

Summit



A neighborhood at risk

**Summit Neighborhood Association opposition
to an amended Institutional Master Plan
for Lifespan's Miriam Hospital**

June 16, 2004

Summary of SNA's case

- Summit's highest value to the community is as a residential neighborhood
- Miriam Hospital today imposes serious negative impacts on Summit residents and their neighborhood
- These harms result from Miriam Hospital's 52-year trajectory of unplanned or poorly planned growth
- Lifespan's latest amended IMP for Miriam is the fifth change of plan in six years.
- Option E imposes major new harms without acknowledging them, seriously weighing alternatives or offering mitigation
- The Comp Plan makes the protection of neighborhoods from institutional encroachment a major obligation on the City
- The Development Review Regulations empower Commissioners to protect neighborhoods
- We ask the Commission to take no action on the amendment now
- We ask the Commission to require a completed neighborhood plan and other conditions in connection with Lifespan's next IMP for Miriam.



Looking west down Sixth Street to Miriam's main entrance on Summit Avenue.

Summit is first and foremost a place where people live

A dense neighborhood (Exhibit 1)

- 3,464 individuals
- 1,658 households
- 1,732 housing units
- .043 square miles (including non-residential areas)

Overwhelmingly residential in use and character

- Zoned R1/R2 one- and two-family residential
- Planned and built to house urban workers
- 30-foot maximum building height, including commercial – only Miriam exceeds
- 49% owner-occupied
- Urban mixed use at edges with light commercial



The Summit Neighborhood Association Yard Sale happens each year in May.

High quality of life

- Residential areas among city's greenest neighborhoods (Exhibit 2)
- Safe for kids, safe for walking, biking, running, etc.
- Walk to stores, restaurants, Library, woods, trails, riverfront
- Low crime rate

Extremely diverse and welcoming:

- Retirees and "empty nesters"
- Young professionals and new arrivals to Rhode Island
- First-time homeowners and young families
- Local business owners and home-based professionals

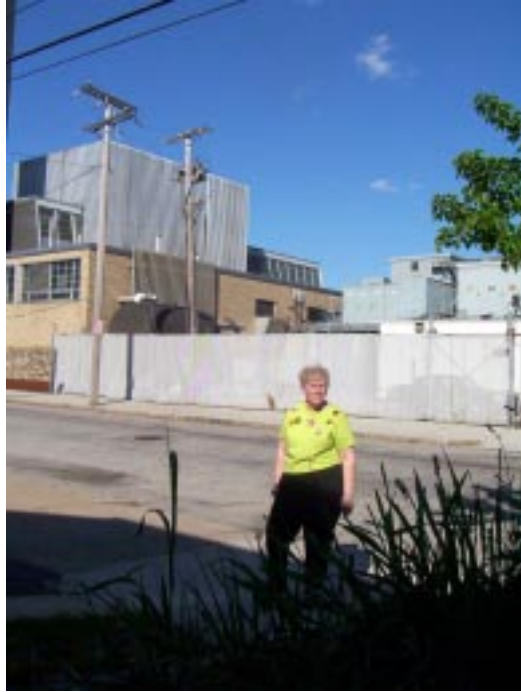
Architecturally historic and unique

- A classic "streetcar suburb" built between 1920 and 1950 (Exhibit 3)
- 84% of houses built before 1960 - great integrity of styles, setbacks and scale
- Rare 4-block 20th century National Historic District one block from Miriam
- Matched by period commercial buildings on Hope St.

An asset to the City of Providence

- Low levels of poverty, low levels of social service use
- Assessments on taxable property are high and rising
- Attracts new arrivals and builds Providence's reputation as a livable city

Miriam Hospital as it imposes ongoing and serious negative impacts on this neighborhood and its residents



Mary Frapier lives with the constant noise of Miriam's physical plant. "I'd like to sleep in my front room again some day."

Litter and trash

- Food wrappers, cigarettes, etc. from staff and visitors
- Dumpster overflow
- Medical waste – needles, gloves, etc.

Traffic: 1,500 – 2,000 “person-trips” in and out each day (Exhibit 4)

- 544 on-site parking places plus 544 off-site, plus (often illegal) on-street parking
- Staff: 1,993 total. 981 arrive for largest shift – 3 shifts per day
- Patients – 75,599 annual day visits and inpatient discharges = 217 average per day
- Physicians, visitors, sales, consultants, volunteers, staff travel, etc.
- Ambulances, service and delivery vehicles



Trucks arrive early at the back end of Miriam on Highland. The tight corner requires lots of noisy maneuvering.

Illegal parking and oversized vehicles a daily nuisance

- Buses from parking lots - 50 trips per day?
- Delivery trucks, contractors, ambulances
- Blocked driveways
- “Lost” vehicles blocking streets

Noise

- 24/7 background physical plant noise at Seventh and Highland
- Smokestack cleaning – “like a sneeze times 1,000”
- Oxygen tank filling and venting
- Tractor-trailer maneuvers at 6th Street
- Ongoing construction/renovation work “every week for 50 years” says a neighbor.
- Regular rooftop venting audible for several blocks on all sides



The large lot between Seventh and Eighth Streets. The planned site of the Phase One building is behind the lot.

Reduction in home value (Exhibit 6)

- Visual blight and nuisance reduces enjoyment and appeal of nearby homes
- Proximity to Miriam significantly reduces home value, per comparative market analysis (CMA)
- Reduces tax assessments and City revenues



Trucks and emergency vehicles don't always read this sign. They'll get stuck at the top of Third and have to back down the whole block to get out again.

Pollution and environmental impacts

- Smokestack grit and ash
- Auto emissions and non-point runoff from parked cars
- Heat sink and heat reflection
- Stormwater runoff from 8+ acres of impermeable surface requires treatment at public expense
- Erosion damage to downhill streets and east side of North Main
- Presence of radiological and medical waste, chemicals and other bio-hazards.

Lifespan's buy-and-hold ownership of commercial properties on North Main has been bad for Summit and the City

- Removes properties from tax rolls
- Neglect and decay impede surrounding business creation and growth
- Visual blight encourages other neglect and criminal enterprises
- We have one massage parlor on North Main and may soon have another, cited by Providence Police as attracting illegal activity.

These harms result from Miriam Hospital's 52-year trajectory of unplanned growth

Summit complex was always a bad location for a hospital

- Surrounded by densely settled houses
- Next to elementary school
- Inadequate building and site for needs and intentions
- Up narrow, steep streets from nearest major artery



The Jewish Orphanage site in 1939, with Summit Ave. School to the south

Miriam's growth was relentlessly destructive of its surroundings.

- More than 50 houses, their yards and trees purchased and paved over
- A block of Sixth Street acquired, cutting neighborhood connections.
- A beloved brick school building razed and replaced with ugly medical office block
- City has sacrificed taxable property, residents, tree cover, continuity and character



1952: Miriam moves to Summit

A record of offense to neighbors

- Factory-style building aesthetic – no internal coherence or respect for context
- Barebones landscaping where necessary; built to sidewalk where possible
- Sporadic outreach driven by periodic need for government approval
- Placement of most offensive back end operations within 50 feet of neighbors
- Replacement of former neighborhood school with Fain medical building
- Long years of silence...until they want something from us again.



1962: House lots begin to go.

A history of disregard for the process and spirit of public planning

- Moved to Summit immediately after hospitals were exempted from zoning in 1951
- Obtained Summit Ave School to adapt, not replace, and for office use only
- Instead tore it down, built larger building for expanded outpatient services
- 1999: first Comp Plan, due in 1995, filed months before plan period ends
- 2000: Allowed not to file next IMP on basis that no major changes planned

Muddled expansion strategy misleads neighbors and City officials

- Miriam buys North Main properties from Third to Hillside Ave in 1990s after I-Zone imposed
- Prevailing belief that they will move to North Main allowed to persist
- Neglect and visible decay encourages assumption that hospital will build there
- Lack of required master plans further obscures actual intentions
- Today, Miriam says it will swap No. Main buildings for more parking spaces



1972: Rapid Expansion



1981: Three blocks in three decades.



1997: Summit School is gone.



1997: Purchases beyond the I-Zone.

“Option E,” is Lifespan’s fifth change of plan for Miriam in six years

December 1999 - Plan One: no plans to grow

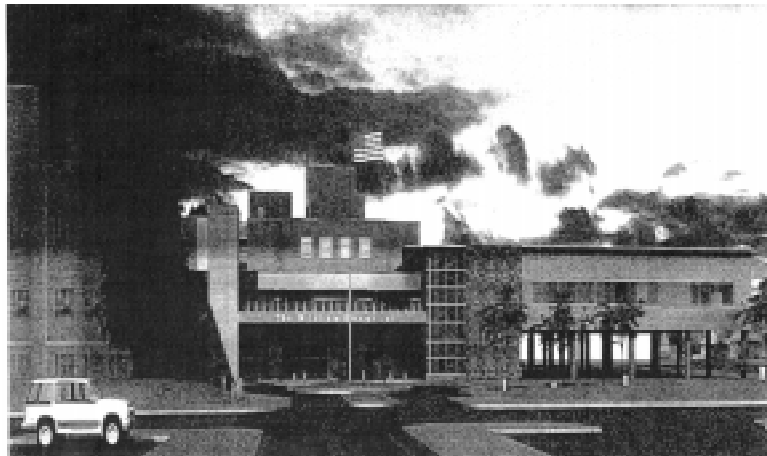
- First IMPs due citywide in 1995 under new Comprehensive Plan
- Miriam files retrospectively for 1995-1999 in waning days of the planning period
- Offers no future building or growth plans
- City allows Miriam not to file a new plan in 2000 on the basis that no plan is required unless changes are planned.

Sept. 2001 – Plan Two: some needed refurbishments

- RI Monthly reports on new Miriam President, Dr. Kathleen Hittner
- Says Miriam plans to renovate operating rooms and patient rooms

June, 2002 – Plan Three: operating rooms on stilts

- Miriam opens expansion approval process incrementally
- Files for Certificate of Need (CON) for ORs only – not first floor facilities or patient rooms
- Submits drawing of a one floor building on its own second level to RI Dept. of Health



June 2002 plan for expansion – from Lifespan CON filing.

June, 2003 – Plan Four: one building, 72 rooms

- New DOH filings show a 72-foot tall building on Seventh Street, to be build in two phases
- Levels 1 & 2 for radiology and operating rooms
- Levels 3 & 4 for new single patient rooms
- Essentially the IMP plan submitted and partially approved in September, 2003

April, 2004 - Plan Five: Option E with two buildings and 102 rooms

- Foreshadowed last September when Ms. Coletta referred to “accelerated” plans
- Brings formerly vague and distant expansion plans into immediate future
- Determined to be the best of all possible alternatives by HOK architects
- Expands and accelerates impacts on neighborhood toward a tipping point

Option E imposes major additional risks and harms; it does not weigh alternatives or offer mitigation

Impacts over five years of demolition and construction (refer to Exhibit 5)

- Noise from vehicles, equipment
- Visual blight, dust and particulates
- Disruption of home businesses, young families and elderly
- Potential hazardous waste from buildings built in 1967 and 1976
- Street closures, traffic diversions
- Refuse, litter and trash from work site and workers
- Increased pressure to park on streets leading to blocked driveways
- Negative impact on home sales and home values
- Reason to delay promised landscaping

Impacts from completed building

- Large slab-shaped buildings further erode character of neighborhood
- Last large trees and last period building removed from historic orphanage site
- Increase of non-permeable surface area, runoff and street damage
- Increased heat sink and heat reflection of larger, flatter buildings
- Greater building noise brought closer to homes north of Summit

Impacts from future operations after completion

- 25% more beds means 3,000+ more inpatients
- 25% larger building, new ER, will draw new uses, more patients and staff
- Proportional increase in most impacts: litter, traffic, parking, noise, etc., probable

Promising alternatives that might remove or reduce impacts on neighbors have not been seriously examined

- Modernize at current size by reducing number of beds and meeting need at Lifespan's RI Hospital, 10 minutes away
- Open "expansion campus" to handle new capacity on North Main, recycling derelict properties and stimulating related business location and development
- Build all new hospital on North Main
- Use fiscal and social impact balance sheets to measure and weight alternatives, as in other communities (**Exhibit 7**)

Summit residents oppose unconditional expansion in general and Option E in particular

Opposition to new expansion is of long standing (Exhibit 8)

- SNA opposition renewed by popular outcry at Feb. 2003 Annual Meeting
- 200 lawn signs snapped up and placed in March and April 2003 (Exhibit 9)
- 113 residents signed our petition
- Two meetings with Mayor during 2003
- Moratorium introduced and won by Councilman Kevin Jackson in June, 2003 (refer to Exhibit 8)

Concerns range far beyond the height issue seized upon by Miriam's architect (Exhibit 10)

- Construction impacts
- Property values
- Health and safety
- Environmental impacts
- The long term fate of the neighborhood: "Where is the cap?"

Miriam outreach has done little to answer critical questions

- Public "input" process not participatory: "Decide, Announce, Defend"
- No preference requested, notes taken, commitments made or follow up actions taken at March "community meeting" about Options A-E
- Lifespan has refused all commitments to cap growth in neighborhood
- Landscaping is fine (and far in future), but the problems are deeper than this

Opposition has only increased since "Options" unveiled and "Option E" chosen

- Emails to Mayor
- SNA planning meeting
- Doubled SNA membership since fall 2003 to 166 member households
- 200 to 250 postcards to each of four elected officials in May
- Persistent doubts and questions at Miriam meetings since December
- Councilman Jackson, Senator Perry and Representative Fox signed and issued a call for Lifespan to work with neighbors to define a "right size" before building (Exhibit 11)
- SNA survey shows residents do not believe current I-Zone adequately protects neighborhood. (Exhibit 12)

The Comp Plan protects neighborhoods from institutional encroachment

What the Comp Plan says about NEIGHBORHOODS:	What the Comp Plan says about INSTITUTIONAL GROWTH:
<p>Intent: Core value statements uniformly celebrate residential neighborhoods as defining Providence.</p> <p><i>"This is how great cities come into being"</i> Houses: <i>"City's greatest single physical asset."</i> <i>"...city's neighborhoods are its lifeblood."</i> <i>"...above all, that Providence is a livable city!"</i> <i>"...these neighborhoods must be preserved."</i></p> <p>Comp Plan Citations</p> <ul style="list-style-type: none"> • 15 citations specifically call for protection of neighborhoods against inappropriate development and encroachment. • 13 cite specific negative impacts on neighborhoods from institutional growth to be prevented • 7 more provide special protection and promotion of neighborhoods' character, quality of life • 5 others call for a contextual assessment of development proposals <p>Key policy: Neighborhood or "Area" Plans to be developed to implement Comp Plan policies promoting neighborhoods.</p>	<p>Intent: Institutions and health services recognized as necessary, but not as requiring protection.</p> <p><i>"Institutions are quite important..."</i> <i>"...our health care facilities provide vital services..."</i></p> <p>Comp Plan Citations</p> <ul style="list-style-type: none"> • 2 citations of health care facilities that don't also mention negative impacts on surrounding areas. • 5 citations guiding or restricting institutional development in general. • 12 citations specifically pairing institutional growth with negative impacts on residential neighborhoods. <p>Key policies: IMPs to be developed with assistance of Planning Department to ensure impacts on neighbors are avoided, minimized or mitigated.</p> <p>Expansion areas for institutions to be defined in cooperation with the neighborhoods.</p>



The Development Review Regulations empower citizen commissioners to protect neighborhoods from encroachment

Purposes - Article 1, Section 101 (A - I in total) – include:

- “A) “Protect the public health, safety and welfare of the City;” ...
- “C) Protect natural and built environments and mitigate significant negative impacts
- “D) Promote high quality and appropriate design and construction...
- “E) Promote development well-integrated into surrounding neighborhoods and “concentrate development in areas that can best support intensive use ...”
- “F) Set standards protecting the physical character of the City and its neighborhoods:
- G) Conduct “thorough technical review” of all proposed land developments

Intent – Article 1, Section 102

- Interpret regulations to be consistent with Comp Plan and Zoning Ordinance
- Must accord with Plan goals, policies, procedures, maps and policy statements

Powers of the Plan Commission - Article 6

- Mitigation, Sec 603: Commission may require land, improvements “or other activities” to mitigate negative impacts, or fees in lieu
- Guarantees, Sec 605: Commission “shall” require monetary guarantees of completion or maintenance of required mitigations

Impact Statements, Sec. 606: Commission may require impact statements on:

- 606.1: Environmental: positive finding that there will be no significant negative impacts on natural or build environment. [RIGL 45-23-60(3)]
- 606.2 Fiscal: fiscal report and impact statement on municipal costs and revenues related to project [RIGL 45-23-60(1)]
- 606.3 Traffic impact study: “shall be required of all major LDPS.”

Article 8 – Procedures of the Commission,

Section 806 – Required findings: Commission or staff must make positive, written findings that the plan:

- is consistent with the Comprehensive Plan (Sec. 806.1)
- causes no significant negative environmental impacts (Sec. 806.3)
- includes adequate and permanent physical access to a public street (Sec. 806.5)

Section 805 –Public Information Meeting: generally held before decision; may be combined with hearing only by Commission determination

We ask the Commission to take no action on this amendment request

The September 2003 IMP approval should be allowed to stand for at least one year

- Provides for operating rooms and radiology suite
- Agreed to by Miriam as acceptable nine months ago
- Must be re-submitted by mid-2005 in any event
- Enforces the process and purpose of institutional master planning
- Lifespan has not “repaired the damage” with neighbors

This is not an amendment; it is a new plan for new hospital

- Two buildings in place of one
- 102 rooms in place of 72
- Five years of construction in place of two
- Replace Emergency Room: no data or consideration of impact
- When complete this replaces every patient room and major facility in the hospital down to the cafeteria and gift shop
- Are we going to place a new hospital in the middle of Summit again?

Summit residents want a City plan for the neighborhood, before the City approves a project with irreversible impact like this

- Should work with Summit Neighborhood Association and all residents
- Identify and plan to address all critical community planning issues
- Core issue is how big and what kind of hospital the neighborhood can support without losing its identity as a residential area
- Special focus on long-delayed I-Zone reforms to protect our neighborhood

A neighborhood plan is required by the Comp Plan and is in prospect

- Planning Dept and City Councilman Jackson have scheduled meeting for 2004
- Can be ready in time for Miriam to respond to in their 2005 IMP

“They have about 27 months before they’re going to come back. I would suggest that gives them about 27 months to repair the damage or improve the relationship they have with their neighbors...”

Stephen Durkee, Chairman, Providence Plan Commission
during the September, 2003 meeting
at which Miriam’s IMP for 2001-2005 was approved.

Exhibits

1. Hope at a Glance (Providence Plan Web site page)
2. “Got Trees?” Prov.Journal, May 23, 2004 text, with table of neighborhood tree cover
3. “Suburb in the City” Prov Journal
4. Miriam Hospital Statistics, www.lifespan.org website
5. Meeting notes, SNA community meeting on Miriam expansion, May 24, 2004
6. Comparative Market Analysis of home values and proximity to Miriam Hospital
7. Articles: “Key Considerations in Building New Versus Expansion/Renovation”, Health Care Design Magazine, www.HealthCareDesignMagazine.com; and “Master Planned Campus” from Sentara Williamsburg Community Hospital, www.williamsburgcommunity.com
8. Articles from Providence Journal,
9. “No New Buildings” lawn sign
10. Resident comments to Mayor, July and Sept. 2003, May, 2004
11. Statement of Councilman Jackson, Senator Perry, Representative Fox, Feb. 11, 2004
12. SNA Neighborhood Survey on Miriam – Summary of Results, May 24, 2004
13. The Providence Comprehensive Plan: Neighborhoods versus Institutional Growth (table of citations)