ansari_FRIENDS-UES_008, Goldwyn_NYLC_009)

The Proposed Actions would set a dangerous precedent for upzoning through the neighborhood and across the City, and are a clear violation of zoning principles. (Ansari_FRIENDS-UES_008, Campen_036, Shea_054)

Response 34: The proposed zoning map and text amendments and associated project-specific approvals are consistent with the City's historic land use policy approach to the modernization and expansion of hospital facilities, as reflected in similar land use approvals granted for other full-service hospitals in Manhattan over the past several decades. Projected Development Site 1 has contained hospital use for more than a century, and it is in a mixed-use neighborhood with numerous other community facility uses and commercial uses, particularly ground floor retail and service uses along the Lexington Avenue corridor, in addition to residential use. As discussed in DEIS Chapter 2, "Land Use, Zoning, and Public Policy," the zoning districts mapped at Projected Development Site 1 have been modified numerous times since the adoption of the Zoning Resolution in 1961 to meet City land use policy objectives. These changes have included the mapping of zoning districts with height limits, with which the existing hospital is non-complying. More recently, permitted heights have been increased; for example, in the C1-8X commercial district mapped on Lexington Avenue, the maximum permitted height for residential use has been increased from 170 feet to 215 feet, or a total of 270 feet when the permitted height of rooftop mechanical equipment is taken into account.

The proposed zoning map amendment would map a higher-density zoning district on Lexington Avenue—C1-9, the same district that was originally mapped in 1961—and a lower-density C1-8 between the C1-9 district and the R10 district mapped on Park Avenue. The proposed district designations are not inconsistent with City policy and, with the additional proposed land use actions, will facilitate continuation of the existing historic land use of the hospital block.

Comment 35: The Proposed Actions would be unprecedented and would conflict with longstanding zoning policy embodied in the Zoning Resolution and Zoning Map. It would 1) map C1-8 in a midblock location; 2) convert a block with a total density of 7.5 FAR that is consistent with the study area to an inconsistent block with 12.5 FAR; and 3) the proposed bulk waivers would introduce a building form with large floorplate, minimal setback, and substantial height that is inconsistent with existing zoning and built conditions in the study area and beyond, and comparable to the bulk of

buildings like One Vanderbilt and the Empire State building. (Meara_CLM_005)

The requested FAR of 12.5 for a hospital campus in Manhattan is unprecedented. (RappoportMcKenna_001, Krusch_016)

The increase in FAR would obliterate the carefully calibrated bulk height and sky exposure plane regulation that have preserved midblock and avenue scales. (Law-Gisiko_CCNY_021)

Response 35: As discussed in DEIS Chapter 2, "Land Use, Zoning, and Public Policy," the proposed land use actions are consistent with precedent and with longstanding zoning policy for Manhattan healthcare institutions. The C1-8 commercial district designation is equivalent to an R9 residential district designation with respect to permitted hospital floor area, and other hospital campuses on the Upper East Side, including Mt. Sinai and Memorial Sloan-Kettering (MSK), include R9 districts mapped at the central portions of blocks. The proposed floor area ratio of 12.5 FAR is consistent with the permitted floor area of other approved hospital projects, including the MSK Pavilion project, which was approved with a net 14.37 FAR on the block of the approved building, and will result in a total floor area that is less than half of other full-service hospital campuses in Manhattan.

The form of the Proposed Project, including the proposed height and the area of patient bed floors on Lexington Avenue, is a reflection of the program of the hospital and the necessity to modernize and expand to meet contemporary space benchmarks for optimal patient outcomes. The suggested comparison to trophy commercial office towers in Midtown Manhattan, which are triple the height of the tallest portion of the Proposed Project in Envelope 1, is misleading. It is more accurate to compare the form of the taller portion of the new building in Envelope 1 with the recently approved MSK Pavilion and with the Annenberg Building at Mt. Sinai Hospital, which are located nearer to LHH, on the Upper East Side, and have similar hospital functions and similar floor place sizes.

Comment 36: The DEIS downplays the residential character of the surrounding area and elevates the institutional and commercial character. It also implies that high density zoning predominates in existing conditions. The text should be revised to make clear that this is a predominantly residential neighborhood. (Meara_CLM_005)

The residential character quality of the neighborhood should be preserved. (Ryan_073)

Response 36: DEIS Chapter 2, "Land Use, Zoning, and Public Policy," accurately describes the study area as a mix of residential, community facility, and ground floor commercial uses. Both Lexington Avenue and Park Avenue within the study area allow for high-density residential development, with a base of 9.0 FAR and 10.0 FAR for community facility use. In addition, the zoning for both Lexington and Park Avenues allows for additional floor area for affordable housing and in connection with subway improvements, allowing for development in excess of 10.0 FAR.

Comment 37: The bulk of the Proposed Project would be inconsistent with the scale of other institutions and medical facilities in the study area. Other institutions (churches, schools, and medical offices) and non-institutional buildings in the study area do not have building forms that bear any resemblance to the Proposed Project; even the tallest apartment buildings are dwarfed by the Project's floorplates, which are three to five times the size of 300- to 500-foot-tall towers in the study area. The DEIS must be revised to accurately reflect that the Proposed Project's unique combination of height, huge floorplates, and lack of setbacks is substantially inconsistent with bulk controls in the study area and would therefore have a significant adverse zoning impact. (Meara_CLM_005)

Response 37: As described in DEIS Chapter 1, "Project Description," and Chapter 2, "Land Use, Zoning, and Public Policy," LHH has occupied its current block for more than a century, and the proposed land use actions would allow renovation and partial redevelopment of the facility to meet contemporary space standards for a full-service hospital, without significant modification of the existing hospital program. The bulk of the Proposed Project reflects the programmatic needs of the hospital, and it is consistent with the bulk of other hospitals on the Upper East Side of Manhattan, outside of the immediate study area, which have obtained similar land use approvals reflecting contemporary healthcare space needs. The bulk controls within the study area have been modified numerous times since the adoption of the Zoning Resolution in 1961, in response to land use policy objectives that have changed over time. For example, the Citywide "City of Yes for Carbon Neutrality" zoning text amendment adopted in December 2023 allows for taller rooftop mechanical equipment than was permitted previously, as part of a set of zoning changes intended to promote environmentally sustainable development, and the Citywide "City of Yes for Housing Opportunity" zoning text amendment adopted in December 2024 allows additional floor area and increased heights for existing zoning districts throughout the City, including the zoning districts mapped at Projected Development Site 1 and within the study area, to promote additional housing development. Similarly, the proposed land use actions are reflective of

the City's historic land use policy with respect to modernization of full-service hospital facilities. DEIS Chapter 2, "Land Use, Zoning, and Public Policy," concludes that the Proposed Actions would not result in a significant adverse impact to zoning.

Comment 38: While other institutions have zoning square footages ranging from 2.65 million to 4.58 million square feet, as well as comparable heights to the Proposed Project, their respective locations, size, and configuration of their zoning lots are not comparable. Other Manhattan-based hospitals face either a river or a major park, while LHH is between narrow and congested streets in a dense residential neighborhood. (CPOLHN_003, Soussloff_CPOLHN_010)

It is not appropriate to evaluate the Project's zoning consistency against hospital campuses far outside the 400-foot study area. However, all have lower gross FAR than the Proposed Project, larger campuses, and are located in different contexts [such as adjacent to the Franklin Delano Roosevelt (FDR) Drive, Central Park, and/or within a cluster of larger institutional uses]. The project site is wedged between four residential blocks with contextual bulk controls. In addition, other institutions' tall, large floorplate buildings have greater separation from residential uses than the Proposed Project, and each were evaluated under SEQRA, accounting for the unique contexts of their own study areas. (Meara_CLM_005)

Response 38: As described in Chapter 1, "Project Description," Chapter 2, "Land Use, Zoning, and Public Policy," and Appendix A, Attachments 1 and 2, LHH has occupied its current block for more than a century, with the last portion of the complex constructed in the early 1970s. Design and construction standards for healthcare facilities have changed in the past half-century in response to technological advancements and other factors; the current facility does not meet contemporary best practices. As with other healthcare institutions referenced in the DEIS, the proposed floor area, height and configuration of LHH under both Envelope 1 and Envelope 2 is a reflection of the programmatic needs of a modern hospital, including space standards for surgical suites and single-bedded patient rooms. (The height and floorplate size of comparable hospital buildings on the Upper East Side are a product of the healthcare purposes of the facilities, not of their location.) Land use approvals granted for other hospitals in the decades since the last portion of LHH was constructed—including zoning map amendments, zoning text amendments, special permits and, in a number of cases, the demapping and disposition of City street property to increase buildable lot size—reflect a consistent application of land use policy for healthcare institutions in Manhattan.

Comment 39: The DEIS does not quantify the extent of the proposed bulk waivers with images or text capturing the increment between the building forms that would be permitted with the Proposed Actions. The requested bulk waivers would obliterate the sky exposure plane on the side streets. (Meara_CLM_005)

Response 39: As described in DEIS Chapter 1, "Project Description," and Chapter 2, "Land Use, Zoning, and Public Policy," the proposed land use approvals that are the subject of the DEIS include a special permit pursuant to Section 74-904 of the Zoning Resolution to allow, among other things, modification of base height, setback and sky exposure plane regulations of the proposed C1-8 and C1-9 districts for the maximum envelopes described as Envelope 1 and Envelope 2 in the DEIS. Zoning plans filed with the land use application include detailed, dimensioned diagrams of Envelope 1 and Envelope 2, with the scope of modifications clearly identified.

Comment 40: The normal purpose of bulk waivers is to limit the reduction in bulk produced by sky exposure planes. Modern hospitals cannot be building setting back but rather have to stack the same area floor by floor for mechanical design as well as functional design. This is a necessary action, requested and approved for hospital and laboratory projects all over the City.

The DEIS claims that the "proposed bulk would be consistent in scale with other institutions and medical facilities in the area." But the description of proposed construction involves structures far taller than those in the neighborhood as a whole, so that claim is false. (Meyer_EPSG_004)

Response 40: As discussed in DEIS Chapter 1, "Project Description," and Chapter 2, "Land Use, Zoning, and Public Policy," the proposed height of the LHH project follows the precedent of other healthcare institutions on the Upper East Side of Manhattan. The tallest portion of the hospital—at up to 436 feet, inclusive of mechanicals, in Envelope 1—aligns with the taller buildings on other hospital sites, including Mount Sinai and MSK's Koch Center, and is significantly lower than the approved MSK Pavilion project. The proposed floor plate of the bed floors at LHH aligns with the footprint of the bed floors at other institutions, in particular at Mount Sinai and the approved MSK Pavilion.

In addition, while the hospital will be a taller building with a larger floor plate, both exist within its Upper East Side neighborhood. In particular, the East 76th Street corridor has buildings with comparable heights (approximately 360 feet to 427 feet) within a block both to the east and to the west of the Hospital. To the south, the other larger institution in the

immediate area—Hunter College—has several large floorplate buildings designed to accommodate its programmatic needs.

Comment 41: The DEIS concludes that the Proposed Project would contribute to OneNYC's goals, which include promoting "healthy lives," defined earlier in the DEIS to mean "reducing inequities in health outcomes." The DEIS must reevaluate the Proposed Project's consistency with the City's goals. (Meara_CLM_005)

Response 41: As described in DEIS Chapter 2, "Land Use, Zoning, and Public Policy," the mission of OneNYC is a plan for growth, sustainability, resiliency, and equity. The Proposed Project would create an enlarged and modernized healthcare facility that would enable LHH to continue providing top-tier care to all of its patients. Therefore, the Proposed Project would contribute to OneNYC's goal for growth in emerging fields, promoting healthy lives, and modernizing infrastructure. OneNYC does not dictate where hospitals are to be located.

Comment 42: Contribution of project to OneNYC's goals is irrelevant since courts by and large have ruled that comprehensive plans have no legal standing as a guide to action. (Meyer_EPSG_004)

Response 42: The *CEQR Technical Manual* Chapter 4, "Land Use, Zoning, and Public Policy," Section 332 "Public Policy," states that "the proposed project's effect on existing planned policies and initiatives should be considered, and its consistency with any applicable policies should be addressed." Accordingly, an analysis of a project's consistency with the overarching goals and initiatives of OneNYC was prepared.

Comment 43: The DEIS claims that the Proposed Project would advance the LifeSci NYC Vision Plan. However, there is no indication that LHH's participation in two student health related mentorship programs would be reduced or discontinued under a No Action scenario or rely in any way on the Proposed Actions sought. (Meara_CLM_005)

Response 43: As described in DEIS Chapter 2, "Land Use, Zoning, and Public Policy," the Proposed Project would be consistent with the City's efforts to support the life sciences industry. The Proposed Project would allow LHH to continue its participation in the plan's many programs supporting the development of life sciences in NYC, including the Medical Scholars Pipeline and FutureReadyNYC programs.

Comment 44: The DEIS addresses consistency with an eight-year-old economic development plan ("New York Works") that appears to be no longer

available on the City's websites. The DEIS does not assess how the Project would impact overall healthcare employment in the City, and does not consider whether the modest increase in employment at LHH may be offset by decrease at other hospitals due to a shift in where services are sought, or whether an alternative to the Proposed Project might be more beneficial to employment in the healthcare industry. (Meara_CLM_005)

Response 44: CEQR does not require the analysis of the overall healthcare employment in the City or decreases in employment at other hospitals. Such considerations would be too speculative.

Comment 45: The DEIS addresses consistency with three completed City of Yes zoning initiatives, but does not conclude that the Proposed Project would advance any important City policy. It states that the Proposed Project would "not hinder or be inconsistent with the three City of Yes initiatives." This is a low bar. (Meara_CLM_005).

Response 45: As described in DEIS Chapter 2, "Land Use, Zoning, and Public Policy," the Proposed Project is consistent with the City of Yes initiatives. The redevelopment of an aging hospital facility into a modern healthcare campus would not hinder nor be inconsistent with the three City of Yes initiatives. The Proposed Project would promote sustainability through energy-efficient building systems and more resilient infrastructure that older buildings cannot accommodate. The Proposed Project would support economic opportunity by maintaining and expanding a major institutional anchor that supports surrounding businesses and creates jobs across skill levels. The proposed modernization would also allow for expansion of medical services in an existing neighborhood location, maximizing use of transit infrastructure. Furthermore, the Proposed Project would also provide essential community healthcare services, which are critical to support the City's goals around increasing housing opportunity in all neighborhoods.

Comment 46: This plan ignores all of the stated goals of the NY City Council in 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 losing out. This proposal fails to further these stated objectives of the City Council, neglecting other disadvantaged neighborhoods in need, and will simultaneously

result in permanent damage to the existing historic residential neighborhood. (Rose_081)

Response 46: The City Council's December 2022 Planning and Land Use Guidelines and Application Tool Kit[3] identifies six Citywide Planning Challenges. Some are relevant to the Proposed Project while others area not. For example, the purpose and need of the Proposed Project is not to provide housing or open space, but rather a state-of-the-art inpatient hospital and ED. However, 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, as described in DEIS Chapter 2, "Land Use, Zoning, and Public Policy," and in DEIS Chapter 12, "Greenhouse Gas Emissions and Climate Change." In addition, the Proposed Project would 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 47: The *CEQR Technical Manual* advises that agencies must consider whether an action could cause indirect residential or business displacement through gentrification or similar mechanisms. The Proposed Project may have the effect of drawing well-insured patients away from other facilities, therefore exacerbating inequities in access to hospital services. (Meara_CLM_005)

Response 47: The concern cited by the commenter is outside the scope of CEQR analysis. The *CEQR Technical Manual* notes that assessment of potential indirect residential or business displacement may be warranted if a project would result in substantial new development that is markedly different from existing uses, development, and activities within the neighborhood. As noted on EAS page 10e, "Socioeconomic Conditions," the Proposed Project does not warrant an assessment of potential indirect effects under CEQR. Further, a hospital must consider its patients when building new facilities; not replacing and not improving aging facilities does not improve health care in the City.

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

Comment 48: The design of the Proposed Project will overshadow the historic neighborhood, reducing property values. (Herkelrath_048)

Response 48: A project's effect on individual property values is outside the scope of CEQR analysis. DEIS Chapter 4, "Shadows," considers potential environmental effects of Project-generated shadows on sunlight sensitive resources, and DEIS Chapter 15, "Neighborhood Character," assesses the Proposed Project's potential effects on the defining elements of the neighborhood.

COMMUNITY FACILITIES AND SERVICES

Comment 49: The EIS should be revised to include an analysis of the Project's indirect effects on access to health care. Although the *CEQR Technical Manual* does not call for such an assessment, SEQRA takes a broad view of potential impacts and there is no reason why the City should not consider indirect impacts on health care access especially where the Applicant appears to assume it will gain market share. (Meara_CLM_005)

Response 49: An analysis of the Project's indirect effects on access to health care is outside the scope of CEQR.

Comment 50: The DEIS claims that the project "would not directly affect other types of public community facilities" totally fails to consider what impact the nine-year construction process would have on those facilities, businesses in the area, and/or the amenity values of the residences in the neighborhood. (Meyer_EPSG_004)

Response 50: The DEIS was prepared according to the guidelines of the *CEQR Technical Manual* Chapter 6, "Communities Facilities and Services," which states that "community facilities are public or publicly funded schools, libraries, child care centers, health care facilities, and fire and police protection." The *CEQR Technical Manual* states that a "project can affect facility services when it physically displaces or alters a community facility or causes a change in population that may affect the services delivered by a community facility, as might happen if a facility is already over-utilized, or if a project is large enough to create a demand that could not be met by the existing facility. 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 the *CEQR Technical Manual* provides that an indirect effects assessment of health care 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, LHH; it would not have direct effects on other types of community facilities. Since the Proposed Project does not include residential units, which would increase population in the area, there is no need to analyze indirect effects of the Proposed Project. Therefore, the assessment in the EIS focuses on the direct effects of the Proposed Project on health care facilities.

The effects of construction on community facilities and services are analyzed in accordance with the *CEQR Technical Manual* in in DEIS Chapter 16, "Construction." Businesses in the area are not considered community facilities under CEQR. In accordance with *CEQR Technical Manual* criteria for socioeconomic conditions, the Proposed Project would not directly displace any residents or introduce any residential units and therefore, an assessment of direct or indirect residential displacement is not warranted. In addition, the Proposed Project would not directly displace any businesses, and an assessment of direct business displacement is not warranted. The Proposed Project would not introduce over 200,000 sf of new commercial uses to the study area, which is the CEQR threshold for assessment of potential indirect business displacement, and an assessment of potential indirect business displacement is not warranted.

OPEN SPACE

Comment 51: The issue of "increased population" is limited to consideration of the number of new employees when the intent of the proposed project is to increase the number of patients served, thus the transient population of the neighborhood. Those transients DO constitute a "new user population" for the limited immediately available open space. (Meyer_EPSG_004)

Response 51: As described in DEIS Chapter 5, "Open Space," the *CEQR Technical Manual* recommends performing an open space assessment if a project would have a direct effect on an area open space or an indirect effect through increased population. The threshold for an assessment is whether a project would introduce more than 200 residents or 500 non-residents. The Proposed Project would result in a net increment of 339 workers, 17 patients and 45 daily visitors; therefore, an analysis of indirect effects on open space is not warranted for the EIS. In addition, hospital inpatients are not considered open space users as many are not able to travel to neighborhood open spaces during their stay in the hospital.

SHADOWS

Comment 52: There is no basis for the claim that the additional shadow would not affect use of the garden cited.

The analysis states that "the significant adverse shadow impacts to the church garden would be unavoidable" thus being thoroughly inconsistent with the prior claim. (Meyer_EPSG_004)

Response 52: Chapter 4, "Shadows," of the DEIS identified significant adverse shadow impacts to the vegetation in—not to the use of—the Eighth Church of Christ, Scientist garden. The DEIS also concluded that the added shadow on the garden would not significantly impact the usability of the garden, for reasons provided in the chapter. The DEIS also concluded that, in reference to the garden's vegetation, that the significant adverse shadow impact would be unavoidable, for reasons provided in Chapter 17, "Alternatives." Further, as noted in Chapter 18, "Mitigation," potential partial mitigation measures for the significant adverse impact to the garden will be considered in consultation with the Church that could improve the garden's design and make it a more attractive amenity. Significant adverse impacts to users were not identified as small pocket open spaces similar to this are between buildings and frequently shadowed.

Comment 53: The Proposed Project would cast shadows that would deny light to broad swaths of the area. (Trowbridge_037, Trowbridge_069)

The Proposed Project will submerge the surrounding blocks in shadow all day long, all year long. (Lilly_053)

The massive building would blight out the daylight sky. (Marcus_055)

Response 53: Chapter 4, "Shadows," of the DEIS presents an analysis of potential new project-generated shadows on sunlight-sensitive resources, which include publicly accessible parks and other open spaces, planted Greenstreets medians, and sunlight-dependent features of historic resources. Under the shadows assessment methodology presented in the *CEQR Technical Manual*, City streets and sidewalks (except Greenstreets features and pedestrian plazas) and buildings (except sunlight-sensitive architectural features of historic buildings and sites) are not subject to shadows analyses. However, it should be noted that the proposed project's shadows would, like all shadows, move continuously clockwise over the course of each day, falling to the west in the morning, to the north in the midday, and to the east in the afternoon, and would often overlap with existing shadows. The proposed project would not add appreciably to the

existing shadows except at locations adjacent to or close to the project site.

HISTORIC AND CULTURAL RESOURCES

Comment 54: Although the study area for a historic resources analysis is typically 400 feet, a larger study is appropriate for "projects that result in changes that are highly visible and can be perceived from farther than 400 feet and could affect the context of historic resources some distance away. The DEIS concludes that the Proposed Project would not result in adverse impacts to historic resources, and inaccurately portrays the scope of the Proposed Project, existing conditions, and the change in visual context that will result without providing any supporting data like photo studies. The Historic and Cultural resources chapter provides no photos to support the claims that the break between the Proposed Project's podium and tower creates a visual break in the massing, reducing the perceived height of the building. The chapter does not mention that the Proposed Project would be 2.5 times the current height limits of 175 feet after setback on Lexington and 5 times the height limits on the midblock.

The DEIS claims that because there are three tall buildings at the outer edges of the study area, without mentioning that their floorplates are a fraction of the Proposed Project's floorplate, tall buildings are already part of the visual context and the Proposed Project would not change the visual context. However, the DEIS does not offer photo studies or other evidence that these or other tall buildings are part of the visual context of the identified historic resources, or have any bearing on whether the Proposed Project would significantly change the visual context of the identified historic resources. (Meara_CLM_005)

Response 54: DEIS Chapter 6, "Historic and Cultural Resources," includes references to comparative No Action/With Action massing studies included in the Urban Design chapter Figures 7-30 through 7-39, 7-45, and 7-46 that illustrate the contextual changes that would occur with the Proposed Project. These figures demonstrate the existing density of the built environment in the study area, the varied context of the nearby areas of the Upper East Side Historic District, and the closest individual historic resource in the study area—Eglise St. Jean Baptiste. The analysis comparatively describes the height of the podium of the new hospital building within the context of nearby buildings. The comparative massing figures identify the podium height and overall building height within the context of nearby areas of the historic district and nearby vantage points in the study area. Additional references to the comparative renderings have been added to the chapter to support key points of the analysis.

Comment 55: The chapter inaccurately states that the portion of the Upper East Side Historic District on Park Avenue is physically and visually separated from the Project Site by the width of Park Avenue; the Malls, as well as the west side of Park Avenue north and south of the Project Site are part of the Historic District, so there is no separation. (Meara_CLM_005)

Response 55: The text in the DEIS Chapter 6, "Historic and Cultural Resources," has been revised to clarify that the planted malls are within the Upper East Side Historic District and that the buildings on the west side of Park Avenue in the Upper East Side Historic District are physically and visually separated from the Project Site by the 140-foot width of Park Avenue.

Comment 56: The DEIS implies that because the buildings in the Historic District already existing within the context of the LHH complex, there is nothing further to consider; however, the Proposed Project would dramatically change that context and the impact of that change is required to be evaluated in accordance with SEQRA. (Meara_CLM_005)

The Proposed Project will irreversibly alter the Park Avenue District. (Pope-Marshall_Civitas_060)

Response 56: The analyses presented in DEIS Chapter 6, "Historic and Cultural Resources," were undertaken in accordance with CEQR methodology and consider the contextual changes that would occur in the With Action condition. The analysis describes the development of the hospital complex over time, within the context of study area and historic resources. As per *CEQR Technical Manual* Chapter 9, "Historic Resources," Section 420, the Proposed Project would not block significant public views of a resource; isolate a resource from its setting or relationship to the streetscape; alter the setting of a resource; introduce incompatible visual, audible, or atmospheric elements to a resource's setting; or introduce shadows over a historic landscape or an architectural resource with sun-sensitive features that contribute to that resource's significance. The analysis describes how the Proposed Project would replace the existing buildings on Projected Development Site 1 with a new, large building fronting on Lexington Avenue, across East 76th and East 77th Streets from the closest buildings in the historic district on East 76th and East 77th Streets. The Upper East Side Historic District is oriented west of the new hospital building, with most of the historic district located beyond intervening buildings. The portion of the Upper East Side Historic District Expansion that includes buildings fronting on Lexington Avenue is located beyond intervening buildings. The buildings in the historic district do not have a meaningful visual or contextual relationship with Projected Development Site 1. While Eglise St. Jean

Baptiste is located diagonally southeast of Projected Development Site 1, it is located among a mix of buildings from different development periods, including mid–20th century apartment buildings to the west and north, the 31-story, approximately 341-foot-tall building at 188 East 76th Street immediately east of the church rectory, and buildings in the Upper East Side Historic District to the immediate south. The church is located in the context of architectural variety, which would continue with the new hospital building with the Proposed Project. Also as noted in the chapter, the Applicant submitted a package to the Landmarks Preservation Commission (LPC) including information about the historical development of the LHH complex and each of the existing buildings on the Project Site, supplemented with historic and current photographs of the Project Site buildings. Based on LPC's review of this information, LPC issued a letter on May 6, 2022 commenting that "there are no concerns, and no LPC eligible properties" on the Project Site (see DEIS Appendix B). Further, LPC reviewed the DEIS chapter and issued a letter on July 3, 2023 stating that it had no further comments.

Comment 57: The DEIS fails to consider the impacts to the skyline around Central Park, as required by the *CEQR Technical Manual*. The analysis is incomplete and distorted, the conclusions are unsupported, and the analysis does not provide any basis for the CPC to conclude there would be no adverse impacts. The chapter does not describe changes in development over time on Lexington Avenue. The DEIS would have to conclude that the Proposed Project would alter the setting and introduce incompatible visual elements to numerous historic resources, including the Central Park Sheep Meadow, the Park Avenue Malls, portions of the UES Historic District directly across from the Project Site, and the individually landmarked Eglise St. Jean Baptiste. (Meara_CLM_005)

Response 57: DEIS Chapter 6, "Historic and Cultural Resources," describes architectural resources in the study area and analyzes whether the Proposed Project would result in significant adverse impacts to study area historic resources. The buildings on Lexington Avenue in the study area north of East 76th Street are not historic resources. The buildings south of East 76th Street on the east side of Lexington Avenue and south of East 75th Street on the west side of Lexington Avenue are historic resources and the analysis considers the potential of the Proposed Project to affect these resources. Additional descriptions of the non-historic buildings in the study area on Lexington Avenue have been added to the chapter to describe the changes in development over time.

The mid-point of Central Park's Sheep's Meadow is approximately 3,800 feet southwest of the western end of Projected Development Site 1. Views from the open area of Sheep's Meadow include many tall buildings in

Manhattan that rise above the tree line in views east, south, and west. Eastward views are largely limited to nearby areas of the park, the dense tree canopy, and the upper portions of some of the taller buildings in the distance on the Upper East Side. In views from Sheep's Meadow or other areas in Central Park, the new hospital building would be one of many tall buildings in long views eastward. It would not be an adverse contextual impact to Central Park. The chapter has been revised to clarify that the Park Avenue malls are within the Upper East Side Historic District and that they will not be significantly adversely affected by the Proposed Project on Projected Development Site 1. The analysis already describes the contextual changes to the Upper East Side Historic District and Eglise St. Jean Baptiste that would occur with the Proposed Project.

Comment 58: The Proposed Project would result in the demolition of several historic buildings designed by notable architects (i.e., Ditmars and York and Sawyer), which would drastically disrupt the relationship of the hospital and its neighbors. Their loss would be a significant blow to the City's historic fabric. (Goldwyn_NYLC_009, Slywotzky_087, Grubler_083)

Response 58: As described in DEIS Chapter 6, "Historic and Cultural Resources," none of the buildings on Projected Development Sites 1 and 1a are New York City Landmarks (NYCLs) or listed on the State and National Registers of Historic Places (S/NR), nor have they been determined eligible for such listing. Therefore, the demolitions for the Proposed Project are not considered significant adverse impacts.

Comment 59: The EIS assumes that the Construction Protection Plan will be fully successful in protecting historic architectural resources from damage due to vibration and other impacts from demolition and construction. This certainly is not viable as part of a worst-case assessment. CEQR analyses consider a reasonable worst case.

The DEIS itself notes that "The NYC Building Code, in Section BC 3309: Protection of Adjoining Property, provides some measures of... they do not afford special consideration for historic structures." Thus, there is no basis for assuming there would be no adverse impacts from the demolition, excavation and construction elements of the proposed project. (Meyer_EPSG_004)

Response 59: As described in DEIS Chapter 1, "Project Description," the analyses presented in the DEIS consider a RWCDS. DEIS Chapter 6, "Historic and Cultural Resources," was prepared following the guidelines of the *CEQR Technical Manual*. As described in that chapter, because the Proposed Project would be constructed within 90 feet of historic architectural resources—including 14 buildings within the Upper East

Side Historic District (listed on the S/NR, designated as a NYC Historic District [NYCHD]) and the Eglise St. Jean Baptiste (S/NR, NYCL)—the Applicant would prepare and implement a Construction Protection Plan (CPP) prior to the start of construction activities at the Project Site. The comment confuses the general protections provided by the Building Code and the specific protections of a CPP. As described in Chapter 6, "Historic and Cultural Resources," a CPP would be prepared specifically to include measures to protect these historic architectural resources from inadvertent construction-related damage including ground-borne vibration, falling debris, and accidental damage from heavy machinery during project construction. The CPP would be prepared in consultation with LPC and implemented by a licensed professional engineer prior to the start of excavation and construction activities. The CPP would be prepared as set forth in Section 523 of the *CEQR Technical Manual* and in compliance with the procedures included in the NYC Department of Building (DOB)'s Technical Policy and Procedure Notice (*TPPN) #10/88* and LPC's Guidelines for Construction Adjacent to a Historic Landmark and Protection Programs for Landmark Buildings. With the preparation and implementation of a CPP for these historic architectural resources, the Proposed Project would not be expected to result in any direct impacts to architectural resources in the study area.

URBAN DESIGN AND VISUAL RESOURCES

Comment 60: The Urban Design chapter fails to acknowledge the degree to which the Proposed Project's scale would represent a major change in the built environment. The photos and description of existing conditions make clear that the typical building forms in the study area do not resemble the unprecedented combination of height, huge floor plates, and minimal setbacks of the Proposed Project. The conclusion is indefensible, and ignores the difference in pedestrian experience that is captured in the renderings presented in the chapter. (Meara_CLM_005)

Response 60: Chapter 7, "Urban Design and Visual Resources," follows the guidance of the *CEQR Technical Manual* and analyzes the pedestrian experience of urban design which is defined as the "totality of elements that shape and affect a pedestrian's experience of public space." The analysis states that the new hospital building would be taller and larger than nearby study area buildings on Lexington Avenue, which are described in the existing conditions section (height, form, massing, cladding) and are analyzed as part of the context of the new hospital building in the With Action analysis of urban design. The analysis also describes and illustrates in the comparative No Action/With Action contextual renderings the new hospital building's height, massing, form, and cladding materials and

design elements, including the podium and the setback above the podium that would provide a visual break in the perceived overall height of the building. The comparative No Action/With Action renderings also illustrate the Proposed Project in views close to Projected Development Site 1 and longer views that show the context of the new hospital building in the study area, with views showing several pedestrian vantage points that include the varied elements that contribute to the urban design character of the study area. The podium and the overall height of the new hospital building are shown in the renderings on Figures 7-45 and 7-46, including views on Lexington Avenue that illustrate the overall massing within the context of Lexington Avenue's varied building heights, styles, and forms. The comparative No Action/With Action renderings also illustrate the ground floor elements that are intended to activate Projected Development Site 1 through glazing to provide transparency, an arcade to provide additional pedestrian circulation space adjacent to the existing 12-foot-wide sidewalk along the Lexington Avenue frontage, and an approximately 725-foot open area that would be located adjacent to the proposed new subway stairway and elevator, beneath portions of the proposed building. The study area, particularly on Lexington Avenue, does not have a consistent urban character but includes buildings from many different development periods that reflect a range of building styles, forms, and massings, all of which contribute to the pedestrian's experience of public space. The replacement of the existing hospital buildings fronting on Lexington Avenue with the new hospital building would enhance the pedestrian experience by contributing to the range of buildings and design elements that shape and affect the pedestrian experience of public space.

Comment 61: While further justifying the proposed building heights, the discussion of design impacts remains superficial at best despite the minimal commitments to conform to neighborhood exterior color and cladding character.

Typical is the meaningless claim that "the buildings on the western portion of Projected Development Site 1...would provide transparency and activate uses on the adjacent sidewalks on Park Avenue." What "transparency' relative to what, and what uses of the sidewalk are considered and how do either affect—or are affected by—design or visual resources? (Meyer_EPSG_004, Meyer_EPSG_015)

Response 61: As presented in DEIS Chapter 7, "Urban Design and Visual Resources," the LHH's entrances are currently located along East 77th and East 76th Streets, leaving the avenues largely bereft of activity or architectural interest. The Percy & Harold Uris Pavilion, which forms most of the Park Avenue frontage, currently presets a largely windowless and unadorned

brick wall to the street. At mid-block along Park Avenue, the Uris Building steps down to a 3-story, idiosyncratic series of cantilevers and setbacks that is neither in keeping with the existing Park Avenue neighborhood context or with the Special Park Improvement District zoning regulations requiring that building street walls hold the property line. The Proposed Project would relocate the public entrance to the Mother-Baby Hospital to Park Avenue.

HAZARDOUS MATERIALS

Comment 62: The fact that the Phase II hazardous materials investigation was incomplete is not acknowledged in the Notice of Completion and Notice of Availability of the DEIS. The DEIS itself, however, notes that:

"Due to physical limitations encountered during the field investigation, including intervening subsurface utilities, active electrical systems for critical hospital care systems, and ongoing hospital operations, the advancement of soil borings with a Geoprobe® direct-push drill rig was not possible as hospital operations prohibited the use of fuel-powered drilling equipment with exhaust inside the building and limited the use of electrical power to standard outlets. As such, borings were advanced manually with hand tools consisting of a core drill and a hand auger, which precluded the installation of soil borings to significant depths below the sub- basement and basement floor slabs and limited subsurface sample collection."

There is no consideration given in the DEIS to the potential future discovery of contamination that was missed by using only the manual borings and its impact on the project budget or on the already long time period specified as needed for construction. Such discovery could stop construction—and could also release substantial contaminated gasses or dust in the period before an excavated hazard could be identified and contained.

This risk could be alleviated to some extent by assuring that there be hazardous waste management personnel and equipment on site continuously during any excavation activity. It could not, however, be completely eliminated.

The failure to acknowledge this risk associated with the proposed project stands in stark contrast to the hazardous waste warning inserted into the description of the No Action condition in the DEIS:

"The No Action condition may entail demolition of certain existing buildings/foundations and limited excavation. Demolition could disturb hazardous materials within buildings and excavation could increase

pathways for human exposure if performed without appropriate controls."

The identical phrase could have been used in describing the With Action condition with one minor edit, substituting the word "will" for the word "may" in the first sentence.

Since this risk is noted only for the do nothing alternative, the language of the supposedly objective assessment of hazardous material risks demonstrates a clear bias in favor of the proposed project. (Meyer_EPSG_004)

Response 62: As detailed in DEIS Chapter 8, "Hazardous Materials," to avoid any potential for hazardous materials exposure, all federal, state, and local requirements and regulations would be followed, and the procedures would be implemented to avoid significant adverse impacts related to hazardous materials resulting from the Proposed Project. An (E) Designation (E-777) for hazardous materials will be placed on the site to ensure that, regardless of whether Envelope 1 or Envelope 2 is implemented, the Applicant completes remediation in accordance with the requirements of the NYC Mayor's Office of Environmental Remediation (OER).

The effects of future potential discovery of contamination on project budget is outside the scope of CEQR.

WATER AND SEWER INFRASTRUCTURE

Comment 63: There is little to be said about water and sewer infrastructure since the flow volumes would not change that much under the proposed project.

What is, however, notable, is that there is no indication that any effort will be committed to any form of water reuse or conservation, which would be desirable for a development that could take advantage of new technologies and is facing an uncertain future with respect to rainfall changes and possible drought conditions associated with climate change effects. (Meyer_EPSG_004)

Response 63: DEIS Chapter 9, "Water and Sewer Infrastructure," was prepared following the guidelines of the *CEQR Technical Manual*. As noted in the chapter, to promote water conservation, the Proposed Project would incorporate low-flow plumbing fixtures to reduce water usage and sanitary flow, as required by the NYC Plumbing Code. In addition, stormwater detention measures would be implemented to meet the requirements of the Unified Stormwater Rule. To promote water conservation across the site, the design will incorporate low-flow plumbing fixtures that will reduce water usage below the minimum levels

required by code. Additionally, the Proposed Project's mechanical system would feature a hybrid cooling system with cooling capacity provided by both a water-cooled chiller plant and air-source heat pumps. This approach would reduce annual water consumption compared to a cooling system which only includes a water-cooled chiller plant. However, the Proposed Project would not include stormwater reuse systems: FGI recommends that stormwater reclamation for non-potable water use should not be utilized for internal applications within healthcare occupancies that could result in human contact due to the susceptibility of patients to potentially harmful bacteria within the reclaimed water.

TRANSPORTATION

Comment 64: The DEIS understates the likely transportation impacts of the Proposed Project, because it overstates the likely number of patients, staff, and visitors in the No Action condition. (Meara_CLM_005)

Response 64: The daily inpatients and inpatient visitors for the existing, No Action, and With Action in Chapter 1, "Project Description," Table 1-1, "Project Population—Typical Average Weekday Daily Persons," conservatively reflect a higher occupancy rate than the hospital experiences most days. The hospital typically operates at an approximately 75 percent occupancy rate, but that rate is exceeded on an approximately weekly basis; this trend is expected to continue in the No Action and With Action conditions. By assuming the same occupancy rate in the No Action and With Action conditions and analyzing the hospital at 100 percent occupancy for the purposes of developing the RWCDS, the analysis conservatively overestimates the Proposed Project's potential impacts. Text has been added to the footnote in Table 1-1 of the FEIS, Chapter 1, "Project Description," for clarification.

Comment 65: The DEIS contains no consideration of any neighborhood air quality impacts over a decade of construction, but it does contain a statement about traffic and emissions for which no evidence is provided: "Traffic around the Project Site is not expected to increase between existing and No Action conditions." Given the claim that vehicular flow is currently impeded around the hospital would be ameliorated by the proposed project, this seems to be a contradictory statement warranting some explanation. (Meyer_EPSG_004)

Response 65: The sentence in DEIS Chapter 11, "Air Quality," regarding traffic around the Project Site not being expected to increase between existing and No Action conditions pertains to incremental trips generated by the Proposed Project under existing and future No Action conditions. Chapter 10,

"Transportation," Table 10-5, "Incremental Trip Generation Summary," compares the person and vehicle trips generated by the existing and No Action conditions. The table shows that there would be 218, 384, and 329 fewer person trips during the weekday AM, midday, and PM peak hours, respectively, than under existing conditions. Table 10-5 also shows that there would be 52, 101, and 85 fewer vehicle trips during the weekday AM, midday, and PM peak hours, respectively, than under existing conditions. As described in DEIS Chapter 10, "Transportation," 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. A detailed analysis of operational vehicular and pedestrian traffic was not required based on the projected change in population and trips generated.

Comment 66: The Transportation analysis fails to evaluate potential risks associated with pedestrian/truck/ambulance conflicts that could result from the proposed new curb cuts and ambulance bays on East 77th Street and the increased number of curb cuts and truck bays on East 76th Street. The *CEQR Technical Manual* requires an analysis of safety impacts. (Meara_CLM_005)

The enormous curb cuts on both East 76th and East 77th Streets needed for ambulance and trucks to back up will damage the quality of life on these streets. (VanDerValk_CHN_064)

Response 66: The *CEQR Technical Manual* does not require an analysis of safety impacts. The *CEQR Technical Manual* provides guidance on when an assessment of street user safety is warranted. When detailed traffic analyses are not warranted, an assessment of street user safety is typically not warranted. The lead agency and NYCDOT reviewed the projected trip generation estimates for vehicles that would use the proposed curb cuts and reviewed the site plan illustrating the proposed curb cuts. These agencies determined that an assessment of street user safety is not warranted. The proposed curb cuts for ambulance bays on East 77th Street and for truck bays on East 76th Street have been designed to minimize the area of conflicts with pedestrians passing by on the sidewalks and maximize visibility between pedestrians and vehicles. The Applicant has committed to preparing an operations management plan detailing how it will operate the ambulance and truck bays to maximize the safety of pedestrians passing by on the sidewalks and to maintain safe operating conditions surrounding the site. The plan will specify whether rolling door gates will be used, the times that the loading docks will be in operation, staffing plans for the loading and ambulance docks, dock entrance and adjacent sidewalk lighting and signage commitments, and other opportunities for safety and quality-of-life strategies.

Comment 67: Traffic congestion and disruption would be exacerbated by the planned relocation of the hospital's main entrance from East 77th Street to Lexington Avenue. (Trowbridge_037, Trowbridge_069)

The Proposed Project's Mother-Baby entrance on Park Avenue will exacerbate crowded conditions and result in traffic congestion with double and triple parking along the Avenue and East 76th and East 77th Streets. (Holzer_052, Byowitz_077)

Response 67: The overall strategy of the site plan is to redesign and improve access points to disperse vehicular and pedestrian traffic, which is currently concentrated along the East 77th Street frontage, to other streets on the block. This will improve traffic and pedestrian conditions overall. The relocation of the hospital's main entrance from East 77th Street to Lexington Avenue will improve traffic congestion on East 77th Street and leverage the wider sidewalk on Lexington Avenue and the significantly widened street corner on the southwest corner of East 77th Street and Lexington Avenue to improve pedestrian flow surrounding the main patient entrance.

Comment 68: It is notable that the traffic condition described as a flaw in the current ER and ambulance interaction is never addressed in the EIS. Some discussion of improved through-flow might have been warranted.

On the other hand, the elimination of ambulance double parking and congestion around truck deliveries and loading may generate more traffic in an area previously avoided due to the disamenities the proposed project would eliminate. That vehicular traffic is never addressed as the DEIS focuses only on the vehicles associated with the movement of people. (Meyer_EPSG_004)

Response 68: The DEIS was prepared in conformance with the guidelines of the *CEQR Technical Manual.* DEIS Chapter 10, "Transportation," provides a qualitative discussion of ambulance activity. 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 the With Action condition 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 the With Action condition, it is proposed that a series of curb cuts be provided to facilitate off-street loading and 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, but would not induce new vehicular traffic demand on either East 76th or East 77th Street.

In accordance with *CEQR Technical Manual* guidelines, detailed analysis of operational vehicular and pedestrian traffic was not required based on the projected change in population and trips generated.

AIR QUALITY

Comment 69: There is an unwarranted assertion in the DEIS that appears to ignore the potential for advancements in medicine and medical care:

"The Proposed Project would not introduce new laboratory chemicals or affect the types and quantities of materials used in the existing laboratories. Therefore, no analysis of such chemicals or materials was performed."

The argument for the proposed project contains repeated references to the need for an expanded facility in order to accommodate advances in medicine and hospital practices and services.

Construction of the proposed facility would be expected to introduce new laboratory chemicals as needed for the services the existing hospital could not accommodate should medical advances call for such new chemicals. Presumably that would be a benefit to residents in the service area of the hospital, but only if potentially dangerous emissions from the laboratories are under control. (Meyer_EPSG_004)

Response 69: As indicated in DEIS Chapter 11, "Air Quality," the Proposed Project, standing alone, would not introduce any laboratory chemicals. The laboratories in the Proposed Project are clinical and designed for the needs of the patients rather than for research. The Proposed Project contains no research laboratories and cannot bring new chemicals to the site except under the applicable regulations. If advances in medicine bring new drugs, their storage and use at any hospital will be heavily regulated and controlled. All use of chemicals in laboratories in hospitals is heavily

regulated, and LHH will continue to comply with all applicable legal requirements.

GREENHOUSE GAS EMISSIONS AND CLIMATE CHANGE

Comment 70: The measures taken to assure that the construction under the proposed project results in energy efficient buildings are appropriate, admirable, and the minimum required.

Two glaring omissions must be noted: The proposed project contains buildings that will be taller than those around them and thus will have unimpeded sunlight but no consideration is given to construction of on-site solar power that could both reduce the hospital's power costs and GHG generation. (There is, admittedly, passing reference to pursuit of Leadership in Energy and Environmental Design (LEED) certification and possible solar power generation, but there is no sign it has bene part of any substantive planning to date.) (Meyer_EPSG_004)

Response 70: Construction of a solar power plant is not part of the Proposed Project nor does it respond to the goals of the Proposed Project. The existing and new hospital roof spaces will be used to support new mechanical, electrical, and plumbing (MEP) infrastructure to support the transitional hospital needs as well as for the deployment of all-electric MEP infrastructure which requires a direct interface with the outdoor air.

Comment 71: There is no green roof to ameliorate the gases the building will generate. (Saunders_088)

Response 71: The majority of rooftop space on the new hospital building would be taken up by mechanical equipment to support the extensive infrastructure requirements of a modern hospital. The Applicant has indicated that it will consider the feasibility of green roof implementation during the final design stage.

NOISE

Comment 72: Noise from the Proposed Project would have a major impact on the permanent quality of life for the residents of East 76th and East 77th Streets. (VanDerValk_CHN_064)

Response 72: The DEIS includes a detailed analysis of noise resulting from the Proposed Project that is consistent with the guidance of the *CEQR Technical* Manual and was developed and reviewed with the lead agency. DEIS Chapter 13, "Noise," evaluates the future noise levels with and without the project compared to the existing conditions. The analysis

indicates that building mechanical systems would be designed to meet all applicable noise regulations (i.e., Subchapter 5, §24-227 of NYC Noise Control Code, the DOB Code) and to avoid producing levels that would result in any significant increase in ambient noise levels. Further, the Proposed Project would not result in traffic volume increases that would have the potential to cause a significant noise impact (i.e., it would not result in a doubling of noise passenger car equivalents [Noise PCEs], which is necessary to cause a perceptible increase in noise levels). As such, the Proposed Project, when completed and operational, would not have the potential to result in any significant increase at receptors along East 76th or East 77th Streets. Construction noise is addressed Chapter 16, "Construction."

Comment 73: It would appear that the existence of ambulances was overlooked in the process of the preparation of the DEIS. The discussion of noise never touches on whether the construction of six ambulance bays in the proposed project would significantly increase the volume of ambulance traffic in the neighborhood over the present level. (Meyer_EPSG_004)

Response 73: The increased ambulance bays would accommodate existing ambulances and avoid the double-parking that sometimes occurs. As described in DEIS Chapter 10, "Transportation," 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.

There is no requirement for ambulances to use a siren when transporting patients, even those in need of urgent care. An ambulance (or other emergency vehicle) is only required to employ "lights and siren" when using emergency vehicle privileges under the vehicle and traffic law such as exceeding the posted speed limit or proceeding past traffic signals. Most patients are stabilized on the scene before removal to an emergency department. Only a small sub-set of all ambulances approaching the Proposed Project are expected to employ sirens. All ambulances associated with the Proposed Project would be subject to Subchapter 5, §24-241(b) of the NYC Noise Control Code, and would be required to produce noise levels no greater than 90 dBA when measured at a distance of 50 feet. Consequently, no significant adverse impacts are anticipated.

Comment 74: Neighborhood noise during nine or more years of construction was also ignored in this chapter. (Meyer_EPSG_004)

Response 74: DEIS Chapter 16, "Construction," presents a detailed assessment of noise during construction of the Proposed Project.

PUBLIC HEALTH

Comment 75: The years of construction were definitely acknowledged in consideration of public health: "...the construction analysis determined that construction activities would result in unmitigated temporary significant adverse noise impacts on the facades of multiple residential buildings either adjacent to or with a direct line of sight to the construction work areas and various portions of LHH..." Those noise impacts were found to "not generate significant adverse public health impacts."

The construction noise may not affect auditory health, but there is no consideration given at all to its mental health impacts. The DEIS dwells at some length on the physical vulnerabilities of the aging population in the hospital's service area but pays no attention at all to the effects of noise—especially unexpected loud outbreaks—on the emotional state of the elderly and others in the population (notably those on any autism spectrum).

Those impacts constitute a public health effect that is ignored. (Meyer_EPSG_004)

We cannot ignore the health risks posed by prolonged construction. (Maloney_035)

Response 75: Construction of the Proposed Project would include noise control measures as required by the NYC Noise Control Code as well as additional measures that go beyond code requirements, as described in DEIS Chapter 18, "Mitigation." These measures would include commitments to noise emissions lower than permitted by Code for certain pieces of construction equipment as well as site-perimeter noise barriers during Stages 2 and 3 that would be at least 12 feet tall with a cantilever towards the work area and are consistent with the noise barrier performance requirements set forth in the Department of Environmental Protection (DEP)'s "Rules for Citywide Construction Noise Mitigation," as well as locating concrete operations inside these barriers. Such measures would serve to decrease the level of noise at nearby receptors resulting from construction of the Proposed Project. As described in the "Unpredictable Exposure to Short-Term High Noise Levels) section of DEIS Chapter 14, "Public Health," the maximum predicted levels of noise exposure at nearby receptors due to construction (i.e., no greater than 62 dBA $L_{10(1)}$) are similar to typical exterior noise levels commonly experienced at urban areas and would not constitute unpredictable exposure to short-term impacts of noise at high decibel levels, which are

indicated as a potential public health concern in the *CEQR Technical Manual*.

Comment 76: The Proposed Project—located in the heart of a densely populated Manhattan neighborhood—could easily trigger a serious public health crisis in NYC. This expansion will inevitably involve the testing, treatment and research of pathogens in close proximity to residential buildings, schools, NYC MTA Subway & Bus Stops and businesses—in one of the most densely populated and globally connected cities in the world.

Elevator shafts are expressways for pathogens. A 43-story elevator would present a severe risk to patients and staff. (Camp_011, Samek_080)

Response 76: There are very strict standards to control the spread of pathogens from within the hospital. These standards include the implementation of air filtration and specific pressure relationships to control the passage of air from one space to another. These requirements drive the needs for significant infrastructure space within, and on top of, a modern hospital facility. See also Appendix A, Attachment 2.

NEIGHBORHOOD CHARACTER

Comment 77: The Neighborhood Character discussion in the DEIS is flawed. The Proposed Project would have significant impacts on urban design, historic resources, and zoning, but the DEIS concludes there would be no adverse impacts to neighborhood character. The DEIS provides incomplete project information and mischaracterizes existing character and neighborhood conditions against which its impacts must be assessed. (Meara_CLM_005)

The Proposed Project would permanently alter the character of a thriving residential neighborhood. (RappoportMcKenna_001)

The Proposed Project would result in the permanent destruction of the Lenox Hill neighborhood. (Shea_054)

Response 77: The DEIS was prepared consistent with *CEQR Technical Manual* guidance and reviewed by DCP. No significant adverse impacts to land use, zoning, and public policy, historic and cultural resources, or urban design and visual resources were identified.

It is not accurate to characterize the surrounding neighborhood as purely residential in character. Current and historic uses include a mixture of community facility uses; including healthcare, religious and educational institutions; residential, including in mixed-use buildings; and

commercial uses, including ground floor retail on Lexington Avenue and the Carlyle Hotel.

Comment 78: The reference to other medical facilities suggests that the neighborhood-specific impacts are ignored. (Meyer_EPSG_004)

Response 78: DEIS Chapter 2, "Land Use, Zoning, and Public Policy," was prepared in accordance with the guidance presented in *CEQR Technical Manual* Chapter 4, "Land Use, Zoning, and Public Policy," which notes that an assessment of the Proposed Actions' consistency with land use considers all general categories of land use, identifies the extent to which the proposed uses characterize the study area surrounding the project site or would be consistent or inconsistent with existing uses. In addition, the analysis presented in DEIS Chapter 15, "Neighborhood Character," follows the guidance presented in *CEQR Technical Manual* Chapter 21, "Neighborhood Character," which notes that defining features of a neighborhood "may include… land use."

Comment 79: The impact of any project on neighborhood character depends on the character prior to the initiation of the project- and thus on the boundaries of the affected neighborhood.

The DEIS notes that: "The neighborhood character of the 400-foot study area is primarily defined by its mix of institutional, residential, and ground floor retail uses, as well as the diverse urban and architectural context of the area. The Proposed Project would reinforce the existing institutional nature of the Project Site and neighborhood and would contribute to the mix of land uses in the area and the diverse urban and architectural context."

The study area defined in the DEIS, based in some measure on distance from the center of a site that exceeds a city block in size, is questionable, as stated at the outset of this discussion of impact. If the 400-foot study area were defined as within 400 feet of the boundary of the project, then the neighborhood would have a substantially different character than what is asserted. Most notably, the extension of the study area to the west would include residential uses on both sides of Park Avenue, and all the extensions would add more residential uses on the side streets. In that case, the mix of uses would tilt far more towards residential, and that would require far more consideration of effects on the residents than is given in the DEIS.

Even if the neighborhood is characterized as a "mix of institutional, residential, and ground floor retail uses," there is a need to systematically analyze the effect of the reinforcement of the "institutional nature of the

Project Site." The proposed intensity of land use and scale of new buildings proposed may well change the neighborhood from a mix of land uses to an area dominated by a single overwhelming institutional use where the institution had previously fit into the neighborhood mix.

In defining the features of the neighborhood, the DEIS actually goes well beyond the 400-foot boundary and drags in a laundry list of institutional uses "located on Manhattan's Upper East Side" as if they defined the affected area. It is ironic in the extreme that this narrative, irrelevant as it is to the issue of Neighborhood Impact, raises questions about the need for another major hospital center in that part of NYC.

The DEIS cites the physical characteristics of the neighborhood, but totally ignores the population characteristics and property values in the area. Yet it is those features of the area surrounding the proposed project that will be most immediately affected by the nine- year construction process and the resulting change in the neighborhood character. (Meyer_EPSG_004, Meyer_EPSG_015)

Response 79: DEIS Chapter 15, "Neighborhood Character," was prepared in conformance with the *CEQR Technical Manual*. As defined in the *CEQR Technical Manual*, neighborhood character is a mixture of various elements that give a neighborhood its distinct "personality." These elements may include a neighborhood's land use, socioeconomic conditions, historic and cultural resources, urban design and visual resources, transportation, and noise. The study areas for these analyses are of varying sizes and are described in the DEIS. Property values are not within the scope of SEQRA. LHH has been providing health care at its current location for over 160 years and is an integral part of the neighborhood and its character. The commenter's reference to the boundaries of the study being based on the center point of the site is incorrect.

Comment 80: The DEIS claims that "Benefits of the Proposed Project would include the activation of the streetscape, the strengthening of an existing neighborhood community facility institution, and access improvements to the local subway station." This claim is dubious at best.

"Activation of the streetscape" is ambiguous and no consideration is given to the effects of a change in the characteristics of neighborhood residents or property values on retail activity when the nine-year construction period and change in physical appearance of the area might generate such a change. The EAS found that an analysis of socioeconomics in the DEIS was unwarranted.

The Hospital has claimed its need to expand is a function of demand from a service area that extends into Brooklyn and Queens and the DEIS apparently accepts that rationale, but then describes it as "an existing neighborhood community facility." Some modicum of consistency in argument should exist in the DEIS. (Meyer_EPSG_004)

Response 80: In accordance with *CEQR Technical Manual* criteria for socioeconomic conditions, the Proposed Project would not directly displace any residents or introduce any residential units and therefore, an assessment of direct or indirect residential displacement is not warranted. In addition, the Proposed Project would not directly displace any businesses, and an assessment of direct business displacement is not warranted. The Proposed Project would not introduce over 200,000 sf of new commercial uses to the study area, which is the CEQR threshold for assessment of potential indirect business displacement, and an assessment of potential indirect business displacement is not warranted.

CONSTRUCTION

Comment 81: Construction of the Proposed Project would result in prolonged noise pollution, including outside of usual permit work hours, air pollution due to dust and debris, traffic congestion, loss of natural light, and loss of revenue for local businesses. (Krueger_002, Meyer_EPSG_015, Krusch_016)

Construction of the Proposed Project would be a burden on the densely populated residential neighborhood. The environmental impacts of construction threaten the health and safety of residents and LHH patients and staff. (CPOLHN_003)

The Project's proposed 9-year construction timeline would impose substantial burdens on the immediate community. While the DEIS acknowledges construction noise, it substantially understates other adverse construction impacts including traffic gridlock, reduced air quality, loss of parking, and pedestrian hazards, and fails to offer any mitigation. (Meara_CLM_005)

Construction of the Proposed Project would result in environmental and health impacts from construction traffic congestion and street closures, air pollution, dust, noise, and disruption in a neighborhood where families are raising children and seniors are aging in place. Construction of the proposed project would be disruptive to the community and could have implications for hospital infrastructure, including prolonged noise, air, and traffic effects, loss of natural light, and loss of revenue for local businesses. (RappoportMcKenna_001, Maloney_035, Scovell_046, Holzer_052, Lilly_053, Shea_054, Aronson_072, Byowitz_077)

Response 81: As is typical with most large construction projects, construction of the Proposed Project would result in disruptions to the surrounding area. However, as described in DEIS Chapter 16, "Construction," the Applicant has committed to implementing a variety of measures (e.g., environmental performance measures such as air emissions controls, noise controls, a Maintenance and Protection of Traffic [MPT] plan, CPPs for nearby historic resources, a Remedial Action Plan [RAP], and a Construction Health and Safety Plan [CHASP]) during construction to minimize impacts to the nearby community. In addition, a number of measures would be employed to ensure public safety during the construction, including sidewalk bridges to provide overhead protection; safety signs to alert the public about active construction work; safety barriers to ensure the safety of the public passing by construction areas; flag persons to control trucks entering and exiting the construction areas and/or to provide guidance for pedestrian and bicyclist safety; and safety nettings as the superstructure work advances upward to prevent debris from falling to the ground. Construction of the Proposed Project would not block or restrict access to any facilities in the area, affect the operations of any nearby businesses, or obstruct major thoroughfares used by customers or businesses. Further, as described in DEIS Chapter 16, "Construction," 2.5 to 3 years of the 9-year construction period would be interior work only, which would generally involve reduced noise levels as well as reduced disruption to roadways and sidewalks since most of the activities would occur within the enclosed building.

DEIS Chapter 16, "Construction," provides a comprehensive analysis of construction-period impacts in the areas of transportation, air quality, noise, vibration, land use and neighborhood character, socioeconomic conditions, community facilities, open space, historic and cultural resources, hazardous materials, and water and sewer infrastructure. With the implementation of a wide variety of measures that would exceed code requirements and standard construction practices to minimize disruption to the community during construction, construction of the Proposed Project would not result in significant adverse impacts in any of these technical areas with the exception of noise.

As described in detail in DEIS Chapter 18, "Mitigation," at receptor locations where significant adverse impacts are identified, construction would produce noise level increases that would be noticeable and potentially intrusive during the most noise-intensive nearby construction activities; however, the predicted maximum levels would not persist throughout construction, and the noise levels would fluctuate over the course of the construction period. In addition to the noise control measures beyond NYC regulations for the construction of the Proposed Project, mitigation measures to control noise at the receptors predicted to

experience impacts would be offered during construction of the Proposed Project. Specifically, as a mitigation measure at building façades that are predicted to experience temporary significant adverse construction noise impacts, the Applicant would offer to provide and install storm windows for the above façades that do not already have insulated glass windows and/or one window air conditioner per living room, bedroom, patient room, or any other noise sensitive space that does not already have an alternative means of ventilation. These mitigation measures would be implemented prior to the start of construction.

Comment 82: Many businesses would be unable to survive in the chaos during construction. (Trowbridge_037, Trowbridge_069)

Response 82: The analysis in DEIS Chapter 16, "Construction," finds that construction of the Proposed Project under both Envelope 1 and Envelope 2 would not block or restrict access to any facilities in the area, affect the operations of any nearby businesses, or obstruct major thoroughfares used by customers or businesses. Construction would create indirect benefits created by expenditures by construction workers and other employees involved in the construction activity. The Applicant has committed to implementing a variety of measures (e.g., environmental performance measures such as air emissions controls, noise controls, an MPT plan, CPPs for nearby historic resources, a RAP, and a CHASP) during construction to minimize impacts to the nearby community. Furthermore, a number of measures would be employed to ensure public safety during the construction, including sidewalk bridges to provide overhead protection; safety signs to alert the public about active construction work; safety barriers to ensure the safety of the public passing by construction areas; flag persons to control trucks entering and exiting the construction areas and/or to provide guidance for pedestrian and bicyclist safety; and safety nettings as the superstructure work advances upward to prevent debris from falling to the ground.

Comment 83: Residential real estate values would take a dramatic hit during construction; the Proposed Project would be counter to the CPC's purpose of ensuring sustainability and economic vibrancy. (Trowbridge_037, Trowbridge 069)

Response 83: A project's effect on individual property values is outside the scope of CEQR analysis. DEIS Chapter 16, "Construction," assesses the Project's potential environmental effects, including socioeconomic effects. New investments can help to ensure a sustainable and vibrant economy.

Comment 84: The DEIS states that no lanes of traffic will be closed despite an average of 27 daily trucks in Year 4 of the project, without providing an explanation as to how that would be achieved. (Meara_CLM_005)

Response 84: The DEIS Chapter 16, "Construction," Figure 16-2, "Construction Plan—Maintenance and Protection of Traffic," illustrates that there would be no travel lanes removed. Further, the text in Chapter 16, "Construction," describes the widths of all travel lanes to be maintained, which was based on provisions from the NYCDOT during their review of the MPT plan and Construction chapter transportation analyses.

Comment 85: Traffic around the hospital is already a problem, and during construction, eliminating two lanes of traffic will have a catastrophic effect. (Campen_036)

Response 85: Transportation effects from the construction of the Proposed Project were analyzed in Chapter 16, "Construction," according to guidance in the *CEQR Technical Manual*. Detailed traffic analyses were conducted using existing traffic volumes and conditions as the basis. After review by the lead agency and NYCDOT, it was determined that there would not be the potential for significant adverse traffic or pedestrian impacts from the construction of the Proposed Project.

Comment 86: The DEIS concludes that there would be no parking impacts, despite an estimated additional 144 construction worker vehicles daily and the removal of street parking on Lexington Avenue and East 76th and East 77th Streets. While the DEIS identifies commercial parking as a solution to nine years of parking impacts, the parking data is over 6 years old, and paid parking is not a feasible alternative for some residents. The analysis must be amended to provide more detail regarding construction staging and account for the fact that lane closures are possible, as are parking impacts. (Meara_CLM_005)

Response 86: The DEIS Chapter 16, "Construction," clearly describes that 670 parking spaces are available during the AM period when construction workers would arrive. These spaces are distributed among 27 parking facilities with a total capacity of 2,077 parking spaces within a ¼-mile radius of the project site. The DEIS states that up to approximately 54 total on-street parking spaces that may be temporarily unusable during construction plus the projected parking demand from construction workers of 180 parking spaces could be accommodated within off-street parking facilities and therefore, the Proposed Project would not result in any significant adverse parking impacts during construction.

Comment 87: The DEIS concludes that the Proposed Project will not have any adverse impacts on air quality, including diesel emissions, dust, and particulate matter. While the site will be required to comply with all applicable laws designed to minimize emissions, the reality is that such mitigations are imperfect and the Proposed Project is likely to decrease air quality over its nine-year construction duration. (Meara_CLM_005)

Response 87: Potential air quality impacts during construction were analyzed in accordance with the *CEQR Technical Manual* and are described in detail in DEIS Chapter 16, "Construction." A quantitative analysis of the overall combined impact of both non-road and on-road sources of construction-related air emissions, including dust emissions, was performed to determine the potential for significant adverse impacts from these sources of air emissions generated during construction of the Proposed Project. The DEIS concludes there would be no significant adverse construction air quality impacts.

Comment 88: The DEIS assessment of the construction impacts opens with the assertion that: "Construction associated with the Proposed Actions would result in temporary disruptions in the surrounding area."

There may be a world in which nine years is considered "temporary," but New York is not in such a world. Given the overall tenor of the DEIS, we should acknowledge that it admits there will be disruptions altogether. (Meyer_EPSG_004)

Response 88: DEIS Chapter 16, "Construction," provides a comprehensive analysis of construction-period impacts in the areas of transportation, air quality, noise, vibration, land use and neighborhood character, socioeconomic conditions, community facilities, open space, historic and cultural resources, hazardous materials, and water and sewer infrastructure. As described in Chapter 16, "Construction," 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) which would generally involve reduced noise levels as well as reduced disruption to roadways and sidewalks since most of the activities would occur within the enclosed building and would not require crane lifts. For Envelope 1, approximately 3 years out of the 9-year period are projected to have interior work only while for Envelope 2, approximately 2.5 years out of the 9-year period are projected to have interior work only. To minimize disruptions to the community during the construction period, the Applicant is committed to employing a wide variety of measures that exceed code requirements and standard construction practices.

Comment 89:

The discussion of traffic on streets adjacent to the proposed construction site does not admit that there is existing on-street curbside parking. There is no question that the availability of that parking, on the east side of Park Avenue, south side of 77th Street, west side of Lexington Avenue, and north side of 76th Street, will be affected by the construction which will need, at a minimum, space for staging construction elements at loading docks while buildings are erected as well as for cranes and two exterior hoists, even in the years when interior work is being done. That space will be taken from curbside parking.

Any reduction in curbside parking space will increase the likelihood of double parking and that double parking will reduce the number of passable travel lanes. The increased frequency of that double parking will have an impact on traffic volume that is completely ignored in the DEIS. It is notable that the loss of the single passable lane on 77th Street would effectively block ambulance access to the hospital. Double parking on 76th Street could make it difficult for trucks to turn into the proposed truck bays. Neither of these impacts on hospital operations during the construction phase are considered at all in the DEIS but need to be addressed.

Double parking on the avenues will create bottlenecks, reducing traffic speed and volume. (Bottlenecks typically increase the likelihood of honking, a noise impact that is ignored.) And such double parking will be substantial, occurring whenever construction materials are delivered to holding areas unless curbside parking is virtually eliminated in order to permit trucks to back up adjacent to holding along the curbs.

The reduction of parking available to neighborhood residents is ignored in the DEIS that makes reference only to the parking needs of construction personnel. The failure to acknowledge residents and their needs in the discussion of the nine-year construction period is all too obvious:

1. Discussion of pedestrians relies only on data on current patterns and never considers that residents might change their walking habits. To some degree, construction noise may drive away those walking for exercise. On the other hand, vehicular congestion and reduced on-street parking might mean more people walking from near the construction to access mass transit, to the parked cars, or to access taxis and ride-share vehicles. These issues warrant consideration.

2. The unavoidable impact of the needed construction materials and staging operations on sidewalk access and pedestrian detours is ignored completely, consistent with the DEIS' failure to recognize the project area contains resident human beings.

3. The proposed project includes provision of an improved subway station but the DEIS discussion of construction impacts on transit never mentions that aspect of the project or its impacts during and after construction. At a minimum, the timing of those improvements could be considered to minimize the combined disruptions of sidewalk-adjacent excavations and construction materials staging.

4. Street User Safety is specifically identified as a consideration but the effects on accident rates and the like of more people crossing streets and avenues to avoid walking adjacent to the construction sites addressed. (This section of the DEIS acknowledges "heavy volumes at high crash locations in the study area" as if that condition makes it unnecessary to consider increased risks or the extent to which construction will impede efforts to reduce crashes, a measure that might otherwise improve neighborhood quality of life as well as health.

5. The diagram of the construction site indicating building and construction stages notes multiple "sidewalk sheds" and gates that unquestionably will affect pedestrian traffic along the impacted sidewalks. On Lexington Avenue, it appears that the entire West side sidewalk will have to be closed at times (it is also marked as a vehicular lane). Those impacts on pedestrians and safety are ignored.

6. The description of Construction Practices notes that the average number of trucks accessing the construction site is expected to be 27 per day. Assuming a 7:00 AM to 3:30 PM workday, that averages out to one large truck arriving every 19 minutes for nine years. (in 2030, 33 trucks are expected per day, or one every 15 minutes.) And yet there is complete denial of any significant construction impact on the neighborhood.

7. Following p. 16-26 on the DEIS Construction chapter there are 15 pages diagramming construction worker pedestrian flows at neighborhood corners under the existing, no action and proposed project scenarios. There is no analysis of any sort of the residents' pedestrian flows and how they might change in response to noise, rerouting onto special walkways or other Impediments associated with the construction project, including temporary or extended sidewalk closures. (Meyer_EPSG_004)

Construction equipment and vehicles for the project would presumably use Lexington Avenue, which can barely handle the current traffic demand. (Trowbridge_037, Trowbridge_069)

Response 89: The temporary loss of on-street parking is disclosed in DEIS Chapter 16, "Construction," and quantified by individual block faces. The DEIS states that up to approximately 54 total on-street parking spaces may be temporarily unusable during construction. The DEIS describes that 670

parking spaces are available during the AM period when construction workers would arrive and that these spaces are distributed among 27 parking facilities with a total capacity of 2,077 parking spaces within a ¼-mile radius of the project site. The DEIS states that the up to approximately 54 total on-street parking spaces that may be temporarily unusable during construction plus the projected parking demand from construction workers of 180 parking spaces could be accommodated within off-street parking facilities and therefore, the Proposed Project would not result in any significant adverse parking impacts during construction. Travel lanes would be maintained at the same widths during construction. Sidewalks would be narrowed, but would maintain pedestrian flows at levels which would not constitute significant adverse pedestrian impacts. Therefore, the comment that MPT impacts on pedestrians and safety are ignored is incorrect.

The traffic analyses presented in DEIS Chapter 16, "Construction," analyze the reasonable worst-case condition of the highest quarterly total of daily workers and trucks of any year of the construction. Under those future conditions, construction worker cars and delivery trucks were subjected to detailed transportation screening analyses prescribed in the *CEQR Technical Manual* and found to exceed screening thresholds; the vehicular and pedestrian trips generated by the Proposed Project were analyzed in detail for the highest two hours of a typical construction day. Additionally, the effects of MPT on pedestrians were analyzed for the construction peak hours and the highest weekday peak hours of activity for the hospital: weekday AM, midday, and PM peak hours. After detailed traffic and pedestrian analyses were conducted and subjected to significant adverse impact criteria assessments under methodologies established in the *CEQR Technical Manual*, the DEIS concluded that the Proposed Project would not have the potential for significant adverse traffic or pedestrian impacts.

Comment 90: Would the Lexington Avenue bus be rerouted during construction? (Trowbridge_037, Trowbridge_069)

The bus and subway would be closed for 10 or more years. (Shea_054)

I am dismayed at the projection of damage to the subway stop at 77th Street, which will doubtless cause disruption of service. (Stackpole_089)

Response 90: The buses along Lexington Avenue would not be rerouted during construction; the 12-foot bus-only lane would be maintained during construction. DEIS Chapter 16, "Construction," states, "The project would likely require temporary relocation of the bus stop along Lexington Avenue between East 76th and East 77th Streets. The location would be explored in coordination with New York City Transit (NYCT) for a

nearby alternative location." The statement that the bus and subway would be closed for 10 or more years is false. Bus service along Lexington Avenue would not be rerouted, and downtown subways would not be rerouted and would stop at the 77th Street station during construction. The 77th Street subway station would not be damaged as result of Proposed Project. As described in the DEIS, the Proposed Project would provide transit improvements to the station including ADA access and improved stairways at the southbound entrance.

Comment 91: The discussion of construction noise included detailed data on impact projections for over 200 noise receptors. Serious noise impacts, however, were discussed only for those few locations at which the increase in noise led to a volume increase that exceeded 10 A-weighted decibels (dBA) above the interior noise level threshold of 45 dBA considered acceptable. That 10 dBA increase, it must be noted, constitutes a noise volume since the measurement scale is logarithmic. There is no determination of the extent to which construction will generate a 10, 20, or 30 percent increase in the daytime noise volume experienced by neighborhood residents during the nine years of active construction. Without those data, the DEIS cannot in any way determine the negative effects on the neighborhood property values, not to mention the quality of life of the current residents. (Meyer_EPSG_004)

Response 91: It is not correct that "noise impacts, however, were discussed only for those few locations at which the increase in noise led to a volume increase that exceeded 10 dBA above the interior noise level threshold of 45 dBA considered acceptable." Tables 16-22 and 16-23 of DEIS Chapter 16, "Construction," present quantitative noise level predictions for 29 receptors at which "objectionable" or "very objectionable" noise level increases were predicted to occur at some point during construction. Detailed discussion of predicted construction noise effects is provided for each of these 29 receptors, including those at which the noise impacts were determined not to be significant when considering the overall magnitude and duration of the noise. At other receptors, the DEIS describes noise effects from construction as "objectionable" for periods of fewer than 12 months or not "objectionable" but "perceptible to noticeable" for some portion of the construction period. Further, Appendix E of the DEIS presents the full results of the construction noise analysis, including the predicted total noise level and noise level increment at each receptor throughout the duration of construction. The determination of significance for construction noise impacts was made according to *CEQR Technical Manual* guidance and the typical practice of construction noise analysis in NYC. As noted in the DEIS, the threshold of "objectionable" and "very objectionable" noise level

increases are provided by New York State Department of Environmental Conservation (NYSDEC) guidance.

Comment 92: The psychological impact and potential harm of a decade of construction on neighborhood children and seniors should be considered. (CPOLHN_003)

Response 92: Psychological impacts are not considered an analysis area under SEQRA or CEQR. DEIS Chapter 16, "Construction," provides a comprehensive analysis of construction-period impacts in accordance with *CEQR Technical Manual* guidelines in the areas of transportation, air quality, noise, vibration, land use and neighborhood character, socioeconomic conditions, community facilities, open space, historic and cultural resources, hazardous materials, and water and sewer infrastructure. The Applicant has committed to implementing a variety of measures (e.g., environmental performance measures such as air emissions controls, noise controls, a MPT plan, CPPs for nearby historic resources, a RAP, and a CHASP) during construction to minimize impacts to the nearby community. Furthermore, a number of measures would be employed to ensure public safety during the construction, including sidewalk bridges to provide overhead protection; safety signs to alert the public about active construction work; safety barriers to ensure the safety of the public passing by construction areas; flag persons to control trucks entering and exiting the construction areas and/or to provide guidance for pedestrian and bicyclist safety; and safety nettings as the superstructure work advances upward to prevent debris from falling to the ground.

ALTERNATIVES

Comment 93: The DEIS claims, with insufficient evidence, that there are no feasible alternatives that could reduce or avoid impacts to shadows and construction noise. The proposed mitigations presented in the DEIS fall short, particularly in areas relating to changes in bulk controls, construction impacts other than noise, and health care inequities. The alternatives discussion fails to acknowledge or fully evaluate impacts to zoning, health care disparities, historic resources, urban design, neighborhood character, traffic, vehicle-pedestrian conflicts, and construction traffic, parking, and air quality. The DEIS fails to offer alternatives that could mitigate these adverse impacts. It must include a range of alternatives such as reduced scale alternatives, multi-site programming, alternatives to reduce bulk related impacts, alternatives to reduce the possibility of exacerbating health inequities, and alternatives to shorten the duration of construction.

The DEIS does not consider alternatives that would not increase building height at all, or increase them more modestly than the levels considered (236 feet). The existing structures range in height from 40 to 200 feet, so there is substantial room for growth for a building envelope between existing and 236 feet. (Meara_CLM_005)

This DEIS chapter purports to discuss alternatives to the massive construction project proposed. It fails to do so in any constructive manner.

It compares the No Action Alternative, a "No Significant Adverse Impact Alternative," and the Proposed Project. These are far from the only alternatives available for a project to improve and upgrade the current historic LHH. The first two alternatives are effectively straw men, inserted as required by law but not offered as real options to the neighborhood, CB8, or the City of New York.

There is no constituency for taking no action at all. The neighborhood would welcome an upgrading of facilities at the hospital that did not change the architectural character of the neighborhood and the balance between the diverse uses that it now encompasses.

The option of a project with no significant adverse impacts that the DEIS reviews looks for a project with no shadowing of a garden and no temporary construction noise. That option is rejected because, "...there is no alternative that would avoid a significant adverse temporary construction noise impact and produce a project that would satisfy the goals and objectives of the Proposed Project."

The question is whether the goals of the proposed project, which are those of Northwell Health, a nonprofit corporate entity with over 900 locations, are consistent with the goals of the neighborhood in which LHH is located. If they are not, then the realistic alternatives to the proposed project are alternative developments that provide needed upgrades to the quality of healthcare at the hospital while simultaneously "advancing public policy goals such as One NYC's goal for growth in emerging fields, promoting access to health care, and modernizing key infrastructure."

Such alternatives have not been considered by Northwell Health and are thus not included in this DEIS. They should be if there is to be an objective, consistent, and complete Environmental Impact Statement that serves the residents and taxpayers of the neighborhood, community and city. (Meyer_EPSG_004)

The DEIS considers a narrow range of options for reducing or avoiding construction noise impacts. However, shortening the duration of construction would reduce, if not fully avoid, noise impacts. Alternatives to shorten construction duration should be explored. (Meara_CLM_005)

Other alternatives, including redirecting the Applicant's resources to other areas that need it more, even if that comes at the expense of LHH (including its closure), should be considered. (Hodes_031)

Response 93: In accordance with guidance presented in Chapter 23, "Alternatives," of the *CEQR Technical Manual*, "The selection of alternatives to a proposed project is determined by taking into account the nature of the specific project, its stated purpose and need, potential impacts, and the feasibility of potential alternatives. There is no prescribed number of alternatives that need to be examined… As required by SEQRA, the No Action alternative must be examined. The No Action alternative demonstrates environmental conditions that would exist if the project were not implemented…Where the impacts of a project relate to the proposed use, consideration of different uses may form a reasonable alternative. For privately sponsored projects, the feasibility of an alternative use should be considered carefully in relation to the objectives and capabilities of the sponsor." The DEIS is not required to consider alternatives that do not meet the project's purpose and need.

LHH has been studying the opportunities to reduce the length of construction, and will continue to consider ways to reduce the construction period. However, for such an alternative to be acceptable to LHH, it would have to fulfill the goals and objectives of the Proposed Project.

MITIGATION

Comment 94: The proposed mitigations presented in the DEIS fall short, particularly in areas relating to changes in bulk controls, construction impacts other than noise, and health care inequities. The DEIS must offer supplemental mitigation for specific impacts, including impacts to zoning, health care disparities, historic resources, urban design, neighborhood character, traffic, vehicle-pedestrian conflicts, and construction traffic, parking, and air quality. (Meara_CLM_005)

Response 94: No significant adverse impacts were identified to zoning, historic and cultural resources, urban design and visual resources, traffic, pedestrian safety, construction traffic, parking, and air quality, or neighborhood character; and therefore, mitigation is not required. Health care disparities are outside the scope of CEQR.

Comment 95: What steps would be taken to minimize disruption during construction of the Proposed Project? (Trowbridge_037, Trowbridge_069)

Response 95: DOB and NYCDOT work with project applicants to minimize potential disruptions during construction. MPT plans would be developed for any

required temporary sidewalk and lane narrowing and/or closures, to protect the safety of the construction workers and the public passing through the area. The approval of these plans and implementation of the closures would be coordinated with NYCDOT's Office of Construction Mitigation and Coordination (OCMC). For projects in NYC, primary construction oversight lies with DOB, which ensures that construction projects meet the requirements of the NYC Building Code and that buildings are structurally, electrically, and mechanically safe. In addition, as described in DEIS Chapter 16, "Construction," the Applicant has committed to implementing a variety of measures (e.g., environmental performance measures such as air emissions controls, noise controls, CPPs for nearby historic resources, a RAP, and a CHASP) during construction to minimize impacts to the nearby community. Furthermore, a number of measures would be employed to ensure public safety during the construction, including sidewalk bridges to provide overhead protection; safety signs to alert the public about active construction work; safety barriers to ensure the safety of the public passing by construction areas; flag persons to control trucks entering and exiting the construction areas and/or to provide guidance for pedestrian and bicyclist safety; and safety nettings as the superstructure work advances upward to prevent debris from falling to the ground.

OTHER COMMENTS

Comment 96: Borough President Mark Levine's May 14, 2025 recommendation for the Proposed Project included the following conditions:

- The Applicant has committed to establishing a construction task force or working ground of elected officials, representatives from neighboring buildings, CB members, and any other nearby stakeholders that would begin before the start of construction and would meet regularly throughout construction;
- The Applicant has committed to expanding behavioral health services through the creation of a new Upper East Side outpatient center for mental health nearby the Manhattan Eye, Ear & Throat Hospital;
- The Applicant is urged to commit to a ground-floor plan that allows ambulances to pass through or turn around within the footprint of the hospital instead of having to back out onto 77th Street;
- The Applicant should reduce the height to the maximum extent possible, while avoiding a significant reduction in hospital services;
- The Applicant should make a concerted effort to reach an agreement with property owners and commit significant resources for improvements to the northbound 77th Street subway station;

- The Applicant should commit to ensuring wait times and admittance times will decrease at LHH, does not diminish care to patients with public insurance; assure that transition to single rooms does not preclude low-income patients and/or patients with public insurance; and double-down on healthcare services in other areas Citywide, such as downtown Manhattan or other areas of the City in need of healthcare services;
- The Applicant should commit to decrease construction time to the maximum extent possible (especially external construction), mitigate noise, traffic, and air quality issues from construction, and minimize off-hours work and be in conversation with the construction task force (which will include CB8 representatives) about any after-hour permits for construction;
- The Applicant should commit to using union labor for all aspects of the Proposed Project including construction and hospital operation and maintenance (memorialized in a Project Labor Agreement), continue existing community partnerships and expand partnerships with additional community organizations, maintain permanent hospital use on the entire zoning lot, and if the Park Avenue frontage is sold for residential development, to notify the public and commit 5 percent of the sales price for transit improvements and other community benefits;
- The Applicant should commit to providing clear wayfinding and traffic mitigations for all entrances, including for pedestrians as well as car drop-offs and pickups, and ensure building facades are cohesive with the neighborhood context, studying whether moving the Mother-Baby entrance from Park Avenue would help alleviate concerns about how the entrance would interact with the street, and ensuring that there is a plan for adequate off-site parking that satisfies any additional demand from staff or visitors. (RappaportMcKenna_001, CPOLHN_003, Meara_CLM_005, Mason_CB8_032, Meara_CLM_058, Januzi_059, RappaportMcKenna_065)

Response 96: Comments noted.

Comment 97: The April 10, 2025 CB8 Resolution recommended that the Proposed Project be disapproved unless all of the following recommendations are met:

- Applicant commitment to a maximum height of 215 feet uniformly across the zoning lot. No bonus mechanisms would allow any increase in height;
- Applicant commitment to either (not both) the Transit Improvement or Hospital Floor Area Bonus requested by special permit (pursuant to ZR Section 74-904 or ZR Section 66-51);

- Applicant commitment to mapping the entirety of the zoning lot within an Mandatory Inclusionary Housing (MIH) district;
- Applicant commitment to an accessible entrance to both the southbound and northbound platforms of the Interborough Rapid Transit Company (IRT) subway at the 77th Station;
- Applicant commitment to permanent hospital use on the entire zoning lot;
- If the Applicant sells the Park Avenue frontage for residential development, it will notify the public and commit to allocation of 5 percent of the sales price for transit improvements and other community benefits to be determined;
- Applicant commitment to provide parking on site or new off-site parking locations to accommodate staff, patients, and visitors; and
- Applicant commitment to request no after hours variance permits in connection with the Proposed Project without prior approval of the CB.

(RappaportMcKenna_001, Krueger_002, CPOLHN_003, Meara_CLM_005, Mason_CB8_032, Maloney_035, Selkirk_041, Holzer_052, Meara_CLM_058, Pope-Marshall_CIVITAS_060, Groszkowski_061, Finster_066 Maloney_068, Aronson_072, Cohn_CB8_074, Samek_080)

Response 97: Comments noted. See also responses to Comments above, including Responses 2, 3, 7, 13, 20, 21, 28, 87, and 90.

Comment 98: The project would not result in any outsized, compelling benefit (like the Second Avenue Subway) that would justify the extraordinary burdens that the Applicant would impose on this community. (Meara_CLM_005)

Response 98: Comment noted.

Comment 99: The prolonged construction timeline for the Proposed Project would be highly disruptive to the community and could have implications for Citywide hospital infrastructure. (Krueger_002)

Inconvenience to LHH doctors and other caregivers is not a basis to impose the impacts of nine years of construction on the community. (Meara_CLM_005)

Actual construction will take a minimum of 12 years as LHH proposes to stay open during construction, unfairly burdening residents, businesses, and traffic. (RappoportMcKenna_001)

Response 99: It is not feasible for LHH to simply close for a period of time in order to shorten construction time. As noted in DEIS Chapter 1, "Project Description," closing a hospital in NYS is a highly regulated process,

would result in a significant disruption in care, and is only undertaken when there are significant financial strains. Even temporarily stopping services at our current location would disrupt lifesaving care. The hospital handles over 50,000 emergency visits, 20,000 surgeries and 4,000 births each year—critical, lifesaving care that can't be put on pause. Our emergency room is a lifeline for the community, and shutting it down would force patients to travel even farther for urgent care, delaying treatment when minutes matter. LHH processes approximately 10,000 ambulance transports annually as an integral part of NYC's 911 system. This emergency infrastructure cannot simply be relocated without creating dangerous gaps in the city's emergency medical coverage, particularly for the Upper East Side and regions accessing the hospital via Central Park. Lenox Hill also serves as a vital destination for advanced cardiac and neurosurgical emergencies, receiving critical transfers from smaller hospitals throughout New York, including Westchester and Queens. This specialized emergency surgical capacity in orthopedics, obstetrics, cardiology and neurosurgery cannot be temporarily suspended without endangering patients requiring these life-saving interventions.

In addition to these considerations, 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 5,000 people would be out of a job during the construction.

In addition to the inconvenience to doctors and staff, the inconvenience to patients must also be acknowledged. The 12-year construction duration is incorrect. The Applicant will continue to identify measures to reduce the 9-year construction period described in Chapter 16, "Construction."

Comment 100: If another pandemic or epidemic strikes, a protracted project timeline could compromise NYC hospital infrastructure, decreasing Citywide hospital capacity to treat a large scale of infected patients, in addition to patients with other health issues. Even though LHH would remain open, prolonged work on patient rooms and surgical suites would reduce hospital capacity for a concerning period of time. (Krueger_002)

Response 100: As explained in FEIS Appendix A, Attachment 2, one of the reasons the Applicant has designed all of the patient rooms to be critical care-capable

is to enable LHH to better serve NYC in the event of another public health emergency. The Applicant has indicated that, with NYSDOH approval, sections of the new building would be opened for use as they become ready for occupancy, beginning with the podium and then moving to the tower and finally renovation of existing buildings. Further, if there is another pandemic, it would be very important to have the Proposed Project as complete as possible to treat patients in up-to-date facilities with up-to-date equipment.

Comment 101: The Applicant should reduce the size and construction timeline to be in keeping with the scale of the neighborhood. (Goldstein_020)

The DEIS does not provide detail so that CPC can make up its own mind as to whether temporary closure of the hospital is so complicated as to render it impossible, or simply something that is achievable but inconvenient. The DEIS also fails to explore whether there is a way to keep a smaller part of the existing hospital open and utilize space in other Northwell-owned facilities in the area. The DEIS fails to mention how the facility in Greenwich Village is related to the LHH program during construction and afterwards. (Meara_CLM_005)

Northwell plans to stay operational when they don't need to. They have enough swing space to close and move elective surgeries to other venues during construction. If LHH closed during construction, the Proposed Project could be smaller and/or the construction duration would be shorter. (Camp_011, Shea_054, RappaportMcKenna_065, Cohn_CB8_074)

Response 101: The Applicant has indicated that transferring operations elsewhere—even temporarily—is not practical. Other hospitals do not have the space to accommodate LHH patients. Relocation would be financially harmful to LHH, disrupt patient care for the 144,000 patients treated annually, and hurt LHH's 5,000 nurses, doctors, and health care workers. With or without the Proposed Project, LHH has already committed to relocating most ambulatory (outpatient) uses on the main hospital block to other facilities, including Northwell's as-of-right Third Avenue project, which is currently in construction, in order to maximize the allocation of space within Lenox Hill to inpatient services that cannot be provided in other Northwell facilities in Manhattan. The services provided at Northwell Greenwich Village Hospital will not be affected by the Proposed Project.

Comment 102: There are other neighborhoods in Manhattan where Northwell could build a state-of-the-art hospital or an entire medical campus in a neighborhood that needs healthcare services. (Soussloff_CPOLHN_010)

If LHH needs more space, then go find it in another area that is underserved and doesn't have anywhere near the same access. (Ryan_073)

Northwell [has] already added 200,000 square feet of medical space at 77th and Third Avenue, the area is already too densely populated and does not need more medical facilities and more congestion. (Rose_081)

Response 102: Comment noted.

Comment 103: It is imperative to consider whether the requested land use would improve health equity in NYC. When one hospital's bed capacity decreases, the inpatient occupancy rates of other hospitals increase, especially for hospital that's in closer vicinity. (Krueger_002)

The Proposed Project will not address a critical unmet public health need on the Upper East Side or make needed hospital services more accessible. Upgraded patient rooms would increase costs and decrease accessibility of receiving inpatient services at LHH for uninsured and underinsured New Yorkers. (Krueger_002, Aronson_072)

There would be implications for health care costs upon completion of the Proposed Project; a full complement of larger sized single-patient rooms would provide leverage to negotiate higher inpatient reimbursement rates with insurance providers and to raise the cost of inpatient care for patients who are paying out of pocket. (Krueger_002)

I am concerned about the health equity impact of the Proposed Project, which would allow the Applicant to add capacity in a facility that does not serve a fair share of low-income people and in a location where more hospital beds are least needed, worsening existing inequities in access to hospital care. The hospital is rated poorly in health equity measures; it is ranked as "lower than other hospitals" in the provision of charity care and in service to low-income patients insured through Medicaid. The NYSDOH Statewide Planning and Research Cooperative System (SPARCS) database also shows that LHH lags behind borough-wide and City-wide hospital percentages for service to patients who are low income and insured by Medicaid. LHH also has the second lowest percentage of Medicaid pregnancy/childbirth patients of any hospital in NYC. The hospital is not serving a fair share of low-income pregnant people. (Uttley_023)

LHH is trying to attract wealthy patients who can afford to pay for single rooms not covered by insurance; LHH already charges 330 percent of what Medicare reimburses. (CPOLHN_003)

LHH intends to be a luxury destination. The community should not be irrevocably harmed for a luxury hospital. (Camp_011, Mason_CB8_032, Holzer_052)

The Proposed Project would likely increase health care costs at LHH and would exacerbate a concentration of health care resources on the Upper East Side. According to United States (U.S.) News and World Reports rankings, LHH ranks in the bottom third of U.S. institutions in terms of its provision of care to Medicaid recipients and the uninsured. NYS databases indicate that LHH provides less pregnancy and childbirth care to Medicaid recipients than every hospital in NYC except one. The DEIS fails to consider how the Proposed Project would impact inequities. Would the creation of a separate maternity entrance on Park Avenue and all single rooms further reduce LHH's provision of care to women who are uninsured or on Medicaid? The DEIS must provide a transparent and complete assessment based on payor mix projections, which the Applicant should be required to provide. (Meara_CLM_005)Medicare will not cover single rooms in the hospital. (Holzer_052)

Northwell will find ways to deny patients on public insurance and market only to wealth private payers if they attract enough, or they will become insolvent. (Goodbody_063)

The plan includes a sprawling obstetrics/labor & delivery center. This is puzzling, given that Lenox Hill's maternity ward is already highly regarded. In 2024, the hospital earned a four-ribbon rating—nearly the highest possible—for its maternity services. What problem does a larger facility with private rooms actually solve? Lenox Hill officials claim this expansion won't increase patient costs, but that is patently untrue. Insurance companies will either be forced to pay more to Lenox Hill or, in a worst-case scenario, patients themselves will bear the financial burden. Another troubling aspect of the proposal is the planned state-of-the-art neurosurgery suite. While primary care and pediatrics are desperately needed, neurosurgery seems an odd priority. However, a closer look reveals the financial incentives at play. (Anonymous_084)

Response 103: As noted in DEIS Appendix A, Attachment 1, the Applicant has stated that its priority is and always will be delivering high-quality, accessible health care to all New Yorkers, regardless of their ability to pay. In response to comments, additional information has been provided in FEIS Appendix A, Attachment 2.

Comment 104: The Applicant has testified that LHH has an occupancy rate of 80 percent, but occupancy rates reported by LHH to the American Hospital Association over the last more than 20 years demonstrates that the

hospital has been operating around 75 percent and as low as 70 percent in 2022 and 2024. (Uttley_023)

The last 25 years of hospital inpatient utilization for LHH shows that the Average Daily Census (ADC) and occupancy was higher two decades ago than now; the number of staffed beds has declined by 32 percent, and the ADC by 36 percent during this time. The ADC in 2024 of 312 is 70 percent of the staffed beds, and was achieved with a mix of single, double, and multi-bedded rooms. The Proposed Project should be reduced to 350 single bedrooms. In addition, consistent with national trends, there is an expectation of continuing decline in births reaffirmed in LHH's staffing budget sent by LHH to the State as part of the State's continuing study of staffing adequacy. There is also a downward trend in other areas of the Project program including emergency room visits). (Hyde_005A)

LHH reports 40 percent bed vacancy rates. Other areas of NYC are "hospital deserts" making this project a misallocation of healthcare resources. (RappoportMcKenna_001)

The Proposed Project would add a modest number of beds to LHH which has a 40 percent vacancy rate, in an area that is already overserved by hospitals. (Krusch_016, Trowbridge_037, Trowbridge_069)

LHH's occupancy rates have been declining for a decade, and its 25 percent vacancy rate is above those for some hospitals in Manhattan, Brooklyn, Queens, and Northwell's own Long Island Jewish Medical Center. The Proposed Project should "right size" LHH at 300 to 350 beds. (CPOLHN_003)

Response 104: In response to comments, additional information has been provided in FEIS Appendix A, Attachment 2, "Additional Information Regarding the Proposed Project's Program."

Comment 105: The Hospital has claimed its need to expand is a function of demand from a service area that extends into Brooklyn and Queens and the DEIS apparently accepts that rationale, but then describes it as "an existing neighborhood community facility." Some modicum of consistency in argument should exist in the DEIS. (Meyer_EPSG_004)

Response 105: As stated in DEIS Chapter 1, "Project Description," LHH, as the NYC flagship of the Northwell Health network, serves patients of all income levels from the local Upper East Side community and from across the five boroughs.

Comment 106: The proposed project apparently has given no consideration to limiting demolitions which, by definition, require new steel and cement and other materials be used for the buildings which replace them. Building over

existing structures could be far more energy efficient than demolition and new construction, as could raising the height of buildings that have foundations and walls that are sufficiently strong to support the weight of additional stories. (Meyer_EPSG_004)

Response 106: As described in DEIS Chapter 1, "Project Description," the buildings to be demolished (William Black Hall 1963, Achelis 1894/Achelis Annex 1917, Einhorn 1937, and two late 1800s rowhouses) cannot currently be used for inpatient care because their structures cannot accommodate necessary HVAC infrastructure, heavy equipment loads, sensitive modern imaging equipment, current layouts for patient rooms, or patient transport between buildings. The Proposed Project would preserve the existing structures which can be used under current regulations (Uris, Wollman, West Main, and Lachman), reducing debris and the use of new materials.

Comment 107: Neither constructing solar power or building over existing structures is necessarily required by law but both should logically be considered for any project claiming to contribute to improve population health standards when the globe is facing a growing problem associated with carbon dioxide (CO_2)-equivalent emissions and the ways in which they drive climate change.

The DEIS section on this topic does finally address issues associated with construction activities. It is notable that much of this discussion describes emissions reduction and energy consumption activity that "may" occur or actions that are "likely." Those terms are not typically found in construction plans that constitute hard commitments. (Meyer_EPSG_004)

Response 107: Comments noted.

Comment 108: The proposed utility building, to be situated adjacent to a school, a church, and residential buildings, is particularly concerning. Schools and places of worship are sanctuaries for learning and reflection, and residents deserve peaceful homes. A utility structure, with its potential for noise, vibrations, and visual blight, is incompatible with these sensitive uses. (Verona_086)

Response 108: As described in DEIS Chapter 1, "Project Description," the proposed utility building on Projected Development Site 1a is as-of-right under existing zoning, and could occur independent of the Proposed Project; however, it is analyzed in the DEIS as part of the Proposed Project. As described in Chapter 2, "Land Use, Zoning, and Public Policy," Chapter 7, "Urban Design and Visual Resources," and Chapter 13, "Noise," the

Proposed Project would not result in any significant adverse impacts to land use, urban design and visual resources, or noise.

Comment 109: If it takes nearly a decade to build because the hospital will be kept open also raises the likelihood that with the rapid advance of technology and miniaturization and artificial intelligence (AI), the equipment will be obsolete by the time the new building is finished. (Lerner_079)

Response 109: As described in DEIS Chapter 1, "Project Description," and Attachment 1, "Supplemental Project Information," the Applicant proposes to construct a 21st century, state-of-the-art hospital complex on Projected Development Site 1, and the design of proposed building would provide flexibility to address the evolving nature of medical technology and patient needs.

Comment 110: The Chair of the NYS Certificate of Need agency, the Public Health and Planning Council, is employed as a top strategy officer for Northwell Health. (Hyde_005A)

Response 110: Comment noted.

Comment 111: Northwell's CEO will retire this fall; there is uncertainty about leadership continuity for the Proposed Project, and the transition raises serious questions about the Proposed Project's oversight and vision going forward. (RappoportMcKenna_001)

Response 111: Comment noted.

Comment 112: I invite the CPC to walk around LHH and the neighborhood. (Shea_054, Reckler_030)

Response 112: Comment noted.

COMMENTS IN OPPOSITION TO THE PROPOSED PROJECT

Comment 113: I oppose the Proposed Project. (RappoportMcKenna_001, Krusch_016, Law-Gisiko_CCNY_021, Dean_022, VonBockstaele_029, Reckler_030, Hodes_031, Mason_CB8_032, Maloney_035, Trowbridge_037, Scovell_046, Herkelrath_048, Januzi_059, Goodbody_063, Trowbridge_069, Aronoson_072, Seltz_075, Schlesinger_078)

Response 113: Comment noted.

Comment 114: The project is enormously oversized, extraordinarily expense with public, not private, money, and would work against the interests of patients, employees, doctors, and the community served by LHH. (Hyde_005A)

Response 114: Comment noted.

Comment 115: I appreciate the need for LHH to renovate in order to meet current standards of healthcare delivery, as well as Northwell's efforts to modify the Proposed Project in response to community concerns. However, the Proposed Project is not justified and could have detrimental implications. The modifications do not adequately address project duration and community impact concerns. More moderate upgrades to LHH should be considered. (Krueger_002)

No one disagrees that Lenox Hill deserves an upgrade, but the community would be burdened by the Proposed Project. More moderate upgrades within current zoning would allow the hospital to meet modern healthcare standards without devasting the neighborhood's residents and businesses. (RappoportMcKenna_001, Hymes_073)

The Proposed Project is not needed for Northwell to make the hospital improvements we agree are required. Modernization and community concerns do not have to be at odds. (CPOLHN_003, Camp_011, Maloney_035)

We support modernization but not the Proposed Project, which should be revised to consider a project within the zoning limits recommended by CB8/with a smaller height and bulk/with an as-of-right building. (Goldwyn_NYLC_009, Law-Gisiko_CCNY_021, Rose_057, Pope-Marshall_Civitas_060, Passavanti_062, RappaportMcKenna_065, Aronson_072)

We support the goal of modernizing hospital facilities, but the Applicant has not presented an alternative approach. (Ansari_FRIENDS-UES_008)

LHH does need to modernize the hospital, but it should not be approved from a health equity standpoint. (Uttley_023)

Response 115: Comments noted. More moderate upgrades that would fit within existing zoning regulations would not satisfy the purpose and need for the Proposed Project.

COMMENTS IN SUPPORT OF THE PROPOSED PROJECT

Comment 116: I/we support the project. (Schneider_007, Purkey_ABNY_012, Nowierski_013, Rodd_014, Silverman_017, Lebron_LL79_018, Barlera_LL79_019, Crowley_BTEA_024, ZinnMoore_025,

Flynn_NYPNY_026, Farbman_L3_027, Cohen_028, Piccirillo_NYCDCC_033, Clarke_NYBC_034, Toback_NYPNU_039, Chan_040, Sinha_044, Mele_051, Newman_056, Piccirillo_NYCDCC_070, Fogerty_074)

Response 116: Comment noted.