MSK Pavilion

1233 York Avenue, Manhattan

Special Permit Pursuant to ZR Section 79-43

Attachment # 11
Applicant's Statement of Findings

79-43
Special Permit for Limited Bulk Modifications for Certain Large-scale Community Facility Developments

For #large-scale community facility developments# located within the boundaries of Community Districts 8 and 12 in the Borough of Manhattan, that contain #community facility uses# specified in Section 73-64 (Modification for Community Facility Uses), the City Planning Commission may, by special permit, allow modification to the provisions set forth in paragraph (a) of this Section, provided that the findings in paragraph (b) are met.

(a) The Commission may allow modifications to:

(1) regulations relating to height and setback on the periphery of the #large-scale community facility development#, #courts# and distance between windows and walls or #lot lines# not otherwise allowed in Section 79-21 (General Provisions); and

(2) ***#lot coverage# and #sign# regulations in Community District 8, for #zoning lots# located in R9 and R10 Districts, provided that such #signs# are limited to #non-illuminated#, #non-flashing# #accessory# or directional #signs# .***

The Applicant[1] requests a ZR Section 79-43 Special Permit for the following waivers necessary for the construction of the MSK Pavilion on the Pavilion Site:

- Waiver of height and setback regulations set forth in ZR Section 24-522 *(Front setbacks in districts where front yards are not required)* to allow the MSK Pavilion's East 66th Street and York Avenue street walls, which are located on the periphery of the 2001 LSCFD, to (i) rise without the required setbacks and (ii) penetrate the required sky exposure planes;

- Waiver of lot coverage regulations set forth in ZR Section 24-11 (*Maximum Floor Area Ratio and Percentage of Lot Coverage*) to permit the MSK Pavilion to exceed the maximum permitted lot coverage on the South Block zoning lot;

- Waiver of the sign regulations set forth in ZR Sections 22-321 (*Nameplates or identification signs*), 22-323 (*Signs for parking areas*) and 22-342 (*Height of signs*) pertaining to the size/surface

[1] This and subsequent capitalized terms in this Statement of Findings are as defined in the Project Description submitted concurrently herewith.

area, location and height of building information and navigational signs for multiple entrances into the MSK Pavilion.

In order to grant such special permit, the Commission shall find that such modification:

(1) is required in order to enable the #large-scale community facility development# to provide an essential service to the community;

In its Report on its vote to approve the 2001 LSCFD Approvals,[2] the Commission made the following statement in considering this finding regarding MSKCC's essential service to the community:

> *MSKCC is considered one of the world's leading cancer care and research institutions. It has an operating budget in excess of one billion dollars a year and employs over 4,100 staff members. Since its inception, MSKCC has grown incrementally as-of-right through a process of demolition, renovation and enlargement of its existing facilities. It has reached a stage where it is unable to provide adequate research space and is limited in its ability to upgrade, modernize, and expand its existing facilities to meet existing and future needs. The Commission recognizes MSKCC's need to expand and upgrade its facilities, and the importance of expansion both to MSKCC and the City as a whole. The Commission notes that MSKCC has proposed a development plan that would enable it to achieve these goals. The proposed actions, as revised by the applicant and further modified herein, would enable MSKCC to undertake the first phase of its development plan and meet its urgent short-term needs, while also allowing it to undertake rational long-term planning for the expansion and modernization of its facilities, subject to appropriate review.*[3] *Over the long term, this will allow MSKCC to continue to provide improved patient care and research, identify and take advantage of new scientific advances and successfully compete with other leading institutions in attracting the highest caliber staff.* [Underline supplied.] (Report, page 43)[4]

At the time of the Report, MSKCC's footprint consisted solely of its buildings built between 1939 and 1991 on the Main Block; Rockefeller Research Labs (RRL) built in 1988 and the two staff housing and administrative offices buildings on the Pavilion Site on the South Block; and the

[2] As noted in the Project Description, the 2001 LSCFD Approvals included establishment of the 2001 LSCFD in conjunction with Zoning Map Amendment (C 010547 ZMM) ("2001 Rezoning"); Special Permit (C 010548 ZSM) ("2001 Special Permit") and Zoning Authorization (N 010549 ZAM) ("2001 Zoning Authorization") approved by the CPC on November 28, 2001, and adopted, with amendments, by the City Council on December 19, 2001 ("2001 LSCFD Approvals"). The accompanying Final Environmental Impact Statement identified as CEQR No. 01DCP050M ("2001 FEIS") was certified as complete on November 16, 2001.

[3] The Commission's reference to "undertake the first phase of its development plan and meet its urgent short-term needs" applied to the zoning actions requested and approved in 2001 to facilitate the construction of the Mortimer B. Zuckerman Research Center on the North Block. Its reference to "long-term planning for the expansion and modernization of its facilities, subject to appropriate review" in a second phrase applied to the construction of additional inpatient facilities. The Proposed Development as presented in this Application is that second phase.

[4] MSKCC currently has an operating budget in excess of $7 billion a year and employs over 22,000 staff members.

Kettering Labs, which was demolished upon approval of the 2001 LSCFD[5], on the North Block. 22 years later, MSKCC's footprint on the Upper East Side's York Avenue Medical Corridor had grown to include several new buildings fully owned and operated by MSKCC, all of which have indisputably provided an essential service to this community and to the global community of persons afflicted with cancer. Only the ZRC noted below is within the 2001 LSCFD:

- the Mortimer B. Zuckerman Research Center (ZRC) at 417 East 68th Street, approved in conjunction with the 2001 LSCFD Approvals and built in multiple phases starting in 2003. This 23-story 732,000-gross-square foot (gsf) building houses MSKCC's research programs in Cancer Biology and Genetics, Computational Biology, Immunology, and Human Oncology and Pathogenesis, as well as laboratories for MSKCC's Molecular Pharmacology Program. In addition, it is the home to many of MSKCC's research laboratories and the Gerstner Sloan Kettering Graduate School of Biomedical Sciences. There are no clinical, surgical or inpatient beds at this location.
- the nearby Sidney Kimmel Center for Prostate and Urologic Cancers at 353 East 68th Street, developed as-of-right and under construction at the time of the 2001 LSCFD Approvals. This 6-story, 62,000-gsf building houses specialized detection, diagnosis, and progressive treatment for prostate, urologic or other genitourinary cancers. Patients are seen on an outpatient basis only.
- the nearby Evelyn H. Lauder Breast Center at 300 East 66th Street at First Avenue, developed as-of-right in 2006. This 16-story, 240,000-gsf building provides prevention, diagnosis, treatment, and support services in a setting where breast cancer is recognized as a treatable and often curable disease. The Center promotes new diagnostic technologies and targeted treatments, less-invasive surgery, molecular pathology, more-effective chemotherapies, vaccine development and prevention. Patients are seen on an outpatient basis only.
- the nearby Josie Robertson Surgery Center at 1133 York Avenue at East 61st Street developed pursuant to a 2013 variance from the Board of Standards and Appeals. Within this 15-story, 176,000-gsf building MSKCC surgeons perform more than 20,000 operations each year, more than half of which are on an ambulatory basis. The Josie Robertson Surgery Center is a first-of-its-kind freestanding surgical facility in which MSKCC surgeons can perform high volume outpatient procedures in a state-of-the-art setting.
- the nearby David H. Koch Center for Cancer Care at 530 East 74th Street at the FDR Drive developed in 2015 with a GLSD Special Permit. This 22-story, 757,439-gsf building offers

[5] Roman Catholic Church of St. Catherines of Siena (Block 1463, Lot 5), contiguous to the Kettering Labs building, from which the unused floor area was transferred to ZRC through a zoning lot merger, was included in the 2001 LSCFD.

nearly every aspect of outpatient cancer care across many specialties, so most patients can access chemotherapy, immunotherapy, radiation therapy, blood and marrow transplants, clinical trials and rehabilitation services in one location.

Thus, following the construction of the ZRC in 2003, MSKCC's major Upper East Side capital projects have focused on outpatient cancer care. The advances in ambulatory treatment and therapies have evolved substantially over recent decades, allowing patients to be evaluated and treated in an outpatient setting without hospitalization.[6] Nonetheless, the planning for the new inpatient facility referenced in the Report and modeled in the 2001 FEIS[7] associated with the 2001 LSCFD Approvals had been underway prior to those approvals and continues to this day. Portrayed in the 2001 FEIS as a "new hospital building" to replace the midblock buildings on the Main Block, MSKCC ultimately identified the Pavilion Site as the best location for the new inpatient hospital due to the prohibitive disruption to clinical care and research that any major project on the Main Block would entail. And separately, based on newly issued estimates for emergent cancer cases through 2050 described below, MSKCC determined that it would need to develop greater capacity for inpatient surgical procedures than envisioned in 2001.[8] Accordingly, in 2019, MSKCC planners chose the Pavilion Site as the location for its inpatient care and acute care surgical platform, to be known as the MSK Pavilion.

The Centers for Disease Control and Prevention (CDC) now estimates that by 2050 the annual number of cancer cases in the U.S. will increase by nearly 50 percent over those in 2015 because of an increasingly aging population and based on the new evidence of a growing number of cases among younger adults. The MSK Pavilion represents MSKCC's strategic response to this coming wave of cancer cases expected through the first half of the 21st Century. At stated and discussed in 2001, MSKCC's leadership anticipated the need for increasing its surgical capacity for acutely ill patients requiring full inpatient services and from that time forth has been planning the surgical center needed to treat them. The core of MSKCC's strategic response, the MSK Pavilion, will center around 28 operating/procedural suites and up to 206 inpatient beds in single rooms, including ICUs,

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[6] MSKCC's growth in outpatient facilities has not been limited to the Upper East Side. Since 2001, MSKCC has opened outpatient facilities in Manhattan in areas outside of its Lenox Hill campus, in Brooklyn, Westchester and Suffolk counties, New Jersey and Connecticut and soon-to-be in Queens. There are no inpatient beds and only one operating suite in any of these facilities, underscoring the fact that, wherever its patients are seen on an ambulatory basis, all inpatient services and nearly all MSKCC's surgical services are provided at the 2001 LSCFD and nearby buildings.

[7] See 2001 FEIS Figure 1-12 (page 111).

[8] This tsunami of new cases will impact all New Yorkers. These current projections confirm the need for the increased surgical and inpatient acute care capacity that MSKCC first identified in requesting the 2001 LSCFD Approvals. They paint a startling image of what the future prevalence of cancer will look like in the years to come, with all indicators pointing to the need to have in place beginning in 2030 the surgical and inpatient acute care capacity to be provided by the MSK Pavilion.

distributed over twenty-four hospital floors and five mechanical floors. The hospital floors will provide services directly linked to those surgical suites. Single-bed patient rooms were critical in caring for the complex needs of this vulnerable patient population during COVID-19 pandemic and will continue to be critical as MSKCC prepares for the future.

Integral to the Pavilion program is the two-story enclosed Patient Bridge over East 67th Street that will connect the Pavilion's floors five and six with floors seven and eight of MSKCC's only existing inpatient building, Memorial Hospital, to be used for transportation of patients and staff to assure protection from the elements, comfort and privacy as appropriate for the medical needs of acutely ill pre- and post-surgical patients and to minimize the time involved for the movement of patients and staff throughout the two buildings. The Patient Bridge will provide full integration of the operating suites into MSKCC's existing and only inpatient facilities within Memorial Hospital, sharing functions, programs, services, and equipment for the benefit of patients. Additionally, the MSK Pavilion will have advanced imaging, radiology and diagnostic capabilities to meet the cancer care needs of the future. The Pavilion will also provide single room beds necessary for cancer patients with weakened immune systems. This is a national best practice that creates an environment that not only provides the optimal conditions for patient recovery and comfort, but also allows MSKCC to further mitigate and control the spread of infectious diseases throughout the medical complex.

The benefits of locating the MSK Pavilion's 28 operating suites on the Pavilion Site within the maximum building envelope requested in this Application, and immediately adjacent to Memorial Hospital and the Main Block are significant:

- all of the Main Block's clinical, diagnostic, treatment and research facilities, as well as the existing inpatient acute care beds in Memorial Hospital would remain fully operational during the Pavilion's construction;

- following completion of the Pavilion, the inpatient rooms at Memorial Hospital, now 50 years old, could be retrofitted as single occupancy units, in accordance with modern practice, and upgraded;

- MSKCC already owns the Pavilion Site, improved with two buildings used for contract housing and administrative offices, both of which can be provided elsewhere within MSKCC's real estate portfolio, so there will be no residential or community facility displacement;

- the Pavilion Site is within the 2001 LSCFD, providing the necessary floor area generated by the 2001 Rezoning and the focused large-scale community facility development zoning tools necessary to optimize a hospital building's envelope with uniform floorplates to meet MSKCC's

highly specific envelope and floor-to-floor height requirements for an inpatient hospital centered around 28 operating suites, up to 206 inpatient beds and necessary support facilities;

- the Pavilion Site's immediate proximity to Memorial Hospital allows interconnection via the Patient Bridge, which results in a smaller MSK Pavilion utilizing many of the Main Block's existing hospital's services, rather than requiring more and taller bulk for a freestanding new hospital building in another location;

- MSKCC will be able to install building information and navigational signs for multiple entrances at adequate heights and locations on the MSK Pavilion that will assure visibility to multiple entrances for approaching vehicles, patients and visitors traveling north, south, east and west to the MSK Pavilion, which will provide three significant public entrances within a large nine-building medical campus fully integrated into the Manhattan street grid; and

- provided the approvals can be obtained in 2024, the MSK Pavilion can be operational by 2030, an essential milestone in confronting the challenges raised in the CDC estimates (See footnote 8). Without an MSK Pavilion in operation by 2030, MSKCC's acute care capacities will fall below the projected trajectory of new cases expected to increase yearly through 2050.

The MSK Pavilion will also allow MSKCC to expand its research capacity by enabling it to continue to attract the most talented clinicians and scientists in the world who will help push cancer care forward to better serve New Yorkers and patients around the globe. Historically, MSKCC clinicians' and scientists' groundbreaking contributions to the field of cancer research and care have been made possible in large part by the patients who volunteer to participate in clinical trials. As cancer care continues to evolve, state-of-the art facilities will be required to care for these patients. The MSK Pavilion will supplement MSKCC's existing facilities and technologies needed to deliver new interventions, not only by increasing the number of surgical suites available to acute care cancer patients, but also by assuring that MSKCC will have the adaptable facilities that emergent cutting-edge technologies require.

The approval of a lot coverage waiver pursuant to this ZR Section 79-43 Special Permit, working in conjunction with the associated bulk authorizations pursuant to ZR Section 79-21 to waive height and setback regulations and to allow the distribution of floor area within the 2001 LSCFD without regard to zoning lot lines requested concurrently therewith to establish the maximum building envelope would provide for a building with the necessary number of floors with the floorplates uniformly large enough to hold the 28 operating suites, up to 206 associated inpatient beds and support spaces in the most efficient configuration possible for MSKCC's acute care inpatient surgical program. Any fewer floors or lesser floor area would render it impossible to provide the 28 operating suites, as any reduction would be accompanied by a program reduction that eliminated operating suites and beds proportionately. Any reduction in building height would also put at risk

the Pavilion's proposed recessed lobby with publicly accessible open space at grade, and the proposed drive-through and vehicle drop-off area would be eliminated in favor of program area with likely entrances at the street lines on all three streetfronts that that would require arriving vehicles to drop off and pick up their passengers at the two curbs.

In addition, the maximum building envelope proposed for the MSK Pavilion represents the most efficient building envelope for health care delivery. Typically in health care planning, large contiguous floorplates are desirable for programmatic functionality as well as staffing efficiencies. Intermediary building setbacks impose extremely smaller floorplates at the upper levels where an unacceptably large proportion of the available floor area is dedicated to elevators and shafts and impose design decisions such as core location and bay depths that are antithetical to best practices in hospital design. The maximum building envelope requested in this Application addresses all those disadvantages.

Without the lot coverage waiver requested in this Application, in conjunction with the other waivers requested in this Application, the complying building would be significantly less efficient because less program space could be accommodated on upper floors where more area proportionately would have to be dedicated to circulation and infrastructure at the expense of patient care. In addition, maintaining the rear yard would restrict the amount of core elements that can be located against the north and west walls, and infrastructure elements such as shafts and electric/telephone rooms would be forced towards the center of a structure with intermediary setbacks, limiting the amount of contiguous space available for necessarily adjacent program elements in and around the operating suites. The smaller floorplates will not accommodate the 28 operating suites and, even if space could be found for such suites at the expense of patient floors, the resulting reduction in beds would in any event reduce the number of operating suites that could be provided. An overall reduction in the building envelope would limit the number of cases that can be accommodated and would result in extreme inefficiencies for staffing and duplication of support spaces on every floor. The smaller floorplates would also limit space for families and visitors to visit patients on the uppermost floors. For all of the above reasons, the Commission's 2001 finding that it:

> *. . . recognizes MSKCC's need to expand and upgrade its facilities, and the importance of expansion both to MSKCC and the City as a whole. . . . Over the long term, this will allow MSKCC to continue to provide improved patient care and research, identify and take advantage of new scientific advances and successfully compete with other leading institutions in attracting the highest caliber staff.* (Report, page 43.)

is as true today, and as accurate a description of MSKCC's essential services to the community in pursuing the MSK Pavilion in 2024, as it was when the Commission first made this finding in 2001. By approving this Application, the Commission will position MSKCC to move forward with the

MSK Pavilion, a strategic response to CDC's projections for the need for additional facilities for acute cancer care.

With regard to the sign regulation waiver requested in this Application, patients and visitors already under considerable stress due to their illnesses will be better able to locate the Pavilion's three entrances, including its off-street entrance in the through-block driveway. This ease of building identification will also assist those drivers transporting patients and visitors to and from the Pavilion in as direct and stress-free context as possible. Strict compliance with R9 and R10 sign regulations prevents MSKCC from erecting signs of sufficient size and height in multiple locations to (1) assure sufficient and safe viewability over parked, standing and through-passing vehicles on all three of the Pavilion's frontages; (2) identify for vehicle drivers the internal drive-through and entrance to the parking beneath RRL and (3) differentiate the Pavilion's entrances from the numerous other MSKCC entrances within the 2001 LSCFD, which is a three block campus fully integrated into the Manhattan street grid composed of nine buildings that are uniformly identified as MSKCC entrances.

For the foregoing reasons, the approval of the requested ZR Section 79-43 special permit enabling the construction of the MSK Pavilion within the maximum building envelope requested in this Application will provide an essential service to the community and, with regard to sign regulations, meets MSKCC's obligations to the community to provide all those needing its services with as stress-free and compassionate arrival and departure experiences as possible.

(2) will provide a more satisfactory physical relationship to the existing #buildings# which form the #large-scale community facility development#, and provide a more efficient and integrated site plan;

The Pavilion Site has been carefully selected both with regard to its immediate proximity to Memorial Hospital and with regard to its integration into the full spectrum of diagnostic, treatment and support services housed on the Main Block and its integration with the ongoing research and clinical trials primarily housed in RRL on the South Block and ZRC on the North Block.

The MSK Pavilion will be fully integrated into MSKCC's Main Campus. By providing over 200 new private inpatient beds, 28 operating suites, four Interventional Radiology Rooms and a new inpatient Diagnostic Radiology platform, the Pavilion will support total patient care across the campus by providing:

- access to 40 new intensive care unit beds organized into two new ICU units, which almost doubles MSKCC's intensive care bed capacity for critically ill patients and without which the addition of operating rooms cannot occur;

- access to 28 state-of-the-art operating suites, focusing on robotic surgical capacity and complex specialty procedures;

- access to a new inpatient Diagnostic Radiology platform, including two MRIs and two CTs, centrally located between the new Pavilion beds (in the tower above) and the existing beds (across the connecting Patient Bridge);

- access to a new 4-room Interventional Radiology suite, serving both inpatient and growing outpatient volumes; and

- through adequate floor-to-floor heights, continual access to new technologies for operating suites and patient rooms over the useful life of the building.[9]

These new platforms will serve the entire patient census at MSKCC extremely well, locating new and modernized clinical services where they are needed and responding to the growing needs for critical inpatient and procedural capacity.

The MSK Pavilion will not be a free-standing inpatient facility. Nor can it function isolated from the other clinical, medical and administrative services on the North, Main and South Blocks. The proposed Patient Bridge will address the Pavilion's dependency on Memorial's inpatient services that will not be replicated in the Pavilion, providing an all-weather and dignified connection that will serve as an essential travel route for patients to access the vast array of diagnostic and treatment facilities on the rest of the Main Block.[10] Placing the Patient Bridge at Memorial's lower mid-level patient floors not only significantly decreases patient and medical staff travel times, but also offers a higher level of privacy and comfort to patients requiring almost daily services on the Main Block. In addition, many of the MSK Pavilion's administrative services, such as for example food services, will be entirely in Memorial Hospital and will utilize an existing RRL-Main Block tunnel beneath East 67th Street that will be modified to serve the Pavilion as well.

1. Physical proximity to Memorial Hospital. Many of the Pavilion's inpatient functions will utilize via the Patient Bridge medical and support services currently housed in Memorial Hospital on the Main Block. Memorial will provide numerous inpatient and support functions to

[9] In the opinion of MSKCC's project architect, CannonDesign, a global healthcare hospital planning and design architect, the single largest obstacle to adapting existing hospital buildings is the lack of adequate floor-to-floor heights in both procedure and patient rooms for not only current hospital-related equipment, but also for the diagnostic, treatment and surgical equipment envisioned for the future life span of a new building. This holds true for the interstitial spaces between floors as well, which not only must accommodate increasingly robust air handling systems but also must house the technology that enables the equipment within the usual spaces.

[10] In addition to Memorial Hospital, MSKCC's inpatients receive comprehensive research, diagnostics and treatment on the Main Block in the Schwartz, Howard, and Bobst buildings, the Haupt Pavilion and the Radiation Oncology Building. The MSK Pavilion's patients will follow the same regimen.

MSK Pavilion patients. In addition, patients bedded in Memorial Hospital will be within a short distance of the surgical facilities in the Pavilion. While Memorial Hospital's surgical facilities are among the best currently available, hospital planners concede that the floor-to-floor heights original to Memorial's construction serve as an unresolvable dilemma in locating the next generation of surgical facilities now under development and would not easily accommodate the post-COVID-19 interstitial air handling equipment already being installed in newly constructed buildings.[11]

2. Physical Integration with Diagnostic Facilities on the Main Block. The diagnostic team at MSKCC typically includes a pathologist, radiologist, nuclear medicine specialist, and genetic cancer specialist. These doctors and related healthcare professionals use information from blood tests, imaging tests, and other specialized diagnostic tests to identify the type and location of cancer and determine the stage (extent) of the disease. A significant percentage of these activities take place on the Main Block and, due to their size and complexity, the Main Block will remain the location -- at which MSK Pavilion patients via the Patient Bridge would receive further diagnostic care.

3. Physical integration with Cancer Treatment Facilities on the Main Block. For admitted patients, cancer treatment is a complex endeavor, often involving a team providing many levels of pre-surgery and post-surgery care. Each team member specializes in treating one type of cancer. The majority of patients admitted to the MSK Pavilion will undergo surgery in one of its 28 operating suites, designed to provide the highest level of complex surgical care for the acutely ill cancer patient. For these patients, cancer treatment will be led by one or more primary physicians, including a medical oncologist, surgical oncologist and radiation oncologist and, in some cases, an interventional radiologist. Many of their services are provided on the Main Block. Additionally, the Main Block houses departments specializing in genetic counseling, nutrition/diet, oncology social services, psychiatry and rehabilitation therapy. While admitted patients will see the majority of these specialists in their rooms, a high volume of staff travel to and from these departments via the Patient Bridge will be necessary.

4. Physical Integration with Ongoing Clinical Trials. Translational medicine is a hallmark of MSKCC's mission. In many cases, MSKCC's frontline physicians treating patients are also the principal investigators in worldwide clinical trials conducted on the South, Main and North Blocks. These clinical trials are providing effective treatments that are unavailable anywhere else. The integration of MSKCC's clinical and biological researchers housed in ZRC, RRL and Schwartz Research Building with its practicing physicians is a defining characteristic of the 2001 LSCFD and of MSKCC as a medical institution in service to the community. In many cases the attending physician will be the principal investigator bringing innovative therapies first developed in his or

[11] See footnote 9.

her lab to the patient's bedside. The MSK Pavilion will increase MSKCC's translational programs. And as a teaching hospital, it will be training tomorrow's surgeons and investigators.

5. Urgent Care Center (UCC). MSKCC does not operate an emergency room. Nonetheless, it maintains an UCC to deal with critical emergency health matters of its inpatient and ambulatory patients. Were the Pavilion developed elsewhere, it would require an on-site UCC. However, its proximity to the existing UCC on the Main Block, with access from the patient rooms located on the upper Pavilion floors facilitated by the Patient Bridge, eliminates the need for construction of additional floor area for a UCC on the Pavilion Site.

All of the foregoing demonstrate the MSK Pavilion's deeply integrated physical relationship to the existing buildings within the 2001 LSCFD, serving the acutely ill patients who will undergo surgery in one of the Pavilion's 28 operating suites.

For the foregoing reasons, the construction of the MSK Pavilion within the maximum building envelope and with the signs proposed as requested in this Application will facilitate a more satisfactory physical relationship between the Proposed Development and the existing buildings within the 2001 LSCFD and provide a more efficient and integrated site plan.

(3) will better complement the existing character of the neighborhood;

The massing and architecture of the MSK Pavilion has been developed by two formidable architects with extensive healthcare practices, CannonDesign and Foster + Partners, both of which are paying close attention to the MSK Pavilion's programming and design as well as to the unique urban context of the York Avenue medical corridor.

In its Report, the Commission made the following statement in considering this finding regarding the neighborhood character for ZRC, which appears equally applicable to the Pavilion Site.

> *The Commission notes that MSKCC is located in an area of Upper East Side that has a significant community facility presence, including NYPH, RU and HSS. These institutions have a synergistic relationship and a similar mission to MSKCC. The Commission accepts that proximity of these institutions encourages greater collaborative work among scientists, allows for recruitment of the best talent, and attracts more funding for scientific research work. The growth of such institutions will enable New York City to maintain a competitive edge with other cities and bolster its position in the medical field. Similarly, community facility uses related to these institutions, such as staff residences along York Avenue, are in the immediate area. The midblocks immediately to the north of campus, between East 69th and East 71st streets, are also predominantly occupied by community facility related uses that are affiliated with NYPH. The southern edge of the campus, between East 66th and East 67th streets, is entirely developed with community facility uses. The Commission notes that unlike most Upper East Side blocks, which consist primarily of medium-density residential development dotted with local community facility use, the immediate context of MSKCC is developed with predominantly large community facility campuses. The Commission believes*

> *that the proposed expansion would allow similar facilities to locate in the area without significantly altering the surrounding land use and while providing the benefit of what MSKCC has termed 'propinquity'.* (Report, pages 51 and 52.)

MSKCC's presence in the neighborhood began in 1939 with construction of its first building on York Avenue and East 68th Street.[12] As noted by the CPC, MSKCC's neighborhood has for decades been largely defined by its major medical institutions. Similarly to MSKCC, the other medical institutions came to the neighborhood in the early and mid-20th Century and have been a major influence in developing a world-renowned complex of medical institutions. The MSK Pavilion renews, deepens and advances MSKCC's commitment to its surrounding medical purposes by expanding its critical care facilities in proximity to these related medical and academic neighbors, thereby strengthening this unique New York institutional community.

Until demolition of the Third Avenue elevated transit line in 1955, the neighborhood had a strong industrial base in addition to institutional and residential uses. The demolition of the elevated train line, together with the elimination of full-block LNG tanks just south of the Pavilion Site and the conversion of the nearby Con Edison power plant from coal to oil, initiated a development boom on the Upper East Side that has continued relatively unabated to this day, as high-rise buildings replace tenements, row houses and small commercial buildings, particularly on the avenues. Over the years, the area has also experienced upgrading of former manufacturing and warehouse space for use as showrooms, offices, or commercial uses.

The MSK Pavilion will be built within the 2001 LSCFD on the footprint of two tall Use Group 3 community facility towers that provide contract housing to MSKCC staff and some administrative offices and thus should not be expected to significantly affect this well-established neighborhood of a wide variety of buildings that establish the neighborhood character. It would support and expand a land use that is compatible with medical facilities within the 2001 LSCFD and in the surrounding neighborhood and would support the overall utility of the area. It would not impact historic resources, socioeconomic conditions or noise, as confirmed by the Draft EIS being certified with this Application.

The MSK Pavilion is consistent with and complements the existing urban character of its surrounding area, which is defined by its idiosyncratic skyline of tall medical buildings interspersed among smaller, shorter commercial and residential buildings. The new 31-story (up to 598.30-foot-

[12] James Ewing Hospital opened in 1948 on the frontage of First Avenue between East 67th and East 68th Streets on the Main Block as a public hospital, allowing the City to shutter its "NYC Cancer Hospital" located on Roosevelt Island. James Ewing Hospital was owned by NYC but staffed by MSKCC until 1968, when the City first leased and later sold the facility to MSKCC. Ewing was closed and beds transferred to Memorial Hospital upon its opening in the 1970's. The building, now the Schwartz Building, has been substantially altered for use as a research building housing MSKCC's Center for Cell Engineering and other research.

tall, including the mechanical bulkhead), approximately 903,065-gsf inpatient hospital building would replace the Sloan (20-stories, 237 ft) and Scholars (23-stories, 261 ft) buildings on the Pavilion Site. While the MSK Pavilion's height would be taller than nearby buildings in the surrounding area, it would be located within the context of buildings to the north that have a variety of massings, heights, and forms. The Pavilion would be consistent with the varied urban design character of the neighborhood, which includes older and newer buildings with masonry cladding such as the NYPH Cornell Medical Center (26 stories, 356 ft), along with newer additions such as the modern, ZRC at 417 East 68th Street (23 stories, 424 ft) that has a primarily glass curtain wall with masonry panels at the base. It is also consistent with other new hospital buildings immediately to its north and northeast stretching to East 74th Street. Further, at north and south entrances, the MSK Pavilion would have a recessed base with glazing that would activate the Pavilion Site and would contribute publicly accessible open space critical to the pedestrian experience. It would also maintain the strong street wall that characterizes the west side of York Avenue north of and including the Pavilion Site.

The MSK Pavilion would be of a height and form that would be compatible with these large, tall buildings, including institutional buildings on York Avenue and East 69th and East 70th Streets, and both institutional and residential buildings on First Avenue to the south, west and north. Further, south and east of the Pavilion Site are already characterized by tall institutional buildings that have been built during different development periods. Therefore, while the MSK Pavilion would be taller than buildings immediately to its south and east, it would be compatible with the overall significantly varied urban design character of the neighborhood.

With regard to the requested waiver of sign regulations, the neighborhood making up the York Avenue Medical Corridor contains many signs at entrances, parking ramps and on buildings of various heights and areas providing navigational assistance to visitors to neighboring Rockefeller University, New York Hospital/Cornell Weill Medical Center and Hospital for Special Surgery, as well as to MSKCC. All are provided to assist patients and visitor navigate around and within one of the largest concentrations of contiguous and adjacent medical campuses in the world. As the only one of these institutions with entrances on two major avenues and four narrow streets, the fabric of the existing neighborhood will be best preserved by assisting those coming to MSK Pavilion to readily find their way from readable and proximate signs.

For the foregoing reasons, the construction of the MSK Pavilion within the maximum building envelope requested in this Application will better complement the existing character of the neighborhood.

(4) will not unduly increase the #bulk# of #buildings# in any #block# to the detriment of the occupants or users of #buildings# in the #block# or nearby #blocks#;

The approval of this ZR Section 79-43 Special Permit for waivers of height and setback along the East 66th Street and York Avenue frontages**,** lot coverage and signs for the MSK Pavilion will not unduly increase the bulk of any block to the detriment of users of buildings in the block or nearby blocks and no current users in any of the adjacent buildings will be detrimentally impacted. None of waivers requested pursuant to ZR Section 79-43 directly impact the amount of bulk that can be built on the Pavilion Site at a height that could make a meaningful difference to other users on the block or nearby blocks.

With regard to the Pavilion Site itself, the Site is already developed with 248,822 sf of community facility uses in two buildings, the taller of which is 261 ft high. Therefore, the extent of change in height between these buildings and the MSK Pavilion will not be unduly jarring to viewers from the south or west (the users to the north and east are MSKCC and Rockefeller University, respectively), which have contended with the existing significantly taller MSKCC towers for almost half a century. Additionally, the increased density attributable to the increased bulk of the MSK Pavilion will not burden occupants or users of the nearby blocks (again, all to the south) because both the current and future users on the Pavilion Site will be affiliated with MSKCC and therefore will be interacting more strongly with users and activities to the north within the 2001 LSCFD rather than interacting with occupants or users of other buildings on the block or nearby blocks to the south, west or east. In any event, the increased bulk of the MSK Pavilion is no measure of a detrimental increase in activity, as hospitals generally experience a flurry of daytime activity, but usually are lowly populated at night, generating little in the way of late-day or nightly or weekend street activity in comparison to residential or commercial uses. And, while the MSK Pavilion will be significantly taller than Sloan or Scholars it will replace, the building typology of the lower level of the Pavilion directly across from the other nearby existing users outside of the 2001 LSCFD will be superior to the present built environment of Sloan and Scholars due to the 700-sf of publicly accessible open space leading to the East 66th Street building entrance. The only foreseeable bulk-related impacts will occur above the heights of the existing Sloan and Scholars, the lowest level of which tops out at approximately 237 ft, well above the roofs of the 5-6 story residential walk-ups that line the south side of East 66th Street.

Moreover, the additional bulk being deployed for the MSK Pavilion is only that which the Zoning Resolution allows as a matter of right. Even with the associated zoning map amendment to rezone MSKCC's portion of the South Block midblock from R8 to R9, this ZR Section 79-43 Special Permit will not increase the maximum permitted floor area within the 2001 LSCFD above permitted R9 levels, which the Commission has in general repeatedly found to be the appropriate midblock

zoning district for large healthcare campuses in Manhattan, and specifically found it to be appropriate with regard to the 2001 LSCFD as consistent with the other healthcare institutions in the immediate vicinity. Accordingly, notwithstanding the significant height of the MSK Pavilion, there is nothing undue about the building's typology or its massing as a medical pavilion among a large community of medical buildings.

For the foregoing reasons, the construction of the MSK Pavilion within the maximum building envelope requested in this Application will not unduly increase the bulk of buildings in any block to the detriment of the occupants or users of buildings in the block or nearby blocks and will better complement the existing character of the neighborhood.

(5) will not adversely affect any other #zoning lots# or #streets# outside the #large-scale community facility development# by unduly restricting access to light and air;

There are no zoning lots outside the 2001 LSCFD immediately adjacent to the Pavilion Site. Its one contiguous neighbor is RRL to its west, which shares the zoning lot with the Pavilion Site and is within the 2001 LSCFD. Further west, PS 183, a low height public elementary school building is contiguous to the much taller RRL such that there is no light and air connection between the Pavilion Site and the school. To the north of the Pavilion Site is the Main Block, also within the 2001 LSCFD. To the south of the Pavilion Site, across East 66th Street (a narrow street), are four tax lots improved with residential walk-ups of 5 or 6 stories. These lots have co-existed for over fifty years within the light, air and shadows impacts of the Sloan and Scholars, which are both substantially taller (237 ft and 261 ft, respectively) and built with high lot coverage. They also have existed since 1988 within the light, air and shadows impacts of RRL, an imposing midblock R8 building. To the east of the Pavilion Site, across York Avenue (a wide street) are the landscaped grounds of Rockefeller University, with deeply set back non-residential buildings. Accordingly, approval of this ZR Section 79-43 special permit will not cause light and air impacts on any of the nearby lots.

At the street level, any perceived new impacts on light and air attributable to the modifications supporting increases in front wall heights, setbacks or lot coverage will be more than offset by the two proposed MSK Pavilion's deeply recessed double-height 40.5-ft high[13] public entrances on East 66th and East 67th Streets that together will provide approximately 2,800 sf of passive, extensively landscaped open space. These recessed public entrances, being designed by Mathews Nielsen Landscape Architects, P.C., will replace the minor building recesses on Sloan and Scholars facing York Avenue, along with their retaining walls along their combined frontages. In addition to these

[13] Subject to change as design evolves.

open spaces, the highly transparent York Avenue ground level lobby will significantly animate the York Avenue frontage.

For the foregoing reasons, the construction of the MSK Pavilion within the maximum building envelope requested in this Application will not adversely affect any other zoning lots or streets outside the 2001 LSCFD by unduly restricting access to light and air.

(6) ***with regard to #lot coverage#, will result in a better site plan and a better relationship among buildings and open areas; and***

Lot coverage on the Development Site currently exceeds the permitted adjusted maximum lot coverage of 68.3%. With the exception of a small unfurnished recess in front of the entrance doors to Scholars, the existing open space consists for the most part of elevated landscaping walled off by retaining walls contiguous to the public sidewalk, with none of it either publicly or privately available for use. Development of the MSK Pavilion will result in an increase in lot coverage to 80.1%, thereby increasing the extent of the current noncompliance. Similar to the ZRC building envelope approved in 2001, the MSK Pavilion must maximize the operational footprints of its surgical, inpatient and support program floors with 100% lot coverage beginning at the third floor. Compliance with ZR Section 24-11 for these floors reduce the requested floorplates by 30%, thereby reducing the number of operating suites that could be located on a floor. This reduction in floorplate cannot be addressed by reducing the size of an operating suite, reducing the size of the proposed ICUs or by reducing the number of inpatient beds to support them. The only available remedies are to increase the number of floors or reduce the number of operating suites.

MSKCC has responded to the historic lack of any meaningful publicly usable space on its campus and generally within the community by proposing in this Application to offset the further reduction in open space by providing approximately 2,800 sf of meaningful, usable, landscaped and furnished publicly available space within its property line at grade, as shown on Drawing Z-24 (Ground Floor Plan). The space will have a height of approximately 40.5 ft to the underside of the third floor and will be the first such space programmed for passive public use within the 2001 LSCFD, while offering to the public the first such space contiguous to the public realm on any zoning lot fronting York Avenue, thus serving as an amenity to the entire York Avenue medical community, nearby residents and visiting public. Additionally, all three elevations will be setback at varying widths from their adjacent sidewalks to allow for ground-level plantings that will more suitably appear incorporated into the public realm, as opposed to elevated and privatized above retaining walls built up to and along those sidewalks.

These amenities will present a better and more public-facing site plan than current conditions, while permitting the optimization of the services for the acutely ill patients on the Pavilion's upper floors.

The increase in lot coverage for the Pavilion's upper floors will be an insignificant incremental addition within the context of the surrounding existing MSKCC and non-MSKCC buildings and open areas, given the current noncomplying envelopes of the Scholars and Sloan buildings that the Pavilion will replace.

(7) with regard to #signage#, are necessary in order to facilitate pedestrian and vehicles movement around and within a #large-scale community facility# and will not negatively impact #residences#.

MSKCC's Main Campus is one of Manhattan's largest institutions located entirely on the standard rectangular Manhattan street grid. The 2001 LSCFD is composed of nine buildings that run the full gamut of medical treatment, research and academic purposes on three traditional city blocks defined by two major north/south avenues and four east/west streets, all of them through-streets serving the entire Upper East Side. Additionally, the two north/south avenues support the City's regional transportation scheme in proximity to the Ed Koch Queensboro Bridge and two of the east/west streets cutting through the 2001 LSCFD are bus throughfares for one of upper Manhattan's busiest crosstown bus routes. There are no private streets, no clearly identifiable major recessed hospital entrances that announce its presence and no fixed boundaries such as rivers, parks or arterial highways that define MSKCC's presence. Other medical campuses with more clearly defined campuses ring it to the north and east, but yet do not clearly differentiate the institutions they serve. MSKCC is surrounded on all sides and trifurcated by the continuous din of New York City vehicles and trucks, just passing by and through, and pedestrians, most of whom are also a mix of passersby and hospital-related arrivals and departures.

The outward undistinguished appearances of MSKCC's existing mid-rise buildings on the Main Block reflect the conventional brick and mortar design of their mid-20th Century origins as private research institutions, with almost no features that identify the renown activities that reside therein. With the exception of the Schwartz Building's small plaza facing First Avenue, and RRL's stepped entrance at 430 East 67th Street, all of MSKCC's medical and research buildings are built to the street line with little or no navigational clues. It can fairly be said that one could walk by any of them without identifying them as medical facilities, let alone MSKCC Campus. While patients and visitors have numerous unassuming doors with which to access these buildings to choose among, there is only one "hospital entrance" into Memorial Hospital on York Avenue.

These two conditions -- MSKCC's conventional siting on a very busy three blocks of Manhattan's street grid, and its lack of a unified architectural presence -- give rise to a unique condition of anonymity, and consequently confusion for patients and caregivers approaching its buildings. As further described and shown on Drawing Z-71 submitted with this Application, the limitations imposed in the existing R10/R9 sign regulations governing the total permitted area of nameplates

or identification signs (ZR Secs. 22-321), wayfinding to parking entrances (ZR Sec. 22-323) and sign height (ZR Sec. 22-342) will assure that the MSK Pavilion will suffer the same deficiencies and further contribute to navigational confusion for arriving patients and families, whether they approach the Pavilion by car, arriving on York Avenue or via the through driveway, or by foot. The existing R10/R9 signage regulations do not provide sufficient identifying and navigational signage in general, provide very little instructions to approaching drivers seeking parking, and further require signs to be located at such a low height that most if not all as-of-right signs would not be visible from most viewpoints in the driving lanes of the streets due to passing, parked or standing buses and trucks. This would be difficult territory to traverse for a generally healthy local population, but for the many acute and ongoing patients being seen at MSKCC, wayfinding and navigational signs are not simply amenities, but powerful enablers.

With the construction of the Pavilion, three more public entrances will be added to the MSKCC Campus, two of them at busy intersections. Visibility may be blocked by buses standing at the two adjacent bus stops, as well as the slow-moving York Avenue traffic approaching the Ed Koch Bridge. MSKCC has identified the need to support its patients with dignified access to the Pavilion, but also one that is calming and welcoming given the circumstances of their illnesses and their treatment programs. It is a tenet of MSKCC's core obligations to its patients to greet their arriving and returning patients with dignity, comfort and calm "at the front door" and has identified the need to provide more robust building identification and wayfinding than the current zoning permits as a component of that obligation.

Four illuminated signs are proposed for the Pavilion Site, all of them fully compliant with the existing zoning and none of which are located on a streetline directly across from a residential use so it is unlikely any will project onto the residential uses.

For the foregoing reasons, the MSK Pavilion requires a suitable set of navigational signs for pedestrian and vehicular movement around and within the 2001 LSCFD that are so located as to cause a minimum amount of light to be projected onto abutting or adjacent residences.

The Commission may prescribe additional conditions and safeguards to improve the quality of the #large-scale community facility development# and to minimize adverse effects on the character of the surrounding area.

MSK Pavilion
1233 York Avenue, Manhattan

Authorization Pursuant to ZR Section 79-21

Attachment # 11
Applicant's Statement of Findings

79-21
General Provisions

When a #large-scale community facility development# includes two or more #zoning lots# which are contiguous or would be contiguous but for their separation by a #street#, the City Planning Commission may, in appropriate cases, upon application, authorize the permitted #floor area#, #lot coverage#, #dwelling units# or #rooming units#, or the required #open space# for all #zoning lots# within the #large-scale community facility development#, to be distributed without regard for #zoning# #lot lines#, may modify the minimum required distance between #buildings# as set forth in Section 23-70 (MINIMUM REQUIRED DISTANCE BETWEEN TWO OR MORE BUILDINGS ON A SINGLE ZONING LOT), provided such reduction does not exceed 15 percent of that required by Section 23-71, may authorize the location of #buildings# without regard for #front yard# or height and setback regulation which would otherwise apply along portions of #streets# wholly within the #large-scale community facility development# and, further, may authorize the location of #community facility buildings# without regard to #side# or #rear yard# regulations which would otherwise apply along portions of #lot lines# #abutting# other #zoning lots# within the #large-scale community facility development#.

The Applicant[1] requests ZR Section 79-21 authorizations necessary for the construction of the MSK Pavilion on the Pavilion Site[2]:

- Modification of floor area regulations set forth in ZR Section 24-11 (*Maximum Floor Area Ratio and Percentage of Lot Coverage*) to allow the distribution of 264,938 sf of unused floor area on the Main Block to the South Block without regard for zoning lot lines within the 2001 LSCFD for incorporation into the MSK Pavilion; and

- Modification of height and setback regulations set forth in ZR Section 24-522 (*Front setbacks in districts where front yards are not required*) to allow the MSK Pavilion's East 67th

[1] This and subsequent capitalized terms in this Statement of Findings are as defined in the Project Description submitted concurrently herewith.

[2] The factual predicates for this zoning action with regard to the need for a full lot coverage footprint for the MSK Pavilion's proposed maximum building envelope and request for floor area distribution, height and setback and rear yard equivalents have been described in detail in Statement of Findings in connection with the ZR Section 79-43 Special Permit requested for lot coverage and the height and setback waivers for two MSK Pavilion elevations facing streets that are on the perimeter of the 2001 LSCFD and are incorporated here for reference.

street wall, which is located wholly within the 2001 LSCFD, to (i) rise without the required setbacks and (ii) penetrate the required sky exposure plane; and

- Modification of rear yard equivalent regulations set forth in ZR Section 24-382 (*Required rear yard equivalents)* to allow a western portion of the MSK Pavilion to be built within a required rear yard equivalent.

As a condition of granting such authorizations, in each case the Commission shall make the following special findings:

(a) that such distribution or location will permit better site planning and will thus benefit both the residents, occupants or users of the #large-scale community facility development# and the City as a whole;

Height and Setback, Rear Yard Equivalents and Floor Area Distribution Authorizations.

The distribution of floor area from the Main Block to the South Block and the location of the Proposed Development as requested in this Application will permit better site planning. Approval of these actions will permit MSKCC to meet its established program goals for opening the MSK Pavilion with 28 operating suites, up to 206 inpatient beds and necessary support space for acutely ill cancer patients by 2030.Those program goals are:

- Access to 40 new intensive care unit beds organized into two new ICU units, which almost doubles MSKCC's intensive care bed capacity for critically ill patients;

- Access to 28 state-of-the-art operating suites, focusing on robotic surgical capacity and complex specialty procedures;

- Access to a new inpatient Diagnostic Radiology platform, including two MRIs and two CTs, centrally located between the new Pavilion beds (in the tower above) and the existing beds (across the connecting Patient Bridge);

- Access to a new 4-room Interventional Radiology suite, serving both inpatient and growing outpatient volumes; and

- Through adequate floor-to-floor heights, continual access to new technologies for operating suites and patient rooms over the useful life of the building.

The benefits of locating the MSK Pavilion's 28 operating suites on the Pavilion Site are significant:

- all of the Main Block's clinical, diagnostic, treatment and research facilities, as well as the existing inpatient acute care beds in Memorial Hospital would remain fully operational during the Pavilion's construction;

- following completion of the Pavilion, the inpatient rooms at Memorial Hospital, now 50 years old, could be retrofitted as single occupancy units, in accordance with modern practice, and upgraded;

- MSKCC already owns the Pavilion Site, improved with two buildings used for contract housing and administrative offices, both of which can be provided elsewhere;

- the Pavilion Site is within the 2001 LSCFD, providing the necessary floor area generated by the 2001 Rezoning for an inpatient hospital and the large-scale community facility development zoning tools to optimize the building's envelope to meet the highly specific requirements for an inpatient hospital centered around 28 operating suites, up to 206 inpatient beds and necessary support facilities;

- the Pavilion Site's immediate proximity to Memorial Hospital allows an interconnection via the Patient Bridge, which results in a smaller MSK Pavilion utilizing many of the Main Block's existing hospital's services, rather than requiring more and taller bulk for a freestanding new hospital building in another location; and

- provided the approvals can be obtained by late 2024, the MSK Pavilion can be operational by 2030, an essential milestone in confronting the challenges raised in the CDC estimates.[3] Without an MSK Pavilion in operation by 2030, MSKCC's acute care capacities will fall below those necessary to meet the rising trajectory of new cancer cases expected to increase through 2050.

The Pavilion Site has been carefully selected both with regard to its immediate proximity to Memorial Hospital and with regard to its integration with the full spectrum of diagnostic, treatment and support services housed on the Main Block and its integration with the ongoing research and clinical trials primarily housed in RRL on the South Block and ZRC on the North Block.

The MSK Pavilion will not be a free-standing inpatient facility. Nor can it function isolated from the other clinical, medical and administrative services on the North, Main and South Blocks. The proposed Patient Bridge will address the Pavilion's dependency on Memorial's inpatient services that will not be replicated in the Pavilion. The Patient Bridge will provide an all-weather connection with Memorial Hospital services and staff and will serve as an essential travel route

[3] CDC now estimates that by 2050 the annual number of cancer cases in the U.S. will increase by nearly 50 percent over those in 2015 because of an increasingly aging population and new evidence of a growing number of cases among younger adults. This tsunami of new cases will impact all New Yorkers. These current projections confirm the need for the increased surgical and inpatient acute care capacity that MSKCC first identified in requesting the 2001 LSCFD Approvals. They paint a startling image of what the future prevalence of cancer will look like in the years to come, with all indicators pointing to the need to have in place beginning in 2030 the surgical and inpatient acute care capacity to be provided by the MSK Pavilion.

for patients to access the vast array of diagnostic and treatment facilities on the rest of the Main Block.[4] Placing the Patient Bridge at mid-level patient floors of both buildings not only significantly decreases patient and medical staff travel times, but also offers a higher level of privacy and comfort to patients requiring almost daily services on the Main Block. Many of the MSK Pavilion's administrative services, such as for example food services, will be entirely in Memorial Hospital and will utilize an existing RRL-Main Block tunnel that will be modified to serve the Pavilion as well.

1. Physical proximity to Memorial Hospital. Many of the Pavilion's inpatient functions will utilize medical and support services currently housed in Memorial Hospital on the Main Block, which is the only inpatient hospital in MSKCC's regional network of facilities in the Tristate Area. Memorial will provide numerous inpatient and support functions to MSK Pavilion patients, including:

2. Physical Integration with Diagnostic Facilities on the Main Block. The diagnostic team at MSKCC typically includes a pathologist, radiologist, nuclear medicine specialist, and genetic cancer specialist. These doctors and related healthcare professionals use information from blood tests, imaging tests, and other specialized diagnostic tests to identify the type and location of cancer and determine the stage (extent) of the disease. A significant percentage of these activities take place on the Main Block and, due to their size and complexity, the Main Block will remain the location at which MSK Pavilion patients will receive further diagnostic care.

3. Physical integration with Cancer Treatment Facilities on the Main Block. For admitted patients, cancer treatment is a complex team endeavor, often involving a team providing many levels of pre-surgery and post-surgery care. Each team member specializes in treating one type of cancer. The majority of patients admitted to the MSK Pavilion will undergo surgery in one of its 28 operating suites, designed to provide the highest level of complex surgical care for the acutely ill cancer patients. For these patients, cancer treatment will be led by one or more primary physicians, including a medical oncologist, surgical oncologist and radiation oncologist and, in some cases, an interventional radiologist. Additionally, the Main Block houses departments specializing in genetic counseling, nutrition/diet, oncology social services, psychiatry and rehabilitation therapy. While admitted patients will see the majority of these specialists in their rooms, a high volume of staff travel to and from these departments will be necessary.

[4] In addition to Memorial Hospital, MSKCC inpatients receive comprehensive research, diagnostics and treatment on the Main Block in the Schwartz, Howard, and Bobst buildings, the Haupt Pavilion and the Radiation Oncology Building. The MSK Pavilion's patients will follow the same regimen.

4. Physical Integration with Ongoing Clinical Trials. Translational medicine is a hallmark of MSKCC's mission. The integration of MSKCC's clinical and biological researchers housed in ZRC, RRL and Schwartz with its practicing physicians is a defining characteristic of the 2001 LSCFD and of MSKCC as a medical institution in service to the community. In many cases, MSKCC's frontline physicians treating patients are also the principal investigators in worldwide clinical trials conducted by on the South, Main and North Blocks.

All of the foregoing demonstrates the MSK Pavilion's deeply integrated physical relationship to the existing buildings within the 2001 LSCFD that is necessary to serve acutely ill patients who will undergo surgery in one of the its 28 operating suites.

For the foregoing reasons, locating the MSK Pavilion on the Pavilion Site provides a more integrated overall plan for MSKCC's clinical and research operations and a more satisfactory physical relationship to the existing buildings within the 2001 LSCFD.

Furthermore, the distribution of unused floor area from the Main Block to the South Block and the authorization to modify height and setback regulations for the MSK Pavilion's East 67th Street frontage and to modify the rear yard equivalent regulations will benefit the residents and patients of MSKCC and the City as a whole. The MSK Pavilion represents MSKCC's strategic response to a nationally recognized wave of cancer cases expected through the first half of the 21st Century that will affect all New Yorkers. At stated and discussed in 2001, MSKCC's leadership anticipated this new wave of acute cases and from that time forth has been planning the medical services it will require to meet this challenge. The core of MSKCC's strategic response, the Pavilion, will center around 28 operating/procedural suites and associated beds. The Pavilion will provide services directly linked to those surgical suites, containing up to 206 inpatient beds and additional intensive care units, stepdown facilities and with single-bedded patient rooms, which proved critical in caring for the complex needs of this vulnerable patient population during COVID-19 pandemic and will continue to be critical as MSKCC prepares for the future. For all of the above reasons, the Commission's 2001 finding that it:

> *. . . recognizes MSKCC's need to expand and upgrade its facilities, and the importance of expansion both to MSKCC and the City as a whole. . . . Over the long term, this will allow MSKCC to continue to provide improved patient care and research, identify and take advantage of new scientific advances and successfully compete with other leading institutions in attracting the highest caliber staff.* (Report, page 43.)

is as true today, and as accurate a description of MSKCC's essential services to the community in pursuing the MSK Pavilion, as it was in 2001 when the Commission first made this finding. By approving this Application, the Commission will position MSKCC to move forward with the MSK

Pavilion, a strategic response to CDC's projections for the need for additional facilities for acute cancer care.

Furthermore, the MSK Pavilion will advance its commitment to health equity, a matter of importance to every New Yorker. MSKCC fully subscribes to the goals of health equity, as defined by the CDC that all people should have a fair and just opportunity to live their healthiest life. For institutions such as MSKCC, providing clinical care, including access to groundbreaking clinical trials, this means assuring equitable access to their resources and treatment opportunities that historically have been denied due to such factors as race and ethnicity, sexual orientation, gender identity, age, physical abilities, geographic location, educational background, and economic status. The MSK Pavilion, by increasing MSKCC's inpatient capacities will be directly providing increased accessibility to world-class cancer care to all New Yorkers, giving them a fair and just opportunity to attain the highest level of health care when and where they need it most: in their own community.

For the foregoing reasons, the authorizations requested herein are essential to providing a superior site plan and location, with sufficient bulk to accommodate the floorplates required of all hospitals and specifically with regard to the Pavilion's 28 operating suites, up to 206 inpatient beds and support services, thus benefiting both MSKCC and the residents of New York City as a whole.

(b) that such distribution or location will not unduly increase the #bulk# of #buildings# in any #block#, to the detriment of the occupants or users of #buildings# in the #block# or nearby #blocks#; and

The requested distribution of floor area and the location of the MSK Pavilion will not unduly increase the bulk of any block to the detriment of users of buildings in the block or nearby blocks and no current users in any of the nearby buildings will be detrimentally impacted. None of actions requested pursuant to ZR Section 79-21 directly impact the amount of bulk that can be built on the Pavilion Site at a height or in a location that could make a meaningful difference to any legal uses by other users or occupants on the block or nearby blocks.

Floor Area Distribution Authorization. Distributing the unused Main Block floor area to the South Block accounts for eight of the 31 floors in the MSK Pavilion. This floor area currently exists as the unutilized permitted floor area within the 2001 LSCFD. The floor area being distributed to the MSK Pavilion is only that which the Zoning Resolution already allows as a matter of right. Even with the associated zoning map amendment to rezone MSKCC's portion of the South Block midblock from R8 to R9, construction of the maximum building envelope sought in this Application will contribute to an overall floor area across the entire 2001 LSCFD of no more than FAR 10. This Section 79-21 authorization will do no more than provide the floor area initially

applied for by MSKCC and certified by the Commission in 2001 when the New Hospital Building was included in that application. It will not increase the maximum permitted floor area within the 2001 LSCFD above R10/R9, which the Commission has in general repeatedly found to be appropriate for large healthcare campuses in Manhattan and specifically found it to be appropriate with regard to the 2001 LSCFD as consistent with the other healthcare institutions in the immediate vicinity. The distribution of available unused floor area without regard for zoning lot lines to support large scale institutions such as MSKCC, subject to the Commission's careful case-by-case consideration, is in fact why ZR Chapter 79 was adopted and continues to be relevant. Accordingly, notwithstanding the significant height of the MSK Pavilion, there is nothing undue about the building's bulk or massing as a large-scale community facility building.

For the foregoing reasons, the distribution of floor area from the Main Block to the South Block to support the development of the MSK Pavilion on the Pavilion Site, thereby fully utilizing the 2001 Approved Floor Area, will not unduly increase the bulk of buildings in any block to the detriment of the occupants or users of buildings in the block or nearby blocks.

Height and Setback and Rear Yard Equivalents Authorizations. With regard to the Pavilion Site itself, the Site is already developed with 476,758 sf of residential/community facility uses in two buildings, the taller of which is 261 ft high. The degree of change in utilization of the site from its current use to its proposed use will not be unduly jarring on any existing uses to the south or west of RRL, especially since both the current and future MSKCC-related users on the Pavilion Site will be interacting more strongly with MSKCC uses and activities within the 2001 LSCFD to the north (or in the case of RRL - west), rather than with occupants or users of other buildings on the block or nearby blocks to south, west or east. The increased bulk of the MSK Pavilion is no measure of a detrimental increase in activity, as hospitals generally experience a flurry of daytime activity, but usually are lowly populated at night, generating little in the way of late-day or nightly street activity. The MSK Pavilion will not include services that will generate emergency medical services access on East 66th Street. And, while the MSK Pavilion will be significantly taller than Sloan or Scholars it will replace, the building typology of the lower level of the MSK Pavilion (with the exception of the 700-sf publicly accessible open space leading to the East 66th Street building entrances) directly across from the other nearby existing users outside the LSCFD will be nearly the same as the present built environment of Sloan and Scholars. The only foreseeable bulk-related impacts will occur above the heights of the existing Sloan and Scholars, the lowest level of which tops out at approximately 237 ft, far over the roofs of the low residential walk-ups that line up the south side of East 66th Street. It is therefore unlikely that there will be any noticeable impacts on these lower buildings attributable to replacing the existing bulk of Sloan and Scholars with new bulk of the MSK Pavilion.

For the foregoing reasons, the authorizations requested to support the development of the MSK Pavilion on the Pavilion Site, essential to provide the floorplates required of all hospitals and specifically with regard to the Pavilion's 28 operating suites, up to 206 inpatient beds and necessary support space, will not unduly increase the bulk of buildings in any block to the detriment of the occupants or users of buildings in the block or nearby blocks.

(c) that such distribution or location will not affect adversely any other #zoning lots# outside the #large-scale community facility development# by restricting access to light and air or by creating traffic congestion.

Height and Setback, Rear Yard Equivalents and Floor Area Distribution Authorizations.

The Pavilion Site is contiguous only to the RRL to its west, which is within the 2001 LSCFD. There are no adjacent residential zoning lots to the west (PS 183), north across East 67th Street (MSK Main Campus Block) or east across York Avenue (Rockefeller University). There are no windows or open spaces on any zoning lot outside the 2001 LSCFD that will be blocked or walled in due to the construction of the Pavilion. With regard to the zoning lots to the west of the 2001 LSCFD on the remainder of Block 1461, none of which are residential, there will be no new impacts on light or air due to the intervening RRL. (A sporadic partial diminution in direct sunlight on nearby church windows has been identified in CEQR as an adverse impact and is being addressed through a proffer of mitigation.) With regard to the zoning lots facing the Pavilion Site on the south side of East 66th Street, these lots have residential uses with streetwalls facing the site that will continue to provide adequate light and air but are already sporadically but significantly shadowed by Sloan and RRL and will remain so with the construction of the Pavilion. Their rear yards face south, such that light and air will be unaffected. There will be no adverse effects to the north because the non-residential Main Campus block is within the 2001 LSCFD. There will be no adverse effects to the east because the non-residential buildings of Rockefeller University are deeply recessed from York Avenue.

As of this date, only one significant adverse traffic impact attributable to the MSK Pavilion has been identified. This impact would only affect the westbound approach of East 67th Street and First Avenue during the weekday PM peak hour, which could be mitigated by a signal timing shift.