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CHAIRPERSON REID: Good morning, ladies and gentlemen. The hearing will please come to order.

This is the April 22nd public hearing, continuation of public hearing of the Board of Zoning Adjustment of the District of Columbia.

My name is Sheila Cross Reid, Chairperson. Joining me today are Betty King, Jerry Gilreath representing the National Capital Planning Commission, and representing the Zoning Commission is Mr. Franklin.

All right. Now, our mikes are not working. So, therefore, we're just going to have to raise our voices and project, and hopefully you're able to hear us and do the best we can.

I am not going to read all of the opening remarks because this is a continuation. And what's going to occur here today is we're going to start with the continuation, starting with the D.C. Government reports, which would be DPW reports. And then we're going to finish up the other hearing.

And it will only be confined to the new information that we have been given. We will not go into the previous testimony. So let's remember

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1 that.

2 Now, those people who are here as
3 parties, or who will testify either in support of or
4 in opposition to, will have to limit their testimony
5 to the information that is before us today.

6 Okay. Mr. Bastida was just telling me
7 that we were trying to borrow a system from
8 somewhere else and there's nothing available.

9 So we will start with the government
10 reports, DPW, unless there is a preliminary matter.

11 MR. WATSON: Matthew Watson representing
12 Advisory Neighborhood Commission 2A with regard to a
13 preliminary matter. At the January 5th hearing on
14 this matter it was determined by the Chair that Gary
15 Burch of the Department of Public Works should be
16 present at the hearings.

17 We, on two occasions, have requested,
18 pursuant to the rule, that the Director of the
19 Office of Zoning notify Department of Public Works
20 that Mr. Burch was to be present. We understand he
21 is not present, which I think violates the
22 determination made by the Chair that he should be
23 present, and raises a question as to whether you can
24 continue with getting their testimony without the
25 person requested to be present.

26 MR. MOORE: Madam Chair, Jerry Moore for

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1 the applicant. On the 7th, I believe Mr. Watson
2 asked for a representative of DPW to be present. If
3 there is a representative of DPW, then that person
4 is quite able to represent the agency.

5 CHAIRPERSON REID: Is there a
6 representative from DPW? Would Mr. Layton please
7 come forward?

8 MR. WATSON: If I may correct the
9 record, my two letters to the Director of Zoning
10 requested Mr. Burch's presence, in accordance with
11 the determination of the Chair, which is in the
12 record, of the 5th of January.

13 CHAIRPERSON REID: Yes?

14 VICE CHAIR KING: Now, I know that Mr.
15 Burch and Mr. Layton work very closely together. I
16 have known Mr. Layton for some years, and I don't
17 believe that he would come here unprepared. It
18 seems to me that we should proceed with taking Mr.
19 Layton's testimony and cross examining him. If
20 there is additional information that only Mr. Burch
21 can supply, I would suggest that we hold the record
22 open for that, and, if necessary, have yet another
23 hearing.

24 But look, we've got a roomful of people.
25 Let's not cancel today, Matt, because Gary is on
26 leave.

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1 CHAIRPERSON REID: Thank you, Mrs. King.
2 Mr. Layton, would you please, just for
3 the record, identify yourself for us and give us
4 also your title at DPW.

5 MR. LAYTON: Yes. My name is Kenneth
6 Layton. I am the Administrator for Transportation
7 Planning, D.C. Department of Public Works.

8 VICE CHAIR KING: Madam Chair, could I
9 make a suggestion? Since we have no microphone,
10 perhaps Mr. Layton could sit at the end of the table
11 and address us this way, in which case --

12 CHAIRPERSON REID: Okay. His back won't
13 be to the audience. Okay.

14 VICE CHAIR KING: Instead of, you know,
15 everything coming from -- you got the drift.

16 CHAIRPERSON REID: Mr. Layton, Mr. Burch
17 is on your staff?

18 MR. LAYTON: Mr. Burch is the
19 administrator of our engineering office. And,
20 again, he had longstanding leave plans for today.
21 As Ms. King mentioned, if there are any issues that
22 I can't address, then, you know, I'd be happy to
23 bring them to Mr. Burch's attention, either for
24 written, or, if necessary, another oral
25 presentation.

26 CHAIRPERSON REID: But you feel that you

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1 are prepared to most adequately represent the DPW
2 today at this proceeding?

3 MR. LAYTON: I believe so, yes.

4 CHAIRPERSON REID: Okay. Mr. Watson, I
5 don't have a problem with Mr. Layton. We did
6 receive your letters. However, at the previous
7 hearing, my recollection is that we requested that
8 there be representation. And even notwithstanding
9 that, I have no problem with Mr. Layton representing
10 the DPW here today. If there is no objection with
11 any of my colleagues --

12 BOARD MEMBER GILREATH: I have no
13 objection.

14 CHAIRPERSON REID: -- then we can
15 proceed.

16 Okay. Thank you very much.

17 MR. LAYTON: Good morning.

18 CHAIRPERSON REID: Speak loudly.

19 MR. LAYTON: I'll try. Thank you.

20 CHAIRPERSON REID: Okay.

21 MR. LAYTON: My name is Layton. I'm the
22 Administrator for Transportation Planning, D.C.
23 Department of Public Works. We're here to provide
24 an update of our testimony that was provided back in
25 January. The testimony -- we provided written
26 testimony to the Board on February 8th.

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1 In that testimony, we indicated the
2 types of discussions and activities that the
3 Department had pursued subsequent to the January
4 hearing. Our concerns when we attended the January
5 hearing was that the proposed hospital would impact
6 the residential community in the Foggy Bottom area
7 to the west of the hospital.

8 We had some concerns about New Hampshire
9 Avenue and 24th Street being able to handle the
10 increased truck traffic. We had some concerns about
11 time regarding the emergency entrance and the
12 traffic and pedestrian impacts resulting from the
13 emergency entrance. We had some questions and
14 concerns about the loading dock area, the width of
15 the sidewalks, especially on 23rd Street, and also
16 the combined impacts of other development occurring
17 in the area.

18 We did meet with both proponents of the
19 hospital and their traffic consultants, as well as
20 residents who are concerned about the proposed
21 relocation. The project proponents made several
22 recommendations which helped address some of our
23 earlier concerns, and our understanding of the
24 solutions or recommendations are as follows.

25 That there would be a change to the
26 traffic pattern at the emergency entrance to reduce

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1 the vehicular and pedestrian conflicts. What we
2 agreed to was that the entrance would be moved from
3 the New Hampshire Avenue side of the emergency
4 entrance to the 23rd Street side.

5 We also requested that a traffic signal
6 be placed just south of the exit on New Hampshire
7 Avenue to stop traffic so that the exit to the
8 emergency area would not be blocked by vehicles
9 queuing up to enter the traffic circle.

10 In addition, the hospital agreed to
11 signage and to modify the pavement and the sidewalk
12 adjacent to the entrances to alert pedestrians to
13 the emergency entrance, and also the same thing
14 would be done at the main entrance and at the
15 loading dock areas, so that there would be a change
16 in the pavement type to alert pedestrians that there
17 was a change in use of the sidewalk at that
18 location. There was also to be some signage placed
19 there to, again, alert pedestrians of possible
20 traffic.

21 One of the loading docks would be
22 lengthened to allow the largest size delivery truck
23 they would anticipate to fully enter the loading
24 area. The hospital indicated they would keep the
25 loading doors closed at all times except when trucks
26 were either entering or existing, and that also

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1 hospital staff would be available to help direct
2 traffic as needed to allow the trucks to back in or
3 back out of the loading areas.

4 We also talked about trying to schedule
5 deliveries to avoid rush hour, and also during times
6 in the early -- early morning hours and evening
7 hours when residents would be expected to be home
8 and that -- in order to ensure that these trucks
9 don't impact upon the residents' quality of life.

10 We also talked about trying to come up
11 with a traffic pattern for trucks so as to minimize
12 the impacts on the residential community. We came
13 up with a scenario that we thought minimized that
14 impact. But as we're finding with trying to tinker
15 with this facility and trying to mitigate one set of
16 concerns, you sometimes generate additional
17 problems.

18 So what we're recommending at this point
19 is use of 23rd Street for the truck traffic until it
20 gets to H, and then go west on H, and then north on
21 24th and New Hampshire to the loading areas.

22 VICE CHAIR KING: I'm sorry. Do you
23 have a map that shows --

24 MR. LAYTON: I don't have one with me,
25 but we can provide you with one.

26 VICE CHAIR KING: Would you do -- say

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1 that again now.

2 MR. LAYTON: That trucks -- we would
3 like the delivery trucks to stay out of the Foggy
4 Bottom residential community --

5 VICE CHAIR KING: Yeah.

6 MR. LAYTON: -- or, I'm sorry, west of
7 24th, so that we would have trucks going either
8 north or south on 23rd Street, depending upon where
9 they were coming from, go west on 24th -- I'm sorry,
10 west on H Street, and then north on 24th to the
11 loading dock, which would be at 24th and New Jersey
12 Avenue -- or 24th and New Hampshire Avenue, I'm
13 sorry.

14 VICE CHAIR KING: 24th is the one that
15 goes down towards the Watergate. Is that --

16 MR. LAYTON: Correct.

17 VICE CHAIR KING: And that's New
18 Hampshire?

19 CHAIRPERSON REID: New Hampshire.

20 MR. LAYTON: Well, that's New Hampshire.
21 Basically, you would be going one block west on
22 H Street to 24th, and then north. And there is a --
23 within a half a block, let's say, there is that
24 intersection with New Jersey and -- where New
25 Hampshire and 24th intersect with each other. But
26 we'll provide you with a map.

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1 VICE CHAIR KING: Please do. I'm a
2 little -- oh, wait a minute. Thank you.

3 MR. LAYTON: So 23rd Street would be the
4 main access drive, then west on H, north on 24th.

5 VICE CHAIR KING: Oh, I see. Okay. And
6 the loading dock is right there where --

7 MR. LAYTON: The loading dock is on 24th
8 and --

9 VICE CHAIR KING: -- where that little
10 sort of triangle is at I and 24th.

11 MR. LAYTON: Correct.

12 VICE CHAIR KING: And is there any way
13 of guaranteeing that that would happen? I mean --

14 MR. LAYTON: Short of having somebody
15 out there, you know, from the city government 24
16 hours a day, no. But, again, the hospital we're
17 presuming will cooperate, or the residents will let
18 us know.

19 COMMISSIONER FRANKLIN: Will the streets
20 be posted in any way?

21 MR. LAYTON: Again, this is at this
22 point a recommended solution that is on the table.
23 I think as we get into the actual approval of public
24 space permits and all that some final decisions
25 would be made as to signage and other
26 considerations.

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1 Just to continue and wrap up the types
2 of mitigation measures that were discussed --

3 VICE CHAIR KING: Excuse me. Just one
4 moment. So there might well be a queue on 24th
5 Street of heavy vehicles waiting to go into the
6 loading dock? Is that where they would queue, on
7 24th Street?

8 MR. LAYTON: Well, again, there are I
9 believe three loading docks within the building.

10 VICE CHAIR KING: Oh, indeed? Where?
11 With access from where?

12 MR. LAYTON: On 24th Street. My
13 understanding is that the loading area is three
14 bays, if I remember correctly from the proposal, or
15 it has three loading areas within that area.

16 CHAIRPERSON REID: My understanding was
17 that rather than trust queuing that there would only
18 be a limited amount of deliveries per day.

19 VICE CHAIR KING: Yeah. But --

20 CHAIRPERSON REID: And to be dispersed
21 throughout the day.

22 VICE CHAIR KING: Well, just as not
23 using New Hampshire Avenue is an admirable goal, not
24 having people queuing up is also an admirable goal.
25 But I don't see, again, short of having Ken and Gary
26 standing out there with shotguns, that you can stop

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1 it, if the delivery people want to do whatever they
2 damn well please.

3 Proceed.

4 MR. LAYTON: The final mitigation
5 measure we discussed is the question of widening the
6 sidewalk, so that there is adequate room for
7 pedestrians, especially on the 23rd Street side.

8 Again, our position is that these
9 efforts helped the situation with respect to impacts
10 on the residential community. But we acknowledge
11 that this is a difficult site to develop. It's a
12 smaller piece of land than the current hospital
13 site. It's bordered by, really, just two
14 functioning streets, whereas the existing site has
15 better access on all four sides.

16 Again, as we attempted to mitigate one
17 set of impacts as we saw them, we found that in
18 doing so we generated other impacts. So we have yet
19 to come up with a perfect solution that is going to
20 completely protect the residential community and
21 also ensure that traffic will flow at all times
22 unimpeded.

23 But, again, this is a residential
24 community that is in the, you know, center of the
25 city. It's very close to the downtown area. There
26 are major institutions around it, and it has

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1 existing congestion.

2 This facility will help reduce some of
3 the vehicular traffic that's going into the parking
4 lot. That will be reduced, and the parking lot will
5 be moved to the east. But there will be more truck
6 traffic. So there's a -- we found a constant
7 balancing and tradeoff, some of them positive and
8 some of them negative, as we've tried to deal with
9 this particular project.

10 So, in conclusion, while these efforts
11 help address some of the Department's concerns, they
12 don't address all of our concerns. Because of the
13 nature of the facility and its proposed location,
14 there will be times when local residents, local
15 traffic, and local pedestrians will be
16 inconvenienced by the emergency vehicles and
17 delivery vehicles.

18 But, again, we think that we've tried to
19 do as best we can in working with the proponent and
20 the community to try to balance this as best we can.

21 That concludes our remarks.

22 CHAIRPERSON REID: Thank you.

23 Board members?

24 COMMISSIONER FRANKLIN: Mr. Layton, it's
25 been represented to us that in the event of any
26 development on this site that one could reasonably

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1 contemplate that the location of a loading dock
2 would have to be where this is proposed to be
3 located. Do you share that opinion?

4 MR. LAYTON: Well, again, I think the
5 way the hospital is designed and set up the loading
6 dock probably needs to be on 24th Street or on the
7 New Hampshire Avenue side of the building. We
8 looked, in our first set of comments in January, at
9 moving it to the 23rd Street side.

10 Here again, we found there were some
11 advantages and that now the loading dock would be
12 away from the residential neighborhood. But 23rd
13 Street, west side of that -- of 23rd Street is where
14 you have most of the pedestrian traffic coming out
15 of the subway station. That's where the subway
16 entrance and exit is.

17 So there would be, you know, more
18 potential conflicts between pedestrians on the
19 sidewalk and trucks backing in and backing out. So
20 the question is, you know, which is worse,
21 subjecting the pedestrians on 23rd Street coming out
22 of the subway to the truck traffic or the residents
23 on the 24th-New Hampshire Avenue side? Neither of
24 these are attractive solutions, but on the whole we
25 thought that the 24th Street is perhaps the overall
26 best solution.

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1 COMMISSIONER FRANKLIN: Well, let me
2 just recast my question a little bit, then. In view
3 of what you said, could you foresee a loading dock
4 being placed on 23rd Street in connection with some
5 other institutional development on that site? Or
6 are your comments regarding the -- I'm sorry. Did I
7 say 24th Street? I meant 23rd.

8 Do you see 23rd Street as a feasible
9 location for a loading dock for any development that
10 might be reasonably contemplated on this site?

11 MR. LAYTON: It's certainly possible.
12 But, again, it would -- we would be concerned about
13 how many trucks would be coming in, the size of
14 those trucks, the times of day that those trucks
15 would be coming in. 23rd Street has some advantages
16 in that it's a major arterial, but there are some
17 negatives in that it's -- it has a lot of congestion
18 on it. It's a major commuter route.

19 So it would depend upon the nature of
20 the institution or business which is located there,
21 the types of trucks, and what times they arrive.

22 Again, any loading facility on 23rd
23 Street would have to also be sensitive to the heavy
24 pedestrian traffic coming out of that subway
25 station. It's possible, yes, but it would need to
26 be carefully managed.

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1 COMMISSIONER FRANKLIN: Well, do you
2 believe that the traffic and the loading access, and
3 so forth, could be carefully managed with hospital
4 activity?

5 MR. LAYTON: Well, again, we're going on
6 the basis of what the hospital tells us, and they
7 indicate that they will seek to manage that loading
8 facility to minimize the inconvenience on residents
9 and pedestrians.

10 BOARD MEMBER GILREATH: Is it fair to
11 say if an office building were built there that
12 there would be some inherent inconvenience and some
13 difficulties you would have to try to mitigate, and
14 that you would never achieve a perfect solution in
15 regards to what kind of activity you put there or
16 what kind of use?

17 MR. LAYTON: Correct. Again, this is a
18 -- I think you're absolutely right. This is a
19 residential neighborhood right on the edge of the
20 business district. So any further encroachment of
21 business or institutional activities is going to
22 have some potential impacts. And our goal was to
23 try to minimize those as much as possible.

24 VICE CHAIR KING: However, would you not
25 agree that a hospital has a more around-the-clock --
26 and with its emergency vehicles and heavy delivery

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1 of -- not only of goods and so forth but of human
2 beings, has a much greater impact than an office
3 building which presumably would be, you know,
4 operating at full tilt from 9:00 to 5:00 Monday
5 through Friday.

6 I mean, surely you must admit that a
7 hospital has a much greater impact than an
8 institution of -- of a business or philanthropic
9 nature would have.

10 MR. LAYTON: That's certainly possible.
11 Again, I think if you speak strictly of truck
12 traffic that's probably the case. But if you were
13 to put an office building there that had an
14 employees garage, in addition to a loading area,
15 then you'd have a different kind of traffic pattern.

16 But yes, I would guess, again, depending
17 upon the types of tenants in the office building,
18 you would have more truck traffic resulting from a
19 hospital.

20 CHAIRPERSON REID: In the original
21 report, Mr. Layton, you had assessed that the
22 loading docks should be configured so that trucks
23 could come into the loading docks and be able to
24 turn around and come back out. Have you -- let me
25 preface it by saying that in the report that was
26 given -- subsequent report by GW, that was not the

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1 case.

2 However, they did manage to configure
3 the loading docks such that the trucks could come
4 in, but they would still have to back out. What
5 type of resolution did you all come to in regard to
6 that issue?

7 MR. LAYTON: Well, again, we did discuss
8 the possibility of enlarging the loading area, so
9 that trucks could turn around inside and be able to
10 drive in frontways and drive out front first. The
11 hospital and their traffic consultants indicated
12 that there was not enough room within the building
13 to allow that much maneuvering space. It is a small
14 site.

15 But what they did agree to do is
16 lengthen one of the loading areas so that the large
17 18-wheelers could pull in fully, so that the doors
18 could be closed. So that was the sort of compromise
19 that was arrived at.

20 CHAIRPERSON REID: That was one of the
21 aspects of it. The other one was -- and it seemed
22 to be a sore spot -- in regards to the backing out.
23 Now, as I understand it, the trucks will pull down
24 past the loading dock and then back into the loading
25 dock?

26 MR. LAYTON: That is correct.

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1 CHAIRPERSON REID: And there was -- are
2 we on?

3 VICE CHAIR KING: Is it working? Can
4 you hear me? Is it better?

5 CHAIRPERSON REID: And then that, then,
6 went to the problem of taking the parking spaces in
7 order for that to be done. In your opinion, is that
8 solution the best possible solution in this
9 particular situation?

10 MR. LAYTON: Well, again, I think that
11 given the nature of the site and the constraints
12 that exist there, delivery trucks will need to back
13 into the loading area and then be able to drive out
14 front first. 24th Street is fairly narrow. New
15 Hampshire Avenue is a little bit wider.

16 The hospital indicated that they would
17 manage the loading docks so that there would be
18 personnel there to help direct the trucks and stop
19 traffic when necessary to ensure that pedestrians
20 are not trying to cross in front of trucks that are
21 backing.

22 We took a look at the number of parking
23 spaces that were on the street and have identified
24 that I guess there would be about 12 metered spaces
25 along the north side of H Street, between 23rd and
26 24th. And then on the east side of 24th Street,

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1 between H and New Hampshire, there are 16 metered
2 parking spaces.

3 We probably need to take a more careful
4 look at that. But one of the things that we would
5 consider in looking at the final public space
6 permits and approvals for the hospital is the
7 possible removal of those parking spaces along the
8 curb to give the trucks more maneuvering room.

9 CHAIRPERSON REID: 28 spaces all
10 together?

11 MR. LAYTON: That's correct.

12 CHAIRPERSON REID: Why? Is 28
13 necessary?

14 MR. LAYTON: Well, again, New Hampshire
15 -- let me get the figures on this here.

16 VICE CHAIR KING: I thought the trucks
17 weren't going anywhere near New Hampshire Avenue?
18 Why would you have to take out --

19 MR. LAYTON: Well, there's I think a
20 very small section of New Hampshire right in front
21 of the loading area.

22 VICE CHAIR KING: But there's a triangle
23 of --

24 MR. LAYTON: Correct.

25 VICE CHAIR KING: -- there. Are you
26 going to take the triangle out?

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1 MR. LAYTON: No. I'm saying that the
2 parking is between New Hampshire and 24th Street.
3 So it's --

4 VICE CHAIR KING: Oh, this area.

5 MR. LAYTON: -- between New Hampshire
6 and H Street.

7 VICE CHAIR KING: Between New Hampshire
8 and H? How big -- I'm sorry.

9 MR. LAYTON: It's on 24th. The parking
10 is on 24th -- I'm sorry, the parking is on --

11 VICE CHAIR KING: Oh. So you're going
12 to take all --

13 MR. LAYTON: -- the east side of 24th.

14 VICE CHAIR KING: -- of the parking out
15 between the back of the hospital and H Street, is
16 that it? No parking there at all?

17 MR. LAYTON: That's one possibility.

18 VICE CHAIR KING: How many parking
19 spaces does that eliminate?

20 MR. LAYTON: Well, again, on H -- on the
21 truck route that we're proposing, on H Street it
22 would be 12 spaces, and then on 24th Street it would
23 be 16 spaces. And that includes that little
24 triangle right in front of the loading area.

25 VICE CHAIR KING: But there's no parking
26 on the triangle.

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1 MR. LAYTON: Correct.

2 VICE CHAIR KING: Is there?

3 MR. LAYTON: There's a couple of spaces
4 there, I believe.

5 CHAIRPERSON REID: Oh. So the parking
6 spaces that you're referring to are for the trucks
7 to back in, as well as to allow them the necessary
8 room to be able to negotiate those streets.

9 MR. LAYTON: Correct. Yeah. The main
10 concern is that 24th Street is 32 feet wide. With
11 the current allowance for parking -- that's seven
12 feet on either side of the street for a total of 14
13 feet is taken up with parking, which leaves 18 feet
14 for trucks to be able to maneuver back and forth.

15 VICE CHAIR KING: This is a two-way
16 street?

17 MR. LAYTON: It is a two-way street. So
18 that, you know, any large tractor-trailer, which is
19 eight and a half feet wide, it's going to be a
20 fairly tight street. If anybody is double parking,
21 or if anybody is unloading furniture or doing any
22 other deliveries on 24th Street, that would be a
23 fairly tight fit.

24 Let me see if I can find my information
25 here on H Street. Now, the potential problem on
26 H Street also is the -- that intersection, or at the

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1 corner of 24th Street. Our traffic surveyors
2 indicated that there's a lot of parking very close
3 to that intersection. Some of it is perhaps illegal
4 parking which occurs.

5 And that as a result, the ability of
6 trucks to turn that corner might be somewhat
7 restricted unless parking were completely eliminated
8 on those two streets. At least on the -- on one
9 side --

10 VICE CHAIR KING: We're talking about --

11 MR. LAYTON: -- of those two streets.

12 VICE CHAIR KING: Have you discussed
13 with the hospital -- or the university authorities
14 their notion that they will eliminate the parking
15 that exists in the proposed hospital site and will
16 be building the hospital at the same time that they
17 are expanding the parking garage that's a couple of
18 blocks away. So that --

19 MR. LAYTON: Yes.

20 VICE CHAIR KING: -- in fact, they will
21 be eliminating -- I can't remember how many spaces
22 it is -- 100 and -- over -- 265 spaces. They're
23 replacing them with only 200 spaces, you understand.

24 MR. LAYTON: Correct.

25 VICE CHAIR KING: But that there will be
26 265 cars dumped into that area trying to use the

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1 streets, which are going to be closed by your
2 removing the on street parking and by the
3 construction vehicles and all of that.

4 MR. LAYTON: Well, the parking that
5 we're talking -- let me back up for just a second.
6 Before we would consider removing any parking, we
7 would want to conduct meetings with the local
8 residents, and we would want to conduct meetings
9 with the university. We're not going to just do
10 this without holding further discussions.

11 Right now, this is a suggestion that's
12 on the table to accommodate the truck traffic that
13 we would anticipate and try to keep out of the
14 residential community further to the west.

15 Those are metered spaces, which means
16 they're designed for short-term use. It's not meant
17 to be commuter parking. It's not meant to be staff
18 parking. It's meant to be short-term parking with a
19 turnaround in them to accommodate business and
20 visitors and that kind of use.

21 So, you know, the existence or the lack
22 of existence of these spaces is not part of the
23 mitigation package for putting the hospital here.

24 VICE CHAIR KING: No. But do you think
25 -- what is your opinion, your professional opinion,
26 of their -- rather than expanding the parking

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1 facility and then destroying 265 space parking area
2 -- I mean, what do you think?

3 MR. LAYTON: Well, that's kind of a no-
4 brainer. I think that the sequence would -- the
5 preferable sequence would be to have the new parking
6 in place or a temporary solution in place while the
7 new parking is completed before the existing parking
8 was taken --

9 VICE CHAIR KING: Yeah. But they're
10 going to trod out 150 spaces at the Kennedy Center,
11 which is their panacea for all parking problems.
12 But we'll see. Okay.

13 Did you have other questions? I have
14 another one. I am just terrified of this thought of
15 the emergency entrance and exit for the hospital. I
16 happen to use New Hampshire Avenue a great deal in
17 the evenings when I go to the Kennedy Center, as I
18 frequently do, from where I live in Northwest.

19 The traffic entering, leaving, that
20 whole Washington Circle area is, as I'm sure you
21 know, ghastly. But somehow the exit to New
22 Hampshire Avenue is perhaps the most difficult exit
23 from that circle, particularly because of the number
24 of pedestrians that seem to be moving around through
25 that intersection.

26 Is there any change in their plan for

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1 the emergency entrance and exit over what they
2 originally proposed? How are they mitigating what I
3 consider to be just an appallingly dangerous
4 situation?

5 MR. LAYTON: Well, again, the --

6 VICE CHAIR KING: I mean, at least it's
7 a hospital, so if they mame people they can --
8 they'll have to take care of them.

9 (Laughter.)

10 But it seems to me that there are going
11 to be weekly accidents at that spot.

12 MR. LAYTON: Well, what has occurred is
13 that we had some concerns about the entrance to the
14 emergency area being on New Hampshire Avenue, and
15 that there was a very short turning space for the
16 emergency vehicles as they came around the circle
17 from the northwest into that New Jersey Avenue -- or
18 New Hampshire Avenue, and that they would need to
19 make a quick right and a quick left to get in there.

20 And we were concerned especially about
21 that left turn into the emergency entrance on New
22 Hampshire, especially with the possibility that
23 traffic queued up to get into the circle northbound
24 on New Hampshire would be blocking that entrance.

25 And so what we suggested as a not
26 perfect but better solution is to put the entrance

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1 for the emergency vehicles on 23rd Street. That
2 gives the emergency vehicles a little bit more
3 distance to negotiate over to the right side of the
4 circle, and then they would be making a right turn
5 into the emergency entrance, rather than a left
6 turn.

7 And presumably, the pedestrians would
8 have a better shot at seeing the emergency vehicles
9 approaching.

10 Again, there would be signage, and there
11 would be a change in the pavement to alert
12 pedestrians that there's something different
13 occurring here. And then the exit would be on New
14 Hampshire Avenue side. And, again, it's most often
15 less critical in terms of emergency vehicle exiting
16 the entrance, but it would still be --

17 VICE CHAIR KING: The argument --

18 MR. LAYTON: -- be a slightly better
19 solution.

20 VICE CHAIR KING: The argument for not
21 putting the loading dock on 23rd Street was because
22 of the heavy pedestrian traffic on 23rd Street. So
23 it seems to me that a loading dock is much less
24 dangerous than an emergency -- I understand that two
25 right turns are perhaps marginally less dangerous.
26 But we're talking about a very heavy pedestrian

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1 area, a very heavy traffic -- I mean, it just is --
2 it's -- you know, it's a terrifying thought.

3 MR. LAYTON: Well, again, this is a
4 difficult site. It has constraints to it in terms
5 of size and location and surrounding land uses. And
6 of the options that we looked at, this seemed to be
7 the best available option from both a pedestrian
8 safety and traffic movement.

9 BOARD MEMBER GILREATH: Madam Chair, I
10 have a question. This is a hypothetical question.
11 If GW had determined early on that they simply
12 wanted to demolish the existing hospital and build
13 there, make it a modern facility with appropriate
14 loading, and so forth, and keeping the parking
15 across New Hampshire, and people having to traverse
16 from the parking over there, would there have been
17 similar problems, or would the existing site have
18 been far better? Or is it just because of the
19 nature of the area, the urbanized nature and so
20 forth, that any facility put there -- a hospital
21 facility -- there are going to be some problems you
22 have to try to deal with?

23 MR. LAYTON: Well, I think constructing
24 a new hospital at the existing site would help
25 mitigate some of the traffic concerns. First of
26 all, it's a larger piece of property, so you've got

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1 more flexibility on the usage of it. Secondly,
2 you've got four streets surrounding it. That's a
3 much wider frontage on Washington Circle. So
4 effectively you've got four sides to work with.

5 The loading facilities are kept on
6 H Street. That's, again, more of a business land
7 use, and we're -- I'm sorry -- I Street. Thank you.
8 That would perhaps provide a better solution in
9 terms of the loading dock's impacts on the
10 surrounding residential neighborhood. You've got
11 more distance to deal with the emergency entrance.

12 All in all, it would be a better site in
13 terms of the traffic impacts and impacts on the
14 residential neighborhood.

15 COMMISSIONER FRANKLIN: Mr. Layton,
16 could you educate me on the way in which the
17 district regulates, if it does, truck traffic
18 arriving and department from loading docks all over
19 the central employment area? We now have to contend
20 with this 18-wheelers, which I guess we have to take
21 under federal law. But how many loading docks in
22 your judgment, just ball park, were ever designed to
23 accommodate vehicles of that size that are located
24 in the central employment area?

25 MR. LAYTON: That I'm not sure. I'd
26 have to check with our Public Space Permits Office

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1 to see what the permitting has been for those kinds
2 of loading facilities.

3 COMMISSIONER FRANKLIN: Do you actually
4 have a regulatory regimen that says to somebody who
5 has a loading dock that they may not receive trucks
6 of a certain size?

7 MR. LAYTON: I would want to doublecheck
8 to make sure, but I know that our Public Space
9 Permits Office reviews applications for loading
10 docks and curb cuts, and regulates the distances
11 from intersections and also regulates the width of
12 loading areas and entrances to parking facilities.

13 COMMISSIONER FRANKLIN: But you're
14 talking about newly constructed loading areas, is
15 that correct? What about existing loading areas?
16 Does an existing loading area have any regulation
17 with respect to the size of the vehicles that it
18 accommodates?

19 MR. LAYTON: I'd have to doublecheck on
20 that. I'd hate to guess as to that. But my
21 preference would be to check with our public space
22 permits to see to what extent we can regulate the
23 types of trucks that enter loading facilities.

24 VICE CHAIR KING: Would you --

25 MR. LAYTON: But I --

26 VICE CHAIR KING: -- get that

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1 information and provide it?

2 MR. LAYTON: Sure. I can provide that
3 early next week.

4 COMMISSIONER FRANKLIN: And if the
5 answer is no, that is to say if the Department does
6 not regulate the size of vehicles that can be
7 accessing existing loading docks, how would the
8 problems that are confronting us on this particular
9 project differ from those that exist with respect to
10 existing loading docks throughout the central
11 employment area?

12 I can see many loading docks -- some
13 actually are in the record and pictured -- where it
14 strikes me that an 18-wheeler could not be
15 accommodated without serious disruption of adjacent
16 traffic or both pedestrian and vehicular.

17 So I think I, for one, would want an
18 education on what the Department does to assure that
19 loading docks that are already in existence are not
20 contributing to congestion and disruption because of
21 the size of the vehicles.

22 MR. LAYTON: Correct. I understand, and
23 I'll check with our Public Space Permits Office and
24 try to get a response back to the Board first thing
25 next week.

26 COMMISSIONER FRANKLIN: And does the

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1 Department regulate at all the hours during which
2 vehicles can access loading docks? Are you aware of
3 any regulation that addresses that?

4 MR. LAYTON: I believe we do, yes. But,
5 again, I will check and make sure that the answer is
6 correct and accurate for the Board.

7 COMMISSIONER FRANKLIN: Okay. Thank
8 you.

9 MR. LAYTON: Again, that's all regulated
10 through Department of Public Works commenting to the
11 Department of Consumer and Regulatory Affairs, which
12 would actually issue permits with respect to loading
13 facilities.

14 COMMISSIONER FRANKLIN: Picking up on
15 just a question that Ms. King asked you, would it be
16 your recommendation to this Board that if we
17 approved this project we -- sort of a condition that
18 the new parking facilities be developed and made
19 available before the elimination of any parking on
20 site?

21 MR. LAYTON: I certainly think that
22 there -- either the new parking needs to be provided
23 or there needs to be a workable contingency plan to
24 handle the parking during the interim phase, so that
25 the parking does not overflow into the surrounding
26 residential neighborhood or commercial streets.

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1 COMMISSIONER FRANKLIN: Thank you.

2 CHAIRPERSON REID: Mr. Layton, from the
3 initial report that you had submitted in which you
4 indicated -- you outlined for us several of the
5 negative impacts that this location would have on
6 the neighboring community, in that report to the --
7 your subsequent report where you had met with GW,
8 and then through negotiations and discussions
9 proposed several ideas or suggestions for mitigation
10 of same.

11 Do you feel that if, in fact, the
12 hospital -- GW -- would incorporate all of the items
13 that you suggested that that would then give you a
14 comfort level as far as this particular location is
15 concerned? Would that be workable for you?

16 MR. LAYTON: Well, again, I think the
17 first set of comments that we provided back in
18 January, for the January hearing, many of those,
19 upon further examination, we found were either not
20 workable within that site or had equal or worse
21 negative consequences.

22 So the mitigation package that was
23 developed in December for the January hearing was
24 taken off the table. What we have in its place are
25 those suggestions that have been offered by the
26 university in February and that are part of our

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1 February 8th testimony to the Board.

2 Those modifications we think would help
3 mitigate some of the impacts that we believe will
4 result from the hospital. But, again, given the
5 nature of the community, the fact that it's already
6 congested, there will be times when there will be
7 impacts on the adjacent streets -- if a large number
8 of delivery trucks arrive, or if other activities
9 are going on in the business or residential
10 community.

11 There will be times when traffic and
12 pedestrians in the neighborhood may be
13 inconvenienced. But we think that the approach
14 that's on the table now is probably the best overall
15 balancing of the hospital needs and the community's
16 needs.

17 CHAIRPERSON REID: Do you think that --
18 my question -- what I'm getting to, Mr. Layton, is,
19 do you think that -- notwithstanding the fact that
20 there would be a lesser impact if -- incorporating
21 the mitigating suggestions that you made, do you
22 think that, all things considered, that it would be
23 adequate in regard to safety issues -- not so much
24 inconvenience because that's -- to me, that's a
25 given, knowing that sometimes you may have to be
26 inconvenienced, but in regard to the safety aspect.

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1 MR. LAYTON: I think in regard with the
2 safety aspects we're fairly comfortable with the
3 proposal as it is currently presented. Again, there
4 is -- you know, there is loading docks and traffic
5 all over the city, and that doesn't say, again, it's
6 a perfect solution. But we believe that this
7 facility would be as safe as any other operation in
8 the city where you have traffic coming and going 24
9 hours a day.

10 CHAIRPERSON REID: All right. Thank
11 you.

12 Other questions?

13 VICE CHAIR KING: We all know that
14 during the construction phase of any project that
15 there is always ghastly consequences to the
16 surrounding neighborhood. GW has given us some
17 language about how they're going to put in contracts
18 with anybody who is working on this project, that
19 their employees will not park on the city streets,
20 that they will be bussed in or vanned in from some
21 remote location.

22 In your experience, does that kind of
23 stuff work? Or are the streets still clogged with
24 construction workers' vehicles? I'm not talking
25 about the -- you know, the traffic and trucks and
26 disruption associated with the building project.

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1 I'm talking about, you know, the masons and the
2 plumbers and the workers, laborers, and so forth.

3 Have you had any experience of
4 mitigating the impact of that -- of laborers parking
5 on the streets?

6 MR. LAYTON: No, I am not familiar with
7 this approach being used anywhere else. And we'd
8 sort of have to take a look at it to make sure it
9 works. Again, here in this instance I think we have
10 a very vigilant community. And if agreements are
11 made to do certain things during the construction
12 phase that aren't being met, I'm sure we would hear
13 about it.

14 VICE CHAIR KING: Yeah. Well, it's
15 going to be something in the contract where, you
16 know, there is no penalty for anybody if it doesn't
17 happen, unfortunately. But I was just curious if
18 you knew of any sort of prototype of mitigating
19 laborer parking when you've got a construction
20 project.

21 MR. LAYTON: Again, I'm not familiar
22 with any instance where this has been tried in the
23 past. But as part of my questions with our Public
24 Space Office, I will --

25 VICE CHAIR KING: Okay.

26 MR. LAYTON: -- I'll check and see if

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1 there have been other experiences and whether they
2 were successful.

3 VICE CHAIR KING: I'd appreciate it.

4 CHAIRPERSON REID: Let me just piggyback
5 on the question. Let me just address Mrs. King. In
6 the construction management plan, it's my
7 understanding there was an agreement that GW would
8 go into -- with the contractors, and certainly there
9 would have to be some type of provision in the event
10 that they did not comply with what was contained
11 within that plan.

12 VICE CHAIR KING: I don't recall that GW
13 -- when they -- I'm sure that when they speak today
14 that they will deal with that. But I don't recall
15 that they made any -- that there was any guarantee
16 it was going to be best efforts to -- and including
17 some unenforceable language in their contracts.

18 CHAIRPERSON REID: Well, it seems -- go
19 ahead.

20 VICE CHAIR KING: So I don't -- you
21 know, I -- I would be very grateful if DPW would let
22 us know if there's an prototype agreement or
23 anything that DPW can do to mitigate the impact on
24 this very fragile neighborhood of the construction
25 should this project be approved.

26 CHAIRPERSON REID: That's the purpose of

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1 the plan. Definitely we will go into that, because
2 what is the sense of even having a plan if you don't
3 have any type of penalties imposed or any -- in
4 order to make sure that there's compliance.

5 Any other questions? All right. Cross
6 examination. Mr. Watson?

7 MR. WATSON: Thank you. Matthew Watson
8 for Advisory Neighborhood Commission 2A.

9 Mr. Layton, I believe you indicated that
10 you discussed with George Washington University
11 mitigations and that mitigation plan was agreed to.
12 Could you describe for the Board any changes in the
13 building -- and I'm talking about outside the
14 building -- but the building that were made to
15 respond to the issues which were raised at the first
16 hearing?

17 MR. LAYTON: Yes. I believe the one
18 modification to the building that was offered by the
19 hospital and their traffic consultants was to
20 lengthen one of the loading docks to accommodate the
21 large trucks.

22 MR. WATSON: So other than the
23 lengthening of one loading dock inside, the
24 applicant came forward with absolutely no change to
25 the building plan, is that correct?

26 MR. LAYTON: Well, the other changes

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1 were to signage, pavement, and operations.

2 MR. WATSON: I'm talking about the
3 building, the permanent structure that's going to be
4 here for half a century. No changes, nothing
5 forthcoming.

6 MR. LAYTON: Well, again, the one change
7 interior to the building was the loading dock.

8 MR. WATSON: Now, part of the mitigation
9 that you've discussed is a loading management
10 procedure, is that correct?

11 MR. LAYTON: Correct.

12 MR. WATSON: Now, I believe you
13 indicated that when you had your public space
14 permitting process that this is the vehicle through
15 which DPW imposes requirements as to the design and
16 structure for loading areas, is that correct?

17 MR. LAYTON: That is correct.

18 MR. WATSON: Now, I believe you gave
19 examples of the distance an entrance would be from
20 the corner, the width of the entrance, is that
21 correct?

22 MR. LAYTON: Those would be part of the
23 design features we would examine.

24 MR. WATSON: Okay. Now, those are set
25 in concrete, literally, and have to stay there.
26 They don't need enforcing. Now, you talked about a

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1 management plan. Assume George Washington
2 University comes to you and gives you a wonderful
3 management plan for the loading dock, and you grant
4 the public space permit on the basis of that
5 management plan. The concrete is poured, the
6 building is up, and the loading dock is there. What
7 enforcement mechanism does DPW have to see that that
8 management plan continues?

9 MR. LAYTON: At that point, I guess
10 D.C.'s responsibilities relate to the public space.
11 So, for instance, if there were trucks queuing on
12 streets that were not supposed to be there, we would
13 have the authority, under our traffic regulations, I
14 believe, to deal with that.

15 We would need to make sure that there
16 were mechanisms to require the enforcement of those
17 operational features that either the Department
18 could enforce or the Department of Consumer and
19 Regulatory Affairs could enforce with respect to
20 private property.

21 MR. WATSON: What regulations does
22 Department of Public Works or Department of Consumer
23 and Regulatory Affairs have for enforcing an
24 agreement to have a traffic manager on site? Are
25 you aware of any?

26 MR. LAYTON: No.

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1 MR. WATSON: And does DPW have a force
2 of people who can go and investigate this?

3 MR. LAYTON: No, we do not.

4 MR. WATSON: Now, if GW were to offer --
5 not to offer, were to go ahead and put up a private
6 traffic light, not approved by DPW, would that be
7 permissible?

8 MR. LAYTON: No, it would have to be
9 permitted by the Department.

10 MR. WATSON: Now, you haven't proposed a
11 traffic light there, have you, for the loading dock?

12 MR. LAYTON: Not for the loading dock,
13 no.

14 MR. WATSON: Now, you are proposing,
15 however, that GW could come out and manage the
16 traffic on the street. That is, block the traffic
17 so that trucks can go in and out, is that correct?

18 MR. LAYTON: What we're suggesting is
19 that they should have a person who would assist with
20 managing the traffic while the trucks are trying to
21 back into the facility.

22 MR. WATSON: Does that include a person
23 who would be in the street stopping traffic?

24 MR. LAYTON: Yes.

25 MR. WATSON: And we've talked about the
26 applicant, though not totally agreed, 30 trucks a

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1 day, that's 30 coming in, 30 going out, or 60 times
2 a day. So you are saying potentially that 60 times
3 a day a private citizen would be in the street
4 blocking public traffic, is that correct?

5 MR. LAYTON: Well, no, I'm not sure that
6 each delivery vehicle would require to have traffic
7 blocked in order to back in or maneuver into the
8 facility. I think we're talking about a limited
9 number of trucks that would require, because of
10 their size, to have traffic blocked so they could
11 get into the loading area.

12 MR. WATSON: What is the authority in
13 district regulations for private persons regularly,
14 on a permanent basis, blocking traffic for their own
15 private convenience of loading and unloading?

16 MR. LAYTON: I'm not aware of any such
17 regulations. I believe during construction cycles
18 that private developers are allowed to block
19 traffic.

20 MR. WATSON: I asked on a regular
21 permanent basis, not on a temporary basis for
22 construction or a particular activity.

23 MR. LAYTON: No, I'm not aware of that
24 authority on a permanent basis.

25 MR. WATSON: So this doesn't differ very
26 much from a private traffic light, does it?

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1 MR. LAYTON: Well, it does, I believe,
2 in that this individual would not be out there 24
3 hours a day directing traffic. This individual
4 would be out there occasionally, several times a day
5 for safety purposes, to allow trucks for a minute or
6 two to be able to back into a loading facility. So
7 I do see that as a little different than a traffic
8 light.

9 MR. WATSON: You believe this might be
10 two minutes of the truck backing in?

11 MR. LAYTON: I would hope that most
12 trucks would be able to maneuver into the loading
13 facility within a minute or two, yes.

14 MR. WATSON: And when they are backing
15 up, do your regulations require that they have a
16 horn sounding?

17 MR. LAYTON: I'm not sure if it's a
18 District regulation, but I know there are
19 regulations that do require some sort of an audio
20 signal indicating when a truck is backing.

21 MR. WATSON: So is it correct that if it
22 were to take two minutes on the average for each
23 truck to be backing in, and there are 30 trucks a
24 day backing in, that that is two minutes per truck.
25 Thirty of them -- that means 60 minutes or one hour
26 of horn honking every day?

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1 MR. LAYTON: Well, again, I think I
2 stated that it could take up to two minutes for some
3 of the larger trucks, and that, again, is just an
4 estimate on my part. And, again, I don't remember
5 off the top of my head how many trucks of varying
6 sizes are going to be loading and unloading on a
7 daily basis at the location.

8 So I would imagine that, again, there
9 will be times when some of the larger trucks are
10 arriving that there will be an audible sound that
11 trucks are being -- are maneuvering into the loading
12 facility. Whether it would be an hour a day
13 cumulatively, that sounds a little bit excessive.

14 MR. WATSON: But it could be a
15 considerable period of time.

16 MR. LAYTON: It will be off and on, yes.

17 MR. WATSON: And this time, you have
18 suggested, should be limited after 7:00 in the
19 morning, before 6:00 in the evening, but not at rush
20 hour. So you're saying basically between 10:00 in
21 the morning and 3:00 in the afternoon?

22 MR. LAYTON: Correct. We would try to
23 schedule -- or we would request that most deliveries
24 be made during non-rush hour and during times of the
25 evening where residents would be home and be
26 disturbed.

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1 MR. WATSON: So in a five-hour period,
2 you could have, from your one- to two-minute figure,
3 between half an hour and an hour of horn honking
4 within five hours of loading, is that correct?

5 MR. LAYTON: Well, again, I think that's
6 probably looking at the worst case scenario of the
7 description. I think periodically there will be
8 noise from trucks backing into the loading facility.

9 MR. WATSON: Now, you have also
10 suggested that there would be flashing lights, I
11 believe, at the entrances to the loading dock, the
12 entrances to the -- and exits from the emergency
13 entrance, and the entrances to the main driveway at
14 the hospital, is that correct?

15 MR. LAYTON: That's correct.

16 MR. WATSON: Has George Washington
17 University Hospital agreed to those warning lights?

18 MR. LAYTON: Let me doublecheck my
19 notes. But I believe we have, in terms of the
20 loading dock and the emergency entrance, and I
21 believe we also talked about signage and pavement
22 modifications primarily to the main entrance.

23 MR. WATSON: Now, with regard to the
24 emergency entrance and exit warning lights, over
25 what time period would those lights be flashing?

26 MR. LAYTON: Again, I think what we

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1 would like to see for both the loading and emergency
2 period, if there could be some way to sort of
3 arrange that so that they would be activated when
4 that area was in use.

5 MR. WATSON: But the emergency entrance
6 and exit is going to be in use 24 hours a day, is it
7 not?

8 MR. LAYTON: That is correct.

9 MR. WATSON: So would the lights at the
10 emergency entrance and exit have to be flashing 24
11 hours a day?

12 MR. LAYTON: They would unless there was
13 some -- again, some sort of a mechanism worked out
14 so that they would only flash when a vehicle was
15 approaching.

16 MR. WATSON: Are you aware of any places
17 this mechanism is used for emergency vehicles?

18 MR. LAYTON: No, I'm not.

19 MR. WATSON: Now, if a commercial
20 establishment in a residential area -- or any area
21 in the District of Columbia -- wanted to put up a
22 flashing sign, would this be allowed in the District
23 of Columbia?

24 MR. LAYTON: No, they would need to get
25 permission from the District Government to put up
26 any sort of flashing sign.

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1 MR. WATSON: Do we allow any flashing
2 signs anywhere in the city?

3 MR. LAYTON: I'm trying to think. Other
4 than schools, that's perhaps the one instance that I
5 can think of off the top of my head. Again, I can
6 try to check and see if there's other instances.

7 MR. WATSON: And schools operate only
8 daytime, is that correct?

9 MR. LAYTON: That is correct.

10 MR. WATSON: Now, New Hampshire Avenue,
11 I believe you described in your first report, as
12 being a street of largely residential character, is
13 that correct?

14 MR. LAYTON: That's correct.

15 MR. WATSON: Now, would you describe how
16 a 24-hour flashing light on a street of usual
17 residential character comports with the District's
18 policy for residential neighborhoods?

19 MR. LAYTON: Well, again, there is a
20 precedent of having flashing signs during the day or
21 flashing lights during the daytime in residential
22 areas adjacent to schools. The street there is one
23 that probably could accommodate a flashing yellow
24 light, that could be designed in such a way so that
25 it would alert pedestrians and traffic.

26 Without being overly obtrusive to the

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1 surrounding neighborhoods, it could be, you know,
2 cupped with a cover so that the -- it's only
3 observed by individuals who are approaching it
4 either in vehicles or walking on the sidewalk.

5 MR. WATSON: This would be approached,
6 then, by residents who are regularly walking on
7 their own sidewalks, is that correct?

8 MR. LAYTON: That is correct.

9 MR. WATSON: Now, would you describe
10 other places where we have flashing lights to warn
11 pedestrians in the city? You referred to school
12 flashing lights. My understanding, the school
13 flashing lights are to warn vehicles on the street,
14 and they're located out in the street. Would you
15 describe where the Department of Public Works has
16 required pedestrian warning lights?

17 MR. LAYTON: Again, I'd need to check
18 with our Public Space Office to determine whether
19 there is any loading areas or other locations where
20 there are warning lights. I have a recollection
21 that some do exist, but I'd like to doublecheck on
22 that and get back to the Board.

23 MR. WATSON: Now, you've also talked
24 about pavement marking, where the pavement would be
25 distinguished when you were crossing a driveway, is
26 that correct?

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1 MR. LAYTON: That is correct.

2 MR. WATSON: Now, let's look at the
3 pavement, then, as we leave the metro station and
4 walk basically north on 23rd Street. Do you know
5 how many crossings of the sidewalk are projected by
6 GW Hospital?

7 MR. LAYTON: I believe there would be
8 two for the main entrance and one for the emergency
9 entrance.

10 MR. WATSON: So that's three crossings
11 of the sidewalk.

12 MR. LAYTON: Correct.

13 MR. WATSON: Of approximately how much
14 distance?

15 MR. LAYTON: I'd have to go and measure.
16 I can't remember off the top of my head the length
17 of that distance from the subway.

18 MR. WATSON: Is it less than a block?

19 MR. LAYTON: It's about a city block, I
20 believe, from --

21 MR. WATSON: So you're saying there
22 would be three of these markings, and I assume --
23 would the markings be on both sides of each of these
24 driveways?

25 MR. LAYTON: Well, again, what we're
26 talking about is a change in the pavement type.

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1 MR. WATSON: The pavement type would
2 change as you approach each of the three driveways.

3 MR. LAYTON: Correct. As you cross each
4 of the three driveways.

5 MR. WATSON: And the pavement -- so the
6 pavement type would also change as you approached
7 the driveways in either direction, is that correct?

8 MR. LAYTON: Correct.

9 MR. WATSON: So you would have six sets
10 of these warning pavements in one block, is that
11 correct?

12 MR. LAYTON: Well, again, my
13 understanding is that the pavement would change at
14 the entrance and exit to the main entrance and also
15 at the entrance to the emergency. So there would be
16 three areas in the sidewalk where you would have a
17 different color pavement.

18 MR. WATSON: Three areas, but on both
19 sides of the entrance or exit. That comes to six.
20 As you're walking up, I get to pavement change,
21 driveway, pavement change, little bit of other
22 space, pavement change, driveway, pavement change,
23 pavement change, emergency entrance, pavement
24 change, is that correct?

25 MR. LAYTON: Well, again, my
26 understanding is that the pavement change would be

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1 on the driveway itself. In other words, the
2 driveway, as it crosses the sidewalk, would not be
3 of the same material that the sidewalk was
4 constructed. So I would interpret it as being three
5 changes of the pavement at each of the driveways.

6 MR. WATSON: So the pedestrian who is
7 talking to his fellow student walking along wouldn't
8 be up to this pavement change until he actually
9 stepped out into the driveway, is that your
10 proposal?

11 MR. LAYTON: Correct.

12 MR. WATSON: Do you believe that
13 sufficiently warns a pedestrian, to wait until
14 they're in harm's way before you have the warning?

15 MR. LAYTON: Well, again, I think that's
16 -- it's not unusual throughout the city where you
17 have driveways and entrances for garages and
18 entrances for loading facilities. That you do have
19 to sort of pay attention as you're walking along the
20 street as to what's going on around you.

21 And what we're attempting to do is make
22 a distinguishing feature here within the pavement so
23 that the citizens walking along the sidewalk have a
24 cue that there is an entrance here.

25 MR. WATSON: Now, on March 18th of this
26 year, about a month ago, you wrote a letter to the

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1 Zoning Commission in Case Number 98-14C, with regard
2 to the Solar Building, I believe, is that correct?

3 MR. LAYTON: Yes.

4 MR. WATSON: And did you not say in that
5 letter, "We do not recommend garage access from
6 K Street side of the building in that this street
7 carries more vehicular and pedestrian traffic than
8 16th Street and would present the potential for more
9 pedestrian/vehicular conflicts"?

10 MR. LAYTON: That is correct.

11 MR. WATSON: How far is that corner from
12 the metro station?

13 MR. LAYTON: I'd have to doublecheck.
14 Off the top of my head, it's -- it's certainly a
15 greater distance than the GW Hospital is.

16 MR. WATSON: Considerably greater. It's
17 several blocks, isn't it?

18 MR. LAYTON: Correct.

19 MR. WATSON: It's not something
20 immediately adjacent.

21 MR. LAYTON: Correct.

22 MR. WATSON: Would you describe for us,
23 then, what the differences are in the pedestrian
24 being hit on K Street or the pedestrian being hit on
25 23rd Street?

26 MR. LAYTON: The difference between a

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1 pedestrian being hit on K Street is exactly the same
2 as a pedestrian being hit on 23rd Street.

3 MR. WATSON: Well, why don't --

4 MR. LAYTON: The pedestrian is still
5 hit.

6 MR. WATSON: Why don't we recommend
7 these protections on K Street? Why do we think it
8 should be precluded on K Street, which is several
9 blocks from a metro station, and not precluded
10 immediately adjacent to a metro station which may as
11 well be even a busier metro station than the
12 Farragut North station?

13 MR. LAYTON: Again, this was a situation
14 where we had three options within the Solar Building
15 project as to where the access was going to be for a
16 parking garage. And of the three options that were
17 available to us, we thought that 16th Street was the
18 best and that it had the least pedestrian traffic --
19 or vehicular conflicts. K Street is obviously much
20 busier than 16th is. The alley access was too
21 narrow to allow two-way traffic.

22 So, again, we were trying to balance the
23 situation and deal with the situation as best we can
24 that was in front of us. And of the three options,
25 16th Street, we felt, was not the perfect but the
26 best available to us.

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1 MR. WATSON: Now, let's also go to the
2 question of what you've proposed for this truck
3 route. To your understanding, are there any
4 regulations in the District of Columbia for
5 establishing truck routes?

6 MR. LAYTON: Yes.

7 MR. WATSON: And what do these
8 regulations provide?

9 MR. LAYTON: Again, I'd have to
10 doublecheck and see what they are to make sure I
11 reflect them accurately. But I believe that we
12 would need to provide the local residents
13 notification, and that we'd need to make sure we did
14 a study to determine what the impacts would be.

15 MR. WATSON: Aren't they actually the
16 truck restrictions in Section 402 of the D.C.
17 Municipal Regulations, Title 18, that preclude
18 trucks over one and a quarter ton capacity?

19 MR. LAYTON: I'll take your word for
20 that. Again, I don't have the regulations in front
21 of me, and I'm -- but yes, I believe you're correct.

22 MR. WATSON: Now, are not most delivery
23 trucks that arrive at buildings under one and a
24 quarter ton capacity? Your standard van truck, for
25 instance, is that over or under one and a quarter
26 ton capacity?

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1 MR. LAYTON: I would believe it would be
2 under.

3 MR. WATSON: So that truck would not be
4 required to be on an excluded route?

5 MR. LAYTON: Correct.

6 MR. WATSON: Are you familiar with any
7 other places that we have described truck routes to
8 a particular facility?

9 MR. LAYTON: One of the things that
10 we're attempting to do within our solid waste
11 regulations regarding solid waste transfer stations
12 is require facilities to provide us with truck
13 routes that the trucks would be limited to.

14 MR. WATSON: Now, is the solid waste
15 transfer facility, though, a city operated facility?

16 MR. LAYTON: No, it's privately
17 operated.

18 MR. WATSON: But is it under city
19 contract?

20 MR. LAYTON: No, it is not.

21 MR. WATSON: Do you know if these are in
22 place now, or are you just trying to do this?

23 MR. LAYTON: Well, the regulations are
24 in place. There is a considerable amount of
25 litigation going on with respect to trash transfer
26 stations. But those facilities that have received

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1 permits from the city are using designated truck
2 routes, and we do also from our trash transfer
3 stations.

4 MR. WATSON: But those transfer stations
5 require permits from the city to be transfer
6 stations, is that correct?

7 MR. LAYTON: Correct.

8 MR. WATSON: And that the transfer --
9 are you aware of any other buildings or a private
10 facility that has a designated truck route just for
11 that building?

12 MR. LAYTON: No, I'm not aware of any
13 other use.

14 MR. WATSON: What enforcement has DPW
15 ever done of any truck route?

16 MR. LAYTON: Here again, I would need to
17 check. With respect to DPW, it's probably fairly
18 limited. The only traffic enforcement we do relates
19 primarily to parking. Other kinds of traffic
20 control regulation is the responsibility of
21 metropolitan police.

22 MR. WATSON: Now, the other issues -- I
23 believe you talked about the narrowness of streets
24 on this truck route, which would require
25 elimination, potentially, of some parking spaces in
26 order to allow trucks to make the passage through

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1 the narrow streets, is that correct?

2 MR. LAYTON: That's correct.

3 MR. WATSON: Would it also require
4 elimination of parking spaces in order that large
5 trucks could turn the corners in the streets?

6 MR. LAYTON: Yes, that is correct.

7 MR. WATSON: When a truck is turning the
8 corner in the street, is it necessary for it to
9 cross over the center line to the other side of the
10 street in order to make the turn?

11 MR. LAYTON: I would think most trucks
12 that are anticipated to make deliveries would not
13 need to cross the center line in order to turn the
14 corner.

15 MR. WATSON: You say "most trucks would
16 not." But would some number of the trucks coming
17 through be required to cross the center line in
18 order to negotiate the turn?

19 MR. LAYTON: It may be possible for the
20 one or two 18-wheelers that are anticipated to make
21 that maneuver.

22 MR. WATSON: So what do you mean "it may
23 be possible to make the maneuver"? Do you mean may
24 be required to make that maneuver?

25 MR. LAYTON: Correct.

26 MR. WATSON: So if that were the case,

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1 would it not be the fact then that in order to make
2 the turn and cross to the other side that traffic
3 would have to be blocked in the other direction on
4 that cross street that the truck was turning into?

5 MR. LAYTON: Well, presumably, the truck
6 driver would look both ways before turning and make
7 the turn in such a way that he would not be
8 impacting vehicles coming in either direction.

9 MR. WATSON: But didn't you testify that
10 there was substantial traffic on each of these
11 streets where the truck route runs?

12 MR. LAYTON: Correct. But, again, there
13 are going to be breaks in traffic where trucks would
14 be able to make this maneuver.

15 MR. WATSON: Well, assuming that there's
16 not a break in traffic, does the truck then have to
17 sit there and wait until there is a break in the
18 traffic?

19 MR. LAYTON: Well, again, I think we're
20 talking about one or two instances a day where there
21 would be a large 18-wheel truck making a delivery.
22 And, again, given the traffic conditions there, a
23 truck may need to wait for a couple of minutes for a
24 break in traffic, but I don't think it would be an
25 inordinate amount of time in order to make that
26 turn.

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1 MR. WATSON: If a truck was waiting for
2 a couple of minutes to make the turn, would it not
3 be blocking the traffic on which the truck was
4 turning from?

5 MR. LAYTON: Correct.

6 MR. WATSON: So you are saying DPW
7 believes it's acceptable to create a situation where
8 every day traffic was backed up some number of times
9 by large trucks making these turns on the truck
10 route you've designed?

11 MR. LAYTON: Well, the way I would
12 characterize it is that there will be times when
13 local traffic will be impacted by truck deliveries
14 to the hospital. We feel as though these will be
15 fairly few in number, and hopefully fairly short in
16 duration. And, again, it's not a perfect solution,
17 but we think it's the best available to us.

18 MR. WATSON: Now, is there the
19 possibility that if traffic is blocked on 23rd
20 Street that this will have a ripple effect down to
21 Virginia Avenue?

22 MR. LAYTON: I wouldn't anticipate that
23 the type of delays that would be experienced would
24 result in that kind of a traffic impact. And,
25 again, it's more likely that those kinds of impacts
26 would happen as a result of commuter traffic which

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1 is already existing in this neighborhood.

2 MR. WATSON: So you think there's the
3 likelihood that commuter traffic already backs up to
4 Virginia Avenue on 23rd Street?

5 MR. LAYTON: Well, again, there are
6 times where the existing traffic, as a result of the
7 commuters, on a daily basis does back up.

8 MR. WATSON: So you are saying that on a
9 daily basis where you have traffic backing up, and
10 may back up as far as Virginia Avenue, that this is
11 then reasonable, to add that to making it a truck
12 route as well for the hospital?

13 MR. LAYTON: Well, again, we have, in an
14 attempt to restrict or limit the truck traffic going
15 through the residential community, asked the trucks
16 to stay on 23rd Street or other major arterials
17 until it came close or within proximity of the
18 hospital, and then try to use H Street and 24th
19 Street to New Hampshire to limit the impacts as much
20 as possible.

21 Again, we acknowledge that there will be
22 times -- and also, we have asked that the truck
23 traffic be scheduled in such a way so as not to
24 impact the rush hour when you have most of the
25 congestion. It's not a perfect solution. There
26 will be times where truck traffic and other traffic

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1 are going to get commingled, and there may be short-
2 term periods of impact.

3 MR. WATSON: You say you've asked that
4 the truck traffic -- does that indicate you don't
5 believe you have the right to compel the traffic to
6 be on those streets?

7 MR. LAYTON: Well, again, I think we
8 would negotiate an agreement with the property
9 owner, and we would expect the property owner to
10 comply with whatever agreement we arrive at.

11 MR. WATSON: Well, let me ask you the
12 question -- let's assume the property owner agrees
13 that that will be the truck route. How does the
14 property owner, which is and should be the property
15 operator, which is not George Washington University
16 but a private hospital corporation, how does that
17 property operator monitor, and how does it compel
18 trucks several blocks away to comply with this
19 proposed regulation?

20 MR. LAYTON: Well, again, I would expect
21 that the operator of the facility would inform those
22 companies they do business with that make deliveries
23 of the approved route for access to the loading
24 docks. And I would anticipate that if delivery
25 companies were not complying with those requirements
26 we would hear about it.

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1 This is a very -- an active and very
2 observant community. And either the hospital or the
3 city would hear, in very short order, if there was a
4 non-compliance.

5 MR. WATSON: And then, what do you do
6 next?

7 MR. LAYTON: We would sit down with the
8 hospital, advise them of the concerns that have been
9 expressed, and, if necessary, either the
10 metropolitan police or District -- other District
11 Government employees would attempt, as best we
12 could, to enforce the regulations that we have
13 available.

14 MR. WATSON: You say "as best you
15 could." Would you -- and possibly not here. Would
16 you provide for the Board the regulations you have
17 available to create a truck route to a single
18 private facility?

19 CHAIRPERSON REID: He has already agreed
20 to do that.

21 MR. WATSON: Well, I apologize.

22 Lastly, with regard to the various
23 mitigation plans that you have proposed -- the
24 flashing lights for pedestrians, the changes in
25 sidewalk to warn pedestrians, pedestrian signage --
26 are there any scientific/academic type of studies as

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1 to the effectiveness of such protections?

2 MR. LAYTON: I'm not aware of any.
3 There may be, but I'm not aware of them.

4 MR. WATSON: Did you rely on any of them
5 in coming up with these mitigation plans?

6 MR. LAYTON: I think we're mainly just
7 relying upon our own engineering and sense of what
8 was best in terms of public safety.

9 MR. WATSON: Yes. But your sense of
10 what's best, does that rely on any commonly
11 understood engineering principles that would be in
12 engineering and traffic journals?

13 MR. LAYTON: Again, I'd maybe need to
14 doublecheck with Gary Burch on that, to see whether
15 he relied upon any specific documents. But my sense
16 is that we went with our basic experience with other
17 kinds of development in the city.

18 MR. WATSON: Do we have experience in
19 already in place and operating facilities with this
20 type of warning pavement?

21 MR. LAYTON: I'm sure there is. I can't
22 think of any off the top of my hand. But, again,
23 I'll check with our Public Space Office to see where
24 we've indicated and allowing curb cuts for access to
25 garages or loading facilities, where we've specified
26 a change in pavement.

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1 MR. WATSON: I didn't ask where you've
2 specified a change in pavement. I want to know if
3 there's anybody that has studied whether it works.

4 MR. LAYTON: Oh. We have not done any
5 studies like that, and I'm not sure whether any
6 exist. No.

7 MR. WATSON: So you've proposed here
8 something that seems, from common wisdom, might be
9 worthwhile, but we have no scientific or evidentiary
10 basis --

11 CHAIRPERSON REID: He has already
12 answered that question --

13 MR. WATSON: -- for knowing.

14 CHAIRPERSON REID: -- Mr. Watson. He
15 has already answered that question, so go to the
16 next one, please.

17 MR. WATSON: I have no further
18 questions.

19 CHAIRPERSON REID: Thank you.

20 VICE CHAIR KING: Could I ask a followup
21 question of Mr. Layton?

22 Mr. Layton, who pays for the flashing
23 lights, the pavement markings, the signage, all of
24 these things? Does the hospital pay for that?

25 MR. LAYTON: Yes. Those would be the
26 developer's responsibility.

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1 VICE CHAIR KING: Okay. Thank you.
2 CHAIRPERSON REID: Okay. Ms. Tyler?
3 MS. TYLER: Thank you, Madam Chair.
4 My name is Maria Tyler. I represent --
5 I am one of the people who testifies on behalf of
6 ANC-2A.

7 Mr. Layton, I have the following
8 questions to you, very brief questions.

9 CHAIRPERSON REID: Can you project your
10 voice? I can barely hear you here, so I'm sure that
11 the people in the back can't.

12 MS. TYLER: Yes.

13 CHAIRPERSON REID: So just kind of --

14 MS. TYLER: My name is Maria Tyler, and
15 along with two other Commissioners I represent ANC-
16 2A.

17 My questions to Mr. Layton are the
18 following. Number one, is your judgment on the
19 loading dock, which you just described during the
20 cross examination and in your testimony, dependent
21 on the number of trucks that the loading dock is
22 presumably going to use?

23 MR. LAYTON: That's one of the factors
24 we took into consideration, yes.

25 MS. TYLER: What number did you use to
26 form your view?

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1 MR. LAYTON: We assumed approximately 30
2 deliveries per day.

3 MS. TYLER: So did you, Mr. Layton, or
4 did DPW have a traffic count itself, or did it accept,
5 as you just stated, DPW's own figure?

6 MR. LAYTON: We accepted in this case
7 the hospital's figure in terms of deliveries.

8 MS. TYLER: Mr. Layton, then I would
9 like to ask you, if the number were double, would
10 that affect your judgment? For example, in case of
11 64 truck trips, if the number would be, let us say,
12 126.

13 MR. LAYTON: Well --

14 MS. TYLER: Would that affect your
15 judgment in terms of the queuing, in terms of all of
16 the things that Mr. Watson brought out? In terms of
17 the congestion? In terms of the impact on the
18 entire neighborhood, the entire residential
19 neighborhood?

20 MR. LAYTON: We did look at -- let me
21 answer your question. It would depend upon the
22 types of trucks that we're talking about. If we had
23 a facility here where we had another 30 tractor-
24 trailers, then obviously that would be a major
25 concern. That would change our recommendations.

26 If we're talking about smaller delivery

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1 vehicles that are in and out fairly quickly, where
2 we thought the loading facilities were still
3 adequate, then it would not be a major concern.

4 MS. TYLER: It would not be a major
5 concern, even if the rush hour traffic -- rush hours
6 would be avoided? In other words, if these 126
7 trips would be between 10:00 a.m. and 4:00 p.m, you
8 would allow these 126 trips to go through
9 residential -- narrow residential streets that are,
10 as already was stated before, overburdened with
11 traffic as it is?

12 MR. LAYTON: We would need to look at
13 two factors. One would be the size of the trucks,
14 and we would need to look at the duration of their
15 stay. I mean, one of our concerns would be, are
16 they arriving at such times, and do they need to
17 stay there for such prolonged periods of time that
18 there would be trucks queuing on the residential
19 streets or on 24th Street, or any of the other
20 streets in the vicinity?

21 If we found that there was additional
22 truck traffic and that it was going to generate some
23 additional impacts, then we would have to take
24 another look at that.

25 MS. TYLER: Yes. I'm speaking of
26 double. And, of course, you -- I believe I

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1 understood you just to agree that already there is
2 traffic congestion in our area. So would you say
3 that adding -- doubling the traffic or the delivery
4 trucks would not aggravate that situation?

5 MR. LAYTON: Well, again, yes, that is a
6 possibility, depending upon the size of the trucks
7 and how long they have to stay at the loading
8 facilities. That could be a problem.

9 MS. TYLER: Thank you very much, Mr.
10 Layton.

11 MR. LAYTON: Sure thing.

12 MR. McLEOD: Members of the Board, I am
13 James McLeod, Vice President of the Foggy Bottom
14 Association, a party in this matter.

15 Sir, you've reviewed the application
16 material submitted by the applicant here?

17 MR. LAYTON: Correct.

18 MR. McLEOD: Of February 8th. And have
19 you looked at the Exhibit D, which shows loading
20 docks?

21 MR. LAYTON: Yes, I did.

22 MR. McLEOD: Isn't it true that the
23 loading dock, which they have characterized as being
24 at 24th and Pennsylvania, actually that one is on
25 L Street facing Columbia Hospital?

26 MR. LAYTON: I'm sorry. You lost me.

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1 Let me take a look at it.

2 MR. McLEOD: Yes. That's BZA Number 94,
3 Exhibit Number D. I just wanted you to look at the
4 photograph there. That photograph is of a loading
5 dock that is on L Street facing Columbia Hospital,
6 isn't that true?

7 MR. LAYTON: I believe so, yes.

8 MR. McLEOD: And the other photograph in
9 there, while it does face an apartment building,
10 which was residential, isn't it true that that
11 apartment building has a parking lot garage with its
12 own loading dock directly across from the platform?

13 MR. LAYTON: I will take your word for
14 that, yes.

15 MR. McLEOD: Okay. Let's move on to the
16 23rd Street sidewalk. I'm going to focus on the
17 west side.

18 Now, you say that the applicant is going
19 to widen the sidewalk, right?

20 MR. LAYTON: Yes. We have requested
21 that the sidewalk be widened, I believe to 12 feet.

22 MR. McLEOD: And widening the sidewalk
23 is not going to reduce the number of people using
24 that sidewalk, is it?

25 MR. LAYTON: Correct.

26 MR. McLEOD: And the entrance that the

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1 hospital is proposing to build by the metro center,
2 employees of the hospital will probably enter that
3 way, correct?

4 MR. LAYTON: I believe some of them
5 will, yes.

6 MR. McLEOD: But currently, employees
7 from the hospital who get off at the metro would
8 cross 24th Street at -- I'm sorry -- cross 23rd at
9 23rd and I, so most of those wouldn't use the
10 sidewalk on I Street, right?

11 MR. LAYTON: Correct.

12 MR. McLEOD: The sidewalk on 23rd.

13 MR. LAYTON: They would not be crossing
14 23rd.

15 MR. McLEOD: And when you factored in --
16 you said that you had analyzed this matter and took
17 into consideration the community's comments. Did
18 you review Dr. Carter's examination of -- critique
19 of the applicant's study?

20 MR. LAYTON: Correct.

21 MR. McLEOD: Now, I think that's BZA
22 Number 60. Isn't it true that there are more than a
23 thousand people who use that sidewalk during peak
24 hours?

25 MR. LAYTON: Which side of 23rd Street
26 are we talking about, the west side?

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1 MR. McLEOD: The west side --
2 MR. LAYTON: Yes, I believe --
3 MR. McLEOD: -- of 23rd Street.
4 MR. LAYTON: -- that's correct.
5 MR. McLEOD: Now, isn't it true that
6 home sales are up in the District approximately 33
7 percent?

8 MR. MOORE: I'll object to that
9 question. He didn't --

10 MR. McLEOD: If he knows.

11 MR. LAYTON: I know that there have been
12 articles in --

13 CHAIRPERSON REID: Sustained. That
14 question has nothing to do with this particular
15 case. That is extraneous.

16 MR. McLEOD: I'll move on.

17 CHAIRPERSON REID: Thank you.

18 MR. McLEOD: Now, so the number of
19 people using the sidewalk will remain the same or
20 increase, is that correct?

21 MR. LAYTON: I would think so, yes.

22 MR. McLEOD: Okay. Now, currently,
23 let's take somebody getting off of the metro at
24 Foggy Bottom, going to the Bristol Hotel
25 approximately two blocks away. Now, currently,
26 isn't it true that that -- and the pedestrian is

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1 going to have to go across four intersections?

2 And this would be Exhibit A of the same
3 applicant's February 8th submission, and I'll let
4 you look at this if you'd like. It's the small
5 little thing there that shows the intersection, just
6 the small graphic there.

7 They would cross New Hampshire and
8 Washington Circle. They'll cross K Street traffic
9 going into the circle, K Street traffic going out of
10 the circle, and then 24th and Penn. So the
11 pedestrian is already crossing four intersections
12 before they travel two blocks, right?

13 MR. LAYTON: Correct.

14 MR. McLEOD: Okay. Now, the applicant
15 here is going to add three more intersections,
16 right? You have the main entrance to the hospital,
17 the main exit to the hospital, and the emergency
18 entrance to the hospital, right?

19 MR. LAYTON: Well, I wouldn't call them
20 intersections. But yes, there will be three
21 additional curb cuts with traffic.

22 MR. McLEOD: There is the potential that
23 they might get hit by a car at seven intersections
24 if they walk from the metro, using the 23rd Street
25 sidewalk, going to the Bristol Hotel, is that
26 correct? I mean, don't they have to be just as

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1 concerned about getting hit by a car at an auto
2 intersection as these three intersections that are
3 proposed?

4 MR. LAYTON: Well --

5 CHAIRPERSON REID: Could you rephrase
6 your question? Because, actually, you asked two
7 different questions.

8 MR. McLEOD: Yes, I will.

9 CHAIRPERSON REID: So just make it
10 clear --

11 MR. McLEOD: Why would a pedestrian --

12 CHAIRPERSON REID: -- exactly what
13 question you're asking.

14 MR. McLEOD: -- be less concerned about
15 being struck by a car on the 23rd Street sidewalk
16 than if they were at the -- on New Hampshire Avenue
17 crossing that road?

18 MR. LAYTON: Well, again, I think --

19 CHAIRPERSON REID: I don't think -- I
20 mean --

21 VICE CHAIR KING: What is the purpose of
22 your question? I mean, clearly, any pedestrian is
23 going to be concerned about being hit.

24 CHAIRPERSON REID: He wouldn't -- I
25 don't think that, in all fairness, Mr. Layton would
26 be able to speculate as to a pedestrian's preference

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1 of being hit.

2 (Laughter.)

3 MR. McLEOD: Okay.

4 MR. LAYTON: I think the answer to the
5 question is that at a controlled intersection -- and
6 I believe all of these are traffic controlled
7 intersections, except for the --

8 MR. McLEOD: Not the K Street ones.

9 MR. LAYTON: Okay.

10 MR. McLEOD: The K Street ones are not.

11 MR. LAYTON: That an individual crossing
12 a street at a controlled intersection, presuming
13 that the cars that are turning at that intersection
14 are observing the pedestrian right of way
15 requirements in the city, it's a reasonably safe
16 voyage across the street.

17 Similarly, for driveways, persons
18 entering and existing driveways are supposed to
19 yield to pedestrians. So as long as everyone is
20 following the rules, I think we're in pretty good
21 shape. But the problem occurs when either
22 pedestrians don't follow the rules or the drivers
23 don't follow the rules.

24 So I think, you know, it -- pedestrians
25 are at equal risk in both of those situations, and
26 you just need to be observant of what's going on

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1 around you.

2 MR. McLEOD: They're at equal risk,
3 you're just saying, then?

4 MR. LAYTON: I guess so, yes.

5 MR. McLEOD: Okay.

6 MR. LAYTON: If the rules are not being
7 observed.

8 MR. McLEOD: And if someone taking
9 somebody to the hospital who has, let's say, a
10 broken leg, or they're not sure what's wrong, they
11 want to get there quickly, they're going north on
12 23rd, they want to turn left into the entrance, the
13 main entrance, not the emergency entrance of the
14 hospital.

15 Now, that person, would you agree, might
16 be -- might have more urgency to get into that
17 driveway than a commercial building? Would you
18 agree that that might be the case?

19 MR. LAYTON: I would agree that that
20 might be the case. But here again, I would expect,
21 you know, drivers to observe both, you know, traffic
22 rules as far as other vehicles and other
23 pedestrians, and not plow through traffic or plow
24 through pedestrians.

25 MR. McLEOD: Now, one thing the
26 applicant did not modify, there was a suggestion --

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1 and it's BZA Exhibit Number 36, which I'll show you
2 a copy of. There is the Bristol Hotel. Now, two
3 blocks away where these pedestrians -- and just for
4 the record, the Foggy Bottom station is the last
5 station in the District on the blue and the orange
6 line, right, going towards Virginia?

7 MR. LAYTON: Correct.

8 MR. McLEOD: And a lot of people who use
9 that would get off there in order to go to
10 Georgetown.

11 MR. LAYTON: Correct.

12 MR. McLEOD: So they might come in from
13 Virginia, get off there, walk to Georgetown. Okay.

14 Now, there is a cut-in there in front of
15 the hotel. And why wasn't -- do you think that
16 would be a better solution, maybe not the best, but
17 a better solution than having driveways going across
18 this very busy sidewalk?

19 MR. LAYTON: Well, again, with all of
20 these solutions, there are pros and cons. There
21 would be less pedestrian impacts if there was a cut-
22 in rather than a drive-in loop. However, there
23 could be some down side in terms of traffic impacts
24 and also the distance that these potentially ill or
25 potentially injured persons are having to travel
26 also to get into the hospital. So it's -- there are

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1 pros and cons to that.

2 MR. McLEOD: So if somebody had to get a
3 wheelchair, they could wheel -- bring a wheelchair
4 up to the car at --

5 MR. LAYTON: Correct.

6 MR. McLEOD: -- a cut-in curb and it
7 would avoid cars going across the path of
8 pedestrians.

9 MR. LAYTON: That is correct.

10 MR. McLEOD: At least for the main
11 entrance.

12 MR. LAYTON: That is correct.

13 MR. McLEOD: Now, you said -- would you
14 say you have studied this very thoroughly, this
15 site?

16 MR. LAYTON: Yes.

17 MR. McLEOD: Okay. There currently are
18 -- and I believe the Exhibit Number 3, photo number
19 3 in the record, shows one of two existing driveways
20 on the sidewalk on 23rd Street, the west side. Now,
21 since you studied this, do you know why those are no
22 longer used? Those are fenced over?

23 MR. LAYTON: I'm sorry. Run that by me
24 one more time, please.

25 MR. McLEOD: There are currently two
26 driveways on 23rd Street sidewalk, that intersect --

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1 go across the sidewalk. Neither are currently used.
2 Both are closed. They are fenced over. Why is that
3 the case?

4 MR. LAYTON: Are those the -- are those
5 entrances to the parking facility, or what are they
6 entrances to?

7 MR. McLEOD: Are you saying you don't
8 know what -- you don't know --

9 MR. LAYTON: I'm not sure which specific
10 entrances you're talking about.

11 VICE CHAIR KING: Madam Chair, I don't
12 think we need to discuss --

13 MR. McLEOD: Let me show you --

14 VICE CHAIR KING: -- curbs cuts that
15 exist at the present time when we're talking about a
16 project that will replace what exists at the present
17 time. And I would move that the -- I would suggest
18 that the questioner should go on to something that
19 is germane to the project that we're discussing.

20 MR. McLEOD: Well, sir, if you are
21 studying the traffic flow, isn't it relevant -- the
22 historical setting of the sites you're considering?
23 Wouldn't you be concerned if that had been closed
24 because of too many conflicts between pedestrians
25 and cars?

26 MR. LAYTON: Well --

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1 MR. McLEOD: Isn't that relevant?

2 MR. LAYTON: Yes, I would think that the
3 rationale behind whether or not access points are
4 closed or not would be some -- would be relevant.
5 It's something that I would need to doublecheck.
6 It's not anything that we researched for this
7 specific project.

8 MR. McLEOD: But you're saying it would
9 be helpful for you to know the answer to that
10 question, is that correct?

11 MR. LAYTON: Well, assuming that that
12 had any impact with respect to the hospital. There
13 are a number of reasons why those particular access
14 points may have been closed. And I'd need to
15 doublecheck the file and see if they're germane with
16 respect to this proposal.

17 MR. McLEOD: Okay. And if you didn't
18 have that information, could you subpoena it or
19 request the BZA to subpoena that information?

20 VICE CHAIR KING: We don't have subpoena
21 power to --

22 MR. McLEOD: Well, I guess that answers
23 that question.

24 Now, you said that you've responded --
25 you found that members of the community, you've met
26 with them. There were several questions asked at

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1 that meeting, one being, is there any other hospital
2 in the country that has an emergency entrance on the
3 Washington Circle?

4 In the current hospital -- the current
5 hospital is basically off the circle a little bit.
6 I don't have the map here. But is there another
7 hospital in the country that has this proposed setup
8 that's being proposed here?

9 MR. LAYTON: I'm not aware of any, no.

10 MR. McLEOD: But you were asked that
11 question, right?

12 MR. LAYTON: Correct.

13 MR. McLEOD: And you don't know the
14 answer.

15 Now, there was another question. You've
16 said that this site is difficult to develop, is that
17 correct?

18 MR. LAYTON: Correct.

19 MR. McLEOD: I'm going to show you what
20 is marked as Foggy Bottom Exhibit Number 4. On a
21 similar --

22 VICE CHAIR KING: We have to see it,
23 too.

24 MR. McLEOD: Yes. Well, I just have the
25 one copy with me. The statement came up during the
26 hearing. I don't have additional copies. But it

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1 will remain in the record.

2 Now, isn't that a site -- a similar
3 shape, triangular shape, to the shape that this site
4 is, right?

5 MR. LAYTON: It would appear to be so,
6 yes.

7 MR. McLEOD: The top photograph. Now,
8 the bottom photograph, doesn't that show a building
9 with a brick wall as a fence to it?

10 MR. LAYTON: Correct.

11 MR. McLEOD: And wouldn't you --

12 MR. MOORE: Excuse me. I have no idea
13 what he's talking about.

14 VICE CHAIR KING: Neither do I, Mr.
15 Moore.

16 MR. McLEOD: It's a photograph of the
17 William and Mary campus.

18 CHAIRPERSON REID: You have to -- I'm
19 sorry. But you're going to have to provide us with
20 a copy as well and provide it to counsel.

21 MR. McLEOD: I'd be glad to. I don't
22 have one with me right now.

23 CHAIRPERSON REID: Well, we can't --
24 right now you have to pass it around, so that at
25 least we have some idea of --

26 MR. McLEOD: You've seen it.

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1 CHAIRPERSON REID: You need to let Mr.
2 Moore take a look at it, and then pass it to staff,
3 please.

4 MR. MOORE: Madam Chair, this is a
5 photograph of William and Mary College. I have no
6 idea what relevance that has to this proceeding.

7 MR. McLEOD: If I can ask the
8 questions --

9 VICE CHAIR KING: Are you objecting?

10 MR. MOORE: I am objecting.

11 MR. McLEOD: Madam Chair, for the
12 record, that is -- has been in the possession of the
13 President of George Washington University since
14 February 25th. The university --

15 MR. MOORE: This is cross examination,
16 Madam Chair.

17 MR. McLEOD: And it's being used to ask
18 this -- during cross -- during the examination
19 today, there was a statement made, "This site is
20 difficult to develop." I am asking the person who
21 made that statement -- I'm just asking a question
22 relevant to that.

23 CHAIRPERSON REID: Okay. But if he has
24 already testified that it's a difficult site to
25 develop, isn't that the answer?

26 MR. McLEOD: No. No. We are now cross

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1 examining to find out the truth. That's the purpose
2 of cross examination. I'm just asking him --

3 VICE CHAIR KING: Do you think that he
4 really doesn't believe it's difficult to develop?
5 Is that what you're suggesting?

6 MR. McLEOD: I am suggesting --

7 CHAIRPERSON REID: Wait a minute. Where
8 are you going with this line of questioning?

9 MR. McLEOD: I am suggesting that a site
10 very similar to the shape which this person has
11 agreed -- this same shape basically as the one being
12 considered here, something has been developed on
13 that site. And that is pertinent to the statement
14 that this is a difficult site to develop.

15 CHAIRPERSON REID: What's the point?

16 COMMISSIONER FRANKLIN: Well, why don't
17 we just stipulate to that, that the college has
18 developed a triangular site?

19 VICE CHAIR KING: Let's do that, and
20 let's sustain Mr. Moore's objection to this line of
21 questioning.

22 MR. McLEOD: Well, I object, for the
23 record. I do not see why we're wasting time. I
24 could have gone through that question fast. But for
25 the record, I'll object.

26 CHAIRPERSON REID: What you need to tell

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1 us is, what is your point? I mean, we're all
2 flustered. We don't know where you're going and we
3 don't understand what your point is. I think --

4 VICE CHAIR KING: Everybody agrees that
5 this is a difficult site to develop. Everybody.
6 Even GW I think will say that it's a difficult site
7 to develop.

8 COMMISSIONER FRANKLIN: Well, maybe Mr.
9 McLeod's point is it's not a difficult site. Is
10 that your point?

11 MR. McLEOD: I'm trying to make -- yes,
12 sir.

13 COMMISSIONER FRANKLIN: Okay. Well, you
14 know, you can make that point in direct testimony.
15 You don't have to make it through cross examination.

16 MR. McLEOD: This is the expert, sir,
17 who made the statement. This is the expert I'm
18 going to ask just that question.

19 Is this -- sir, is this something that
20 could be developed at that site, without the
21 problems that a 24-hour-a-day facility like this
22 hospital which --

23 MR. MOORE: I am sorry, Madam Chair, to
24 delay this, but I would object to the use of a
25 photograph from William and Mary College to make any
26 point in this proceeding.

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1 CHAIRPERSON REID: Sustained. Move on
2 to the next question, Mr. McLeod, please.

3 MR. McLEOD: And for the record, I
4 object.

5 But isn't it true -- now, you're aware
6 of traffic patterns in the city, right?

7 MR. LAYTON: Correct.

8 MR. McLEOD: That site where they're
9 proposing to build the hospital, isn't that site
10 seen by -- and gone -- people in cars or on foot go
11 by that site more than any other site on the GW
12 campus, isn't that a true and accurate statement?

13 MR. LAYTON: I'm not -- I can't say, you
14 know, without having done traffic counts on
15 pedestrian traffic on the other blocks as to whether
16 this site is heavier than others. But certainly
17 being adjacent to the metro, 23rd Street is a major
18 arterial. I would say this is one of the busier
19 areas of the campus.

20 MR. McLEOD: Plus, Pennsylvania Avenue
21 as well, right?

22 MR. LAYTON: Correct.

23 MR. McLEOD: So those -- we've got 23rd
24 Street, we've got the metro, we've got Pennsylvania
25 Avenue, we've got New Hampshire Avenue. Those are
26 major arteries. Is there any other part, based on

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1 your knowledge of the campus, that would have as
2 many major arteries going by it than that site?

3 MR. LAYTON: In terms of vehicular
4 traffic, that's probably one of the busier sites
5 within the campus area.

6 MR. McLEOD: And in terms of pedestrian
7 traffic, isn't it true there's --

8 VICE CHAIR KING: He has answered your
9 question. It's getting on towards noon.

10 Let's try and expedite this, Madam
11 Chair.

12 MR. McLEOD: Yes.

13 VICE CHAIR KING: I mean, he said yes,
14 it is one of the busier --

15 MR. McLEOD: Okay.

16 VICE CHAIR KING: -- sites.

17 MR. McLEOD: I'll move on.

18 VICE CHAIR KING: In the city probably,
19 I will add.

20 MR. McLEOD: Okay. I'll move on.

21 VICE CHAIR KING: So let's not belabor
22 things endlessly.

23 MR. McLEOD: I won't.

24 Traffic noise -- wasn't one of the
25 comments at the community meeting you had was, could
26 DPW measure the decibel level at the proposed height

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1 where this -- the patients will be in the hospital?
2 Which because of this proposed building they will be
3 closer to the noise on 23rd Street, the traffic
4 noise, than they are in the existing building, isn't
5 that correct?

6 MR. LAYTON: If the question is whether
7 we were asked to check on the noise, it's possible
8 but I don't have a clear recollection of that. We
9 would need to ask Consumer and Regulatory Affairs to
10 do the noise evaluation. We don't have that
11 equipment within Public Works.

12 MR. McLEOD: In terms of changing the
13 emergency entrance, you say that that will reduce
14 the number of pedestrian and vehicular conflicts,
15 right?

16 MR. LAYTON: We thought it would improve
17 the situation. I'm not sure it's going to reduce
18 the number, but we think that taking a right turn
19 instead of a left turn would be safer overall.

20 MR. McLEOD: So, on page 2, doesn't it
21 say that the modification should reduce pedestrian
22 and vehicular conflicts with emergency vehicles?

23 MR. LAYTON: That is correct.

24 MR. McLEOD: Okay. But when you say
25 "reduce," you mean reduce from the original
26 proposal, right?

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1 MR. LAYTON: Correct.

2 MR. McLEOD: It's not reduced from the
3 current hospital, is that correct?

4 MR. LAYTON: Correct.

5 MR. McLEOD: And why is that?

6 MR. LAYTON: Well, again, I think that
7 there is less pedestrian traffic on the east side of
8 23rd Street than there is on the west side of 23rd
9 Street.

10 MR. McLEOD: And also, isn't there a
11 pedestrian crossway on 23rd Street? People going
12 east or west have to cross 23rd, and the ambulance
13 is going to go across that crosswalk, as well as the
14 sidewalk, right?

15 MR. LAYTON: Correct.

16 MR. McLEOD: So you have two
17 intersections where pedestrians have to deal with
18 ambulances, at the current proposed site, modified
19 proposed site, and only one at the existing site,
20 right?

21 MR. LAYTON: No, there's two on both.
22 It's just --

23 MR. McLEOD: Where is the other --

24 MR. LAYTON: -- that it's less traveled.

25 MR. McLEOD: Where is the other on the
26 "both"?

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1 MR. LAYTON: Well, again --

2 MR. McLEOD: Where is the other on the
3 existing?

4 MR. LAYTON: On 23rd Street, you're
5 still having to -- there will be some pedestrian
6 traffic that would be going westbound and crossing
7 23rd Street.

8 MR. McLEOD: Right.

9 MR. LAYTON: As well as crossing the
10 entrance to the existing emergency area on 23rd
11 Street.

12 MR. McLEOD: Right. So that's two. The
13 existing hospital -- there is no crosswalk by the
14 entrance of the hospital that the ambulance would
15 have to go across, is there?

16 MR. LAYTON: Correct.

17 MR. McLEOD: So it's just one
18 intersection at the existing hospital, two for the
19 modified proposed hospital.

20 MR. LAYTON: My sense is that the
21 configurations are pretty much the same. It's just
22 that it's much narrower, and there's more pedestrian
23 traffic on the west side of 23rd.

24 MR. McLEOD: Let me show you what is
25 just a -- I'd be glad to use the applicant's map
26 here, if you'll allow me to do that, rather than use

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1 something that you might object to.

2 VICE CHAIR KING: Are you going to share
3 this with us?

4 MR. McLEOD: Yes. If you could hold it
5 right there, and maybe if you could talk this way,
6 but you'll be -- the existing hospital -- the
7 proposed --

8 VICE CHAIR KING: Please flip it so that
9 it's more --

10 MR. McLEOD: Yes.

11 VICE CHAIR KING: That's good.

12 MR. McLEOD: The proposed hospital is
13 here, right?

14 MR. LAYTON: Correct.

15 MR. McLEOD: For the record, on the west
16 side of 23rd Street. The existing hospital is on
17 the east side of 23rd Street, right?

18 MR. LAYTON: Correct.

19 MR. McLEOD: Now, an ambulance coming to
20 the entrance to the existing hospital, there is no
21 crosswalk here, correct?

22 MR. LAYTON: Correct.

23 MR. McLEOD: So there's no crosswalk in
24 the existing hospital.

25 MR. LAYTON: Correct.

26 MR. McLEOD: Did you have to go across

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1 the sidewalk? There are pedestrians there.

2 MR. LAYTON: Right.

3 MR. McLEOD: At the proposed site, isn't
4 it true that the ambulance turning right will have
5 to go across the crosswalk, where there may be
6 pedestrians; plus, they'll have to go across the
7 sidewalk? So --

8 MR. LAYTON: Correct.

9 MR. McLEOD: -- that's twice as many
10 possible encounters with pedestrians.

11 MR. LAYTON: Correct.

12 MR. McLEOD: Would you say that the
13 current situation on that sidewalk is better for --
14 safer for pedestrians than this proposed change,
15 which will have three -- a total of three
16 intersections on it?

17 MR. LAYTON: I'm sorry. Let me make
18 sure I understand the question. You're saying, is
19 the existing hospital --

20 MR. McLEOD: The existing hospital
21 currently does not have any driveways that are used
22 on the block that goes from the metro to Washington
23 Circle, is that correct?

24 MR. LAYTON: Correct.

25 MR. McLEOD: And the proposal is to put
26 three intersections where cars or ambulances will

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1 either enter -- ambulances will enter, cars will
2 either enter or exit. Is it safe --

3 VICE CHAIR KING: Mr. Layton has already
4 said that the emergency arrangements at the present
5 hospital are preferable to even the best arrangement
6 that can be made at the new site.

7 MR. McLEOD: Yeah. I'm talking about
8 the entire sidewalk.

9 VICE CHAIR KING: Okay. But, I mean, he
10 has already said that the existing situation is
11 better. Everybody has said that.

12 MR. McLEOD: So would it be good --
13 would you characterize this change as deleterious to
14 the safety of pedestrians?

15 MR. LAYTON: Well --

16 MR. McLEOD: From what it is currently.

17 MR. LAYTON: Again, it's a mixed bag in
18 that there is more traffic on the 24th -- I'm sorry,
19 there's more traffic, pedestrian traffic, on the
20 west side of 23rd Street that now crosses 23rd
21 Street to get to the hospital. That pedestrian flow
22 will be reduced.

23 But you're correct in saying that with
24 more pedestrian traffic being on the west side of
25 23rd Street, they will now need to cross three
26 entrances. I wouldn't call them intersections --

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1 but three entrances. That is a negative.

2 So, again, there is -- with this whole
3 project, there are some things that are better.
4 There are some aspects of it that are worse.

5 MR. McLEOD: And if regularly we have a
6 tourist leaving the subway, going to the Bristol
7 Hotel, they have to cross four -- seven
8 intersections, or however you characterize them.
9 From your studies, are people going to pay attention
10 to signs when they encounter so many in such a short
11 period of time? Is it going to be -- over the long
12 run, is this going to be a concern for -- of yours?
13 Are you concerned that pedestrians may begin to
14 ignore them? Because I have seven intersections to
15 go across in two blocks, less than two blocks, and
16 I've got seven --

17 MR. MOORE: Madam Chair? Madam Chair,
18 he has asked three questions. Now he's testifying.
19 Could we just get to the question, please, that he'd
20 like to ask?

21 VICE CHAIR KING: I agree.

22 CHAIRPERSON REID: Get to the point,
23 please.

24 VICE CHAIR KING: Let's sustain that.

25 MR. McLEOD: Are you concerned that
26 people may ignore signs put up that were intended to

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1 provide safety for them if there is just too many of
2 them?

3 MR. LAYTON: No.

4 MR. McLEOD: You're not?

5 MR. LAYTON: No. My sense is that, you
6 know, when individuals are walking or driving
7 through the city, they have to pay attention to the
8 signage that we're providing to -- and follow the
9 traffic regulations. And if everybody does that,
10 then we should minimize the number of possible
11 conflicts.

12 MR. McLEOD: And there's no level at
13 which you would be concerned that people just may
14 get fed up with so many signs and just ignore them?

15 CHAIRPERSON REID: You asked that
16 question. Mr. McLeod, how many more questions do
17 you have?

18 MR. McLEOD: I have no further
19 questions. That's it.

20 CHAIRPERSON REID: Mr. Moore?

21 MR. MOORE: I just have one quick
22 question, Madam Chair.

23 Mr. Layton, Jerry Moore for the
24 applicant. You had testified earlier that in your
25 first report, DPW report, the one dated December
26 30th, you had designated New Hampshire Avenue as a

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1 largely residential street, is that correct?

2 MR. LAYTON: Correct.

3 MR. MOORE: And you did not designate it
4 as such in your second report, is that correct?

5 MR. LAYTON: I don't think we mentioned
6 that point.

7 MR. MOORE: Okay. Addressing your
8 attention to our map here -- and this is New
9 Hampshire Avenue, the part that you had designated
10 as a largely residential street. Are you aware of
11 what's on the east -- west side of New Hampshire
12 Avenue, directly across from the site in question?

13 MR. LAYTON: I believe there is some
14 mixed use buildings on that side.

15 MR. MOORE: On this --

16 MR. LAYTON: It's mostly open.

17 MR. MOORE: It's mostly open, and
18 there's one building here. Do you know who owns
19 that?

20 MR. LAYTON: Off the top of my head, I
21 don't remember.

22 MR. MOORE: That's a George Washington
23 University building. If you thought -- if you knew
24 that this was mostly vacant, and this was just one
25 building here, and that's owned by the university,
26 would your opinion change that New Hampshire Avenue,

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1 between I Street and Washington Circle, is largely
2 residential?

3 MR. LAYTON: Well, again, I think when
4 we made that comment in our first set of testimony
5 we weren't just referring to that one block
6 immediately opposite the hospital. We were looking
7 at the entire length of New Hampshire Avenue, from
8 the circle south to -- you know, through the Foggy
9 Bottom community.

10 MR. MOORE: Thank you.

11 I have no further questions, Madam
12 Chair.

13 COMMISSIONER FRANKLIN: Madam Chair, if
14 it's appropriate, I'd like to ask a question to
15 follow up this last colloquy.

16 CHAIRPERSON REID: Sure. Go ahead.

17 COMMISSIONER FRANKLIN: Mr. Layton,
18 thank you for your patience. Following up that
19 question, it's related to one that I was going to
20 ask you in any event. Could you explain why you
21 think that with respect to the tractor-trailers,
22 which I believe are the vehicles that are of the
23 greatest concern -- if there are vehicles that are
24 vans or sport utility vehicle size, we're not
25 talking about those.

26 With respect to tractor-trailers, the

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1 Department believes the best way for them to
2 approach this loading dock is on H Street.
3 Presumably, that means whether they're coming from
4 the north or the south they would turn west on H
5 Street.

6 MR. LAYTON: Correct.

7 COMMISSIONER FRANKLIN: Why is that to
8 be preferred, in case a vehicle is coming from the
9 north, to having them approach the loading dock on
10 New Hampshire Avenue, rather than having to go all
11 the way down 23rd and come back north?

12 MR. LAYTON: Again, I think the concern
13 that we were trying to deal with there is to limit
14 the potential that delivery trucks from either the
15 north or south would be tempted to wander through
16 the more residential areas to the west of the
17 hospital, and that 23rd Street is designed to handle
18 heavier traffic more so than New Hampshire Avenue.

19 Again, it's not a perfect solution, and
20 perhaps you're right that tractor-trailers coming
21 from the north -- New Hampshire is equally
22 advantageous. But there again, it's a more
23 difficult maneuver for the truck to back into the
24 loading dock if they're coming --

25 COMMISSIONER FRANKLIN: Well, I --

26 MR. LAYTON: -- southbound on New

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1 Hampshire Avenue than it is if they're going
2 northbound on 24th and New Hampshire.

3 COMMISSIONER FRANKLIN: I guess I'm not
4 a truck driver. But in looking at the area, I'm not
5 clear why it's any easier. I guess what you're
6 saying is if you --

7 MR. LAYTON: You're on the same side of
8 the street as the loading dock when you're facing
9 north.

10 COMMISSIONER FRANKLIN: Right. But in
11 terms of maneuvering the truck rear end first, the
12 turning maneuvers don't strike me to be any easier
13 one way or the other. But, again, I'm not a truck
14 driver.

15 MR. LAYTON: Yeah. I'm not a truck
16 driver either, but it just seems to me from my
17 viewing experience and, you know, driving through
18 the city that it's preferable for the truck to be on
19 the same side of the street as the loading dock,
20 pull past the loading dock, and then back in.

21 You will have some impact on the traffic
22 behind you. And depending on the length of the
23 truck, you may briefly also block traffic coming in
24 the other direction. But that's preferable to
25 backing across a set of -- a flow of traffic going
26 in the opposite direction than you are.

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1 COMMISSIONER FRANKLIN: Well --

2 MR. LAYTON: It's a safer turning
3 maneuver.

4 COMMISSIONER FRANKLIN: -- it's -- as
5 you say, there are a number of tradeoffs involved in
6 analyzing this. And it seems to me that sending a
7 tractor-trailer coming from the north onto H Street,
8 so that it can then have to make that turn onto
9 24th, which we've already discussed, is problematic.
10 It might be worth revisiting. I'm just -- in my
11 amateur opinion --

12 MR. LAYTON: Again, on a scale of one to
13 10, I'd give the H Street solution a four and
14 backing across New Hampshire Avenue a three.

15 (Laughter.)

16 On my professional scale of traffic
17 analysis.

18 COMMISSIONER FRANKLIN: Thank you.

19 CHAIRPERSON REID: All right. Let's see
20 now. We'll move now to ANC -- the ANC report, in
21 regard to the additional information only.

22 OP does not have any supplemental
23 reports for this particular case, is that not
24 correct?

25 MR. BASTIDA: That is correct, Madam
26 Chairperson.

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1 VICE CHAIR KING: Are we finished with
2 Mr. Layton?

3 CHAIRPERSON REID: Unless you have a
4 question. Do you have any more questions for him?

5 VICE CHAIR KING: No.

6 CHAIRPERSON REID: Yes.

7 VICE CHAIR KING: Thank you very much,
8 Mr. Layton.

9 CHAIRPERSON REID: Thank you.

10 MR. LAYTON: You're welcome.

11 MR. MOORE: Madam Chair, it's my
12 understanding, just as a procedural matter, that the
13 Advisory Neighborhood Commission respectfully has
14 one hour to present their case, and each witness who
15 testified before has three minutes. Is that
16 correct?

17 CHAIRPERSON REID: That is correct.

18 MR. MOORE: Thank you.

19 VICE CHAIR KING: And we're dealing only
20 with the matter before us today, the whole issue of
21 traffic.

22 CHAIRPERSON REID: Right. The ANC had
23 no more than -- so conceivably, because there may
24 even be a shorter amount of time. Yes?

25 MR. WATSON: We will attempt to proceed
26 quickly. However, we do object to the fact, as we

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1 did previously on the record, to limitation of the
2 time of the Advisory Neighborhood Commission.

3 But preliminarily to presenting our
4 case, D.C. Code, Section 6-983, deals with the
5 requirement for environmental impact statements. As
6 I understand it, we have now completed the
7 applicant's case, and we have completed the
8 presentation by the Government.

9 No environmental impact statement has
10 been presented. No decision can be made by this
11 Board as to a project of this magnitude, which has
12 the potential for environmental hazards. And,
13 clearly, any hospital of this size has a potential
14 for environmental hazard. No decision can be made
15 without an environmental impact statement on behalf
16 --

17 VICE CHAIR KING: Could you provide us
18 with a copy of that regulation? Is it a law or a
19 regulation?

20 MR. WATSON: It's a law. It's D.C. Law
21 6-983. I'm sorry. That's D.C. Code, Section, not
22 the law number.

23 VICE CHAIR KING: 6 --

24 MR. WATSON: 983 requires that the --

25 VICE CHAIR KING: 6-983?

26 MR. WATSON: 6 dash -- Title 6, Section

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1 983. It requires for projects basically in excess
2 of \$5 million, and I think we have a consensus that
3 this is in excess of \$5 million. This is not in the
4 area which is exempt because the comprehensive plan
5 specifically determined that the campus at George
6 Washington University is not within the central
7 business district.

8 Since that is a requirement, and since
9 it is not presented, we move that this case be
10 dismissed at this time, since you cannot make a
11 decision. Or if it does proceed, not proceed until
12 after the environmental impact statement is
13 prepared, because it is specifically provided in the
14 statute that the Advisory Neighborhood Commission is
15 permitted to respond to the environmental impact
16 statement and that citizens, being a particular
17 number within a single member district, may demand a
18 hearing.

19 CHAIRPERSON REID: Let Mr. Moore
20 respond, please.

21 MR. MOORE: Madam Chair, an
22 environmental impact statement is not a matter
23 before this Board. The Department of Consumer and
24 Regulatory Affairs has exclusive jurisdiction --

25 CHAIRPERSON REID: Would you come over
26 near the mike, so that the --

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1 MR. MOORE: Okay. Jerry Moore for the
2 applicant. Madam Chair, an environmental impact
3 statement is not required before the BZA. An
4 environmental impact statement may be required by
5 the Department of Consumer and Regulatory Affairs,
6 which has exclusive jurisdiction to determine that
7 question.

8 If this Board were to give an approval
9 for this hospital, the next step would be for the
10 applicant to file a request for a building permit.
11 With that building permit, there is a document
12 called an environmental screening form. It is that
13 form that the Department, in its judgment, makes the
14 determination as to whether an environmental impact
15 statement is necessary.

16 It is not a matter that is before this
17 Board as a matter of law.

18 CHAIRPERSON REID: Mr. Watson, to my
19 knowledge -- and let me get some input from my
20 colleagues -- that is -- the environmental impact
21 statement is not within the regulations of the BZA,
22 as far as a requirement in order to present a case
23 from a university is concerned. And I would contend
24 that any applicant that comes before us must also
25 comply with any and all D.C. regulatory
26 requirements.

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1 MR. WATSON: If I might respond, the
2 statute provides that it must be done with regard to
3 any approval by an agency of the District of
4 Columbia Government. The campus planning process
5 provides that a campus plan is adopted, but that the
6 Board of Zoning Adjustment must approve any
7 particular building which is erected within the
8 campus plan.

9 CHAIRPERSON REID: Are you saying that
10 it has to be done before approval?

11 MR. WATSON: Before approval it says.

12 COMMISSIONER FRANKLIN: Well, Madam
13 Chair, could I suggest that --

14 CHAIRPERSON REID: Yes.

15 COMMISSIONER FRANKLIN: -- that we take
16 the motion under advisement and have Mr. Watson and
17 Mr. Moore submit --

18 CHAIRPERSON REID: We have --

19 COMMISSIONER FRANKLIN: -- a memo to us,
20 so that we can, at the time of coming to some
21 decision on this matter, can be advised by the
22 corporation counsel. Would that make sense?

23 CHAIRPERSON REID: That makes a lot of
24 sense. As a matter of fact, that's what corp
25 counsel just so advised when you were talking, that
26 we not make the decision at this point, but take it

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1 under advisement and then respond to you once we
2 have gotten the appropriate information.

3 MR. WATSON: We, at this time, call
4 Professor Everett Carter again as a witness. He has
5 been approved as an expert. And in a slight
6 deviation from normal procedure, as the Board is
7 well aware, he has recently had throat surgery, is
8 not able to speak, and we have a designated reader.
9 Mr. Charles Farbstein will read the statement, but
10 it is Mr. Carter's statement, and he is here to
11 respond to questions.

12 VICE CHAIR KING: Has the gentleman been
13 sworn?

14 MR. WATSON: Yes, he has been. If you
15 want to swear the reader, you can as well.

16 (Laughter.)

17 MR. FARBSTEIN: The statement is being
18 submitted for the record, the full statement of Dr.
19 Carter. In addition to that, he has asked me to
20 read for him very brief excerpts from his report, so
21 that the Board can hear the highlights of it in
22 addition to having the complete statement before
23 them. So I will proceed at this point.

24 The problems with this application are
25 many, and the major problems are summarized below,
26 under appropriate headings, the first of which is

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1 "Incompatibility." And this is a quotation. "The
2 proposed possible relocation would move a large
3 institutional facility from streets suited to that
4 type of land use -- that is, 23rd Street, Washington
5 Circle, and the dead end section of I Street, N.W.
6 -- to streets which are largely residential in
7 character -- that is, New Hampshire Avenue and 24th
8 Street, N.W.

9 "As a result, traffic related to
10 institutional land use, including large trucks and
11 emergency vehicles, will be mixed with residential
12 type vehicles and large numbers of pedestrians."
13 That's a quote from the DPW's submission of
14 February 8th, the second submission, in 1999.

15 Next heading is "The Shape of the Parcel
16 and the Surrounding Street System." "This is a very
17 difficult site," from the earlier testimony of DPW.
18 And that was, in addition, reinforced by Mr. Layton
19 today. This proposed hospital can only fit with
20 serious impacts.

21 These are increases in pedestrian
22 vehicle conflicts and several operational
23 difficulties, resulting from the emergency entrance
24 and exit placement, the main entrance location, and
25 certainly the loading dock location, as well as
26 other traffic problems submitted in my -- Dr.

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1 Carter's January 5 report.

2 In essence, you can't fit a rectangular
3 building in a triangular hole, inasmuch as it is
4 even a smaller hole in this circumstance.

5 Emergency entrance and exits
6 specifically -- the proposed location is too close
7 to Washington Circle. The existing hospital has
8 right turns in, right turns out of Washington
9 Circle, and very few pedestrians. The new facility
10 has left turns across traffic, which create
11 conflicts with other vehicles.

12 At the proposed facility, the pedestrian
13 traffic is very heavy. It's a very unsuitable site
14 for emergency access.

15 The loading dock -- pedestrian counts at
16 24th and I and 24th and New Hampshire showed heavy
17 pedestrian movements at the proposed loading dock
18 entrance. This, and known future increases,
19 strongly suggests serious conflicts.

20 Narrow 24th Street, 32 feet, compared to
21 the existing dock on 38-foot I Street, with parking
22 on both sides, is not appropriate for truck queuing,
23 which would naturally occur.

24 Invasion of a residential neighborhood
25 and within a historic district by stopping of
26 vehicular and pedestrian traffic for truck

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1 maneuvering is simply incompatible and unacceptable.
2 For example, maneuvering by a 16-wheeler would take
3 a good two to three minutes, if not more.

4 Noise, air pollution, diesel fumes, and
5 safety concerns should not be placed on this
6 neighborhood. This is simply an inappropriate site
7 for a loading dock. To the north is Washington
8 Circle, which comes to a point at this location. To
9 the south is a very busy pedestrian plaza and metro
10 rail station. 23rd Street is a major arterial. To
11 the west is 24th Street, New Hampshire Avenue,
12 residential.

13 There is no acceptable location on this
14 parcel for a loading dock, handling well over 100
15 truck movements per day, plus the future growth that
16 would come if the hospital was eventually permitted
17 to expand as it requested, from the 371 beds to 455,
18 I believe is the number.

19 In addition, lack of real data on
20 impacts, and also mediation. Many statements in the
21 submittals since January 5, 1999, from the traffic
22 consultant for the applicant indicate study and
23 analysis, but no data are presented. For example,
24 they say, "We did a study and the results show there
25 is no problem."

26 In the DPW submittal of February 8,

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1 1999, the quotation is, "Traffic consultants have
2 made a reasonable effort." But they failed to
3 negate the serious impacts. We should stop trying
4 to justify a hospital on this site. It does not
5 fit.

6 In conclusion, there is strong evidence
7 of serious impacts on the residential neighborhood
8 on pedestrian movements, more people crossing busy
9 23rd Street, plus vehicle pedestrian conflicts. And
10 83 percent of the parking would be east of 23rd
11 Street, so you've got people crossing in ways that
12 they don't now and in much heavier volume.

13 Emergency vehicle conflicts with
14 pedestrians and other vehicles, and truck movements
15 conflicting with both pedestrians and other vehicles
16 -- counts were taken to reveal that there are more
17 than 126 movements in and out at the loading dock.
18 This data appears in detail on the last two pages of
19 the appendix to this report.

20 These impacts are significant, and they
21 are unacceptable, and they have not been -- they
22 have not been negated, and they have not really been
23 mitigated.

24 My advice is that this application
25 should be denied.

26 CHAIRPERSON REID: Where you were

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1 reading under loading dock, and I was reading along
2 with you, and I heard you say something about the
3 time that it would take for a vehicle or a truck to
4 --

5 MR. FARBSTEIN: A 16-wheeler truck.

6 CHAIRPERSON REID: Yes. What is that?

7 MR. FARBSTEIN: That was interpolated by
8 Dr. Carter when I was discussing it with him
9 earlier, and he asked me to --

10 CHAIRPERSON REID: Okay. But it's not
11 in --

12 MR. FARBSTEIN: He asked me to include
13 that. It's not in the printed excerpt, no.

14 VICE CHAIR KING: And it's how many
15 minutes?

16 MR. FARBSTEIN: Two to three minutes.

17 CHAIRPERSON REID: Two to three minutes
18 is the estimated time for the --

19 MR. FARBSTEIN: For an 18 -- I'm sorry,
20 it's for an 18-wheeler, yeah.

21 CHAIRPERSON REID: -- for an 18-wheeler
22 to --

23 MR. FARBSTEIN: To maneuver into the
24 loading dock, backing in.

25 CHAIRPERSON REID: Okay. Any questions,
26 Board members?

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1 VICE CHAIR KING: No, I don't have any
2 questions.

3 CHAIRPERSON REID: Mr. Franklin? Mr.
4 Gilreath? Questions?

5 COMMISSIONER FRANKLIN: I'm sorry. I
6 had to leave for a moment, so I may missed something
7 here. The truck counts that have been referred to
8 is 126. Who made those counts?

9 MR. FARBSTEIN: Citizens in the
10 neighborhood were organized and given specific
11 times. And I can -- this is of my own knowledge,
12 but I think Dr. Carter is aware of it as well. And
13 if he confirms that, fine.

14 And did specific counts of trucks going
15 in and out of the current loading dock over usually
16 two-hour periods assigned to each person. And they
17 were all recorded, and then put together in what's
18 now the end of the appendix to Dr. Carter's report,
19 the last two pages.

20 MR. WATSON: If I could state, the
21 individuals who did perform the counts are present
22 here. If the applicant would like to cross examine
23 them, they may call them for cross examination.

24 COMMISSIONER FRANKLIN: Right. I'm
25 looking at the appendix, and there are various
26 descriptive words used to describe trucks. What is

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1 meant by a -- well, let me ask this question. Of
2 the 126 on a given day, how many were tractor-
3 trailers or 18-wheeled vehicles?

4 MR. FARBSTEIN: Dr. Carter says there
5 were 34 large trucks.

6 COMMISSIONER FRANKLIN: What does a
7 "large truck" mean?

8 MR. FARBSTEIN: Three axles or more.

9 COMMISSIONER FRANKLIN: Three axles.
10 Would those trucks be over one and a half tons?

11 MR. FARBSTEIN: Yes.

12 COMMISSIONER FRANKLIN: And how many of
13 --well, I guess you've got them listed as large
14 trucks, then, on this appendix. Other times a truck
15 is listed as having six wheels. Is that not a large
16 truck? What I'm trying to figure out is --

17 MR. FARBSTEIN: I think I can answer
18 that. Different traffic counters -- while the first
19 four columns are uniform, in terms of how they
20 reported it, had different ways to describe the size
21 of the vehicle. And I think there appears to be
22 some difference in the way they describe them.

23 But it is fairly clear that if we say a
24 six-wheeled truck, or a six-wheeled vehicle, that
25 basically we're talking about a substantial sized
26 truck, not a less than one and a half ton truck.

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1 COMMISSIONER FRANKLIN: And on one
2 occasion an ambulance is listed.

3 MR. FARBSTEIN: That was an occasion
4 when I happened to be there. And I thought I needed
5 to list it and specific what it was. It pulled past
6 the loading dock, parked on the curb alongside just
7 past the loading dock, and sat there for the number
8 of minutes shown on here.

9 It didn't do anything. It just sat
10 there taking up space in what would otherwise be an
11 illegally parked vehicle, but clearly associated
12 with hospital activities. But it didn't load or
13 unload anything. Of course, when it pulled up I
14 didn't know whether it was going to load or unload.

15 COMMISSIONER FRANKLIN: On how many
16 occasions specified in this list was there the need
17 to stop traffic adjacent to the loading dock so that
18 the trucks could maneuver in and out of the loading
19 dock?

20 MR. FARBSTEIN: Yeah. Of course, this
21 is the old loading dock, which is essentially on a
22 street that ends except for left and right turns
23 onto 23rd Street. So you're not talking about the
24 same kind of problem you would be if the location --

25 COMMISSIONER FRANKLIN: Well, is the
26 answer that in no event was there congestion?

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1 MR. FARBSTEIN: I don't -- no, that
2 isn't true.

3 COMMISSIONER FRANKLIN: And stoppage of
4 traffic?

5 MR. FARBSTEIN: In fact, I think Mr.
6 Tyler had a specific instance that he could probably
7 speak to.

8 VICE CHAIR KING: Excuse me. Madam
9 Chair, I think that the reader, who is now
10 testifying, should be sworn. Don't you agree, Mr.

11 --

12 MR. FARBSTEIN: I had testified.

13 MR. WATSON: He was previously --

14 MR. FARBSTEIN: I consider myself still
15 sworn.

16 VICE CHAIR KING: Okay. Thank you. You
17 know, I missed some of his --

18 COMMISSIONER FRANKLIN: Well, I'm trying
19 to just get to the crux of the issue it seems to me,
20 which is to see to what extent these vehicles were
21 of a size that they caused some disruption in the
22 traffic flow.

23 MR. FARBSTEIN: I think you would be
24 very interested in what Mr. Tyler would be able to
25 tell you, if you would swear him in.

26 CHAIRPERSON REID: Who? Mr. Tyler is --

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1 MR. WATSON: Is one of the traffic
2 counters.

3 CHAIRPERSON REID: All right.

4 MR. WATSON: We should state, though,
5 that the intention of the count was to determine the
6 number of vehicles, since the blocking of traffic is
7 in a different location with a different pattern
8 getting in and not comparable to what is proposed.

9 COMMISSIONER FRANKLIN: Well, it's very
10 difficult, Mr. Watson, for me to pass judgment on
11 that question because the degree to which there is
12 disruption of traffic is a function, obviously, not
13 only of the configuration of the street and the
14 loading dock but the size of the vehicle.

15 MR. WATSON: We'd be happy to have Mr.
16 Tyler respond to that.

17 CHAIRPERSON REID: Would you like Mr.
18 Tyler to respond, Mr. Franklin?

19 COMMISSIONER FRANKLIN: Well --

20 CHAIRPERSON REID: He would have to be
21 sworn.

22 COMMISSIONER FRANKLIN: Why don't we
23 just move on, and we can raise that question at some
24 later point.

25 VICE CHAIR KING: But before we do,
26 could I ask -- at the present site, when you did

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1 these counts, do 16-wheelers and 18-wheelers -- big,
2 big, big trucks -- do they have to back in, or do
3 they drive in frontwards and back out, or do they
4 drive in and drive through? Is it -- I mean, is it
5 analogous in any way to the situation that's
6 proposed in the new loading dock?

7 MR. FARBSTEIN: It's much easier.

8 VICE CHAIR KING: Do they back in?

9 MR. FARBSTEIN: It's a much wider
10 street. The problems are not similar at all.

11 VICE CHAIR KING: No. But what I'm
12 asking about is: how do they get into the loading
13 dock? Do they back in?

14 CHAIRPERSON REID: Well, the testimony
15 would suggest that they have to back in.

16 MR. FARBSTEIN: That would be the
17 existing loading dock, not the proposed --

18 VICE CHAIR KING: Oh. I'm talking about
19 the existing one. They back in?

20 MR. FARBSTEIN: Do they back in?

21 CHAIRPERSON REID: Do they pull in? Do
22 they back in or pull in?

23 MR. FARBSTEIN: They do both. I don't
24 think there's any consistent pattern.

25 CHAIRPERSON REID: That is -- so that is
26 not really relevant as to -- in this instance, the

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1 existing one doesn't really make that much
2 difference?

3 COMMISSIONER FRANKLIN: With all due
4 respect, Madam Chair, it seems to me that this
5 appendix might be probative of the number of
6 deliveries.

7 MR. FARBSTEIN: Yes.

8 COMMISSIONER FRANKLIN: But it's very
9 difficult to draw any conclusions.

10 MR. FARBSTEIN: Except for -- I would
11 ask that you modify that "except for the number and
12 time that they're there," because that -- those
13 figures were uniformly taken. The number of
14 vehicles, the time they arrived, and the time they
15 left, and where they put their vehicle, the first
16 four columns.

17 MR. MOORE: I'm sorry, Madam Chair. I'm
18 confused here. While I'm duly respectful of
19 Professor Carter's inability to speak here, I don't
20 know who is putting testimony on the record here.
21 Mr. Hartsville, I believe is your name?

22 MR. FARBSTEIN: Farbstein.

23 MR. MOORE: Farbstein. I'm sorry, sir.
24 Mr. Farbstein is testifying here --

25 CHAIRPERSON REID: Okay.

26 MR. MOORE: -- and I've been watching

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1 Dr. Carter, and Dr. Carter from time to time gives
2 him information. Sometimes Mr. Farbstein testifies
3 on his own. I don't know who's testifying.

4 CHAIRPERSON REID: Okay. I want to be
5 clear on this particular aspect of the testimony.
6 Mr. Farbstein, I hope -- let's get some
7 clarification. You're basically speaking for Mr.
8 Carter, correct?

9 MR. FARBSTEIN: That's correct.

10 CHAIRPERSON REID: You're not speaking
11 for yourself?

12 MR. FARBSTEIN: Except to the extent
13 where I specified that I was there and this is what
14 I saw.

15 CHAIRPERSON REID: Other than that,
16 okay.

17 MR. FARBSTEIN: And this is how the list
18 is constructed.

19 CHAIRPERSON REID: All right. To be
20 clear --

21 MR. FARBSTEIN: But other than -- yeah.

22 CHAIRPERSON REID: -- whatever you say,
23 make sure that you, for the record, indicate who is
24 speaking.

25 MR. FARBSTEIN: Okay.

26 CHAIRPERSON REID: I had one other

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1 question, and that was in -- going back to the time
2 that was requested, you said two to three minutes
3 for an 18-wheeler to back into the loading dock.
4 And what is the time for that same 18-wheeler to
5 come out? Would that not be a half a minute?

6 MR. FARBSTEIN: Half a minute.

7 CHAIRPERSON REID: And coming back --
8 and coming out, they would have to stop the traffic?
9 They would just pull right out? Just watch the
10 traffic, but it's not as invasive? Okay.

11 Are there any questions? Okay. Mr.
12 Watson? Cross examination?

13 MR. MOORE: Madam Chair, I would reserve
14 cross examination until they have completed their up
15 to one hour of testimony. I would like to address
16 the cross examination then.

17 CHAIRPERSON REID: Well, I was not --
18 Mr. Watson, are you --

19 MR. WATSON: We object to this because
20 Mr. Carter does have to leave. We have him here.
21 He is ready to testify and can respond to cross
22 examination.

23 CHAIRPERSON REID: Mr. Carter has to
24 leave. If you have any cross exam for Mr. Carter --

25 MR. MOORE: Mr. Watson has -- he has to
26 have more time because I cross examined his witness.

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1 CHAIRPERSON REID: Okay.

2 MR. MOORE: You need to get this over
3 with. Yes, sir.

4 These questions are for Dr. Carter,
5 please.

6 Dr. Carter, you've testified that you
7 did not do the counts on which this analysis was
8 formed, did you?

9 MR. FARBSTEIN: No, but he helped set
10 them up.

11 MR. MOORE: And how did you set them up?

12 DR. CARTER: By telephone.

13 MR. MOORE: By telephone with whom?

14 MR. FARBSTEIN: With Mr. Jeffery Tyler.

15 MR. MOORE: I see. Were any of the
16 people who did these counts -- have any of the
17 people who did these counts been certified as an
18 expert traffic counter?

19 MR. FARBSTEIN: I don't think traffic
20 counting requires much expertise.

21 MR. MOORE: But you are basing your
22 professional expert opinion on people who may not be
23 expert, is that correct?

24 MR. FARBSTEIN: No. I've worked with
25 Mr. Tyler in two other situations.

26 MR. MOORE: Did you work with any of the

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1 other people who counted traffic? Have you worked
2 with them in the past?

3 MR. FARBSTEIN: No.

4 MR. MOORE: I see. So you don't know
5 what their qualifications are, insofar as counting
6 traffic.

7 You testified -- I'm sorry.

8 MR. FARBSTEIN: I think the answer was
9 no.

10 MR. MOORE: You have testified here that
11 these streets are largely residential in character,
12 and you specifically mentioned New Hampshire Avenue
13 and 24th Street, sir. What portion of New Hampshire
14 Avenue is residential in character?

15 MR. FARBSTEIN: He said, "I'm quoting
16 the DPW report."

17 MR. MOORE: That was that first DPW
18 report of January 7th that we talked with Mr. Layton
19 about earlier?

20 MR. FARBSTEIN: The second, he said.

21 MR. MOORE: Where in the second DPW
22 report does it refer to New Hampshire Avenue as
23 being residential, sir? Would you put that in the
24 record, sir, Mr. Farbstein, what Dr. Carter said?

25 MR. FARBSTEIN: I'm sorry. I didn't
26 hear him. It's on the first page of the February 8,

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1 1999, report.

2 MR. MOORE: And you are a traffic
3 expert, is that correct, sir?

4 MR. FARBSTEIN: Correct.

5 MR. MOORE: Would you tell me what is
6 residential, in your opinion, about the block of
7 24th -- New Hampshire Avenue that is between I
8 Street, N.W., and Washington Circle, immediately to
9 the west of the site?

10 MR. FARBSTEIN: I understand it's zoned
11 residential for the whole west side.

12 MR. MOORE: And that is the complete
13 basis of your opinion that it is residential in
14 character?

15 MR. FARBSTEIN: No.

16 MR. MOORE: What else forms your
17 opinion, is the basis of your opinion, sir?

18 MR. FARBSTEIN: If I recall, there are
19 some residential apartment buildings there.

20 MR. MOORE: On the block that I am
21 pointing to, sir?

22 MR. FARBSTEIN: I believe so.

23 MR. MOORE: There are residential
24 apartment buildings on the block immediately to the
25 west of New Hampshire Avenue?

26 MR. FARBSTEIN: I think so.

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1 MR. MOORE: Thank you. Move on.

2 You indicate that there will be serious
3 impacts -- serious impacts -- on the site if the
4 hospital is built there. What type of serious
5 impacts do you refer to, sir?

6 MR. FARBSTEIN: Pedestrian vehicle.

7 MR. MOORE: I see. And what is --

8 MR. FARBSTEIN: Pedestrian, vehicle, and
9 ambulance.

10 MR. MOORE: I see. Would these same
11 operational difficulties that you talk about, with
12 the exception of emergency vehicle, be present if
13 the site were developed with any other building
14 built to the maximum of the zoning envelope?

15 DR. CARTER: Repeat the question.

16 MR. MOORE: Would these same serious
17 impacts be present on this site with respect to any
18 other building built on that site, with the
19 exception of the emergency entrance exit?

20 MR. FARBSTEIN: Yes, the truck
21 movements.

22 MR. MOORE: I see. Then you say that you
23 cannot fit a rectangular building in a triangular
24 hole. I'm sorry. I'm not clear what you mean by
25 that from a traffic standpoint.

26 MR. FARBSTEIN: You really only have two

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1 streets to operate on.

2 MR. MOORE: I see. And it's your
3 opinion that the applicant is proposing to put a
4 rectangular building in a triangular hole here, sir?

5 MR. FARBSTEIN: The impact of a
6 rectangular building.

7 MR. MOORE: I see. You have testified
8 in the past -- and I believe you say here on the
9 record -- that vehicular traffic is very heavy on
10 23rd Street. Is that correct, sir?

11 MR. FARBSTEIN: That's correct.

12 MR. MOORE: And I believe you testified
13 in the past that the only time that you took the
14 count was during rush hour, is that correct?

15 MR. FARBSTEIN: That is correct.

16 MR. MOORE: I see. Then, it is possible
17 that vehicular traffic is very light during other
18 times of the day, is that correct?

19 MR. FARBSTEIN: He has looked at some
20 DPW traffic volumes, though he doesn't recall
21 specifically what they are.

22 MR. MOORE: Then the only bases on which
23 you form your opinion for serious impacts is the
24 time that you made the traffic counts, is that
25 correct, sir?

26 MR. FARBSTEIN: No.

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1 MR. MOORE: What other bases are there,
2 sir?

3 MR. FARBSTEIN: The pedestrian counts
4 that were made.

5 MR. MOORE: If there were another
6 building built to the maximum that the zoning
7 envelope allows as a matter of right, would these
8 pedestrian impacts be the same, sir?

9 MR. FARBSTEIN: Not sure.

10 MR. MOORE: You say that this is -- that
11 24th Street and New Hampshire Avenue is simply an
12 inappropriate site for a loading dock. On what do
13 you base that, sir?

14 MR. FARBSTEIN: On the factual
15 dimensions.

16 MR. MOORE: Are you aware that the
17 zoning regulations require that a loading dock be
18 included within a building of significant size on
19 this lot?

20 MR. FARBSTEIN: No.

21 MR. MOORE: If another building was
22 built on this lot to a similar size as the one that
23 is before you, would it contain a loading dock, sir,
24 to your knowledge?

25 MR. FARBSTEIN: Probably.

26 MR. MOORE: And if it did, would that

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1 still -- would you still believe that this would be
2 an inappropriate site for that loading dock?

3 MR. FARBSTEIN: Yes.

4 MR. MOORE: Thank you. You said here
5 that there is no acceptable location on this parcel
6 for a loading dock handling well over 100 truck
7 movements. Where do you get 100 truck movements
8 from, sir?

9 DR. CARTER: The appendix you just
10 looked at.

11 MR. MOORE: The appendix --

12 MR. FARBSTEIN: The appendix you looked
13 at.

14 MR. MOORE: I'm sorry.

15 MR. FARBSTEIN: The appendix you looked
16 at.

17 MR. MOORE: I see. Now, the appendix
18 that I have here, you have -- take a -- do you have
19 any information as to what these trucks are? I see
20 a vehicular description here, sir. But you have
21 small truck, truck, pickup truck, pickup truck,
22 pickup truck. Do you have any idea as to who these
23 trucks belong to?

24 MR. FARBSTEIN: In some cases.

25 MR. MOORE: But other cases not?

26 MR. FARBSTEIN: Right.

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1 MR. MOORE: Let's take the truck at --
2 just for example here, at 11:07. Time in 11:07,
3 time out 14:16.

4 MR. WATSON: I object to the relevance.
5 Mr. Carter did not testify as to what the trucks
6 were doing there. The testimony was to how many
7 trucks arrived at the loading dock at the hospital.

8 MR. MOORE: But he has -- he has based
9 his opinion that these trucks will have a serious
10 impact.

11 MR. WATSON: On the number of trucks. I
12 think he made very clear it was the number of
13 trucks. He said --

14 MR. MOORE: I'll withdraw the question.
15 Of these truck -- vehicular description,
16 how many of these trucks are 18-wheelers? Do you
17 know?

18 MR. FARBSTEIN: No, I don't.

19 MR. MOORE: I see. So is it possible
20 that these trucks that you have listed here, or your
21 associate has listed here, could be trucks brought
22 by other parties? Parties other than the hospital?

23 MR. FARBSTEIN: I don't know.

24 MR. MOORE: Is it unusual to have a
25 number of trucks on the street in downtown
26 Washington?

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1 DR. CARTER: No.

2 MR. MOORE: Is it unusual to have --

3 MR. FARBSTEIN: No.

4 MR. MOORE: -- a number of trucks on
5 these streets --

6 MR. WATSON: Could we wait for the
7 answer?

8 MR. FARBSTEIN: No.

9 MR. MOORE: I'm sorry.

10 In your conclusions, sir, you indicate
11 that there is strong evidence of serious impacts on
12 the residential neighborhood. What type of impact
13 are you referring to here, sir?

14 MR. FARBSTEIN: Truck traffic, emergency
15 vehicles.

16 MR. MOORE: Is there already truck
17 traffic on these streets, sir?

18 MR. FARBSTEIN: Very limited.

19 MR. MOORE: Is there bus traffic on
20 these streets?

21 MR. FARBSTEIN: On New Hampshire, I
22 believe.

23 MR. MOORE: There is existing bus
24 traffic on New Hampshire Avenue?

25 MR. FARBSTEIN: I don't know. I believe
26 so.

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1 MR. MOORE: Have you seen the sign at
2 24th and I Street that prohibits buses from turning
3 left into I Street off of 24th Street?

4 DR. CARTER: Is that westbound?

5 MR. MOORE: Northbound. The sign is in
6 the northbound on 24th Street that prohibits buses
7 from turning left. Have you seen that sign into
8 I Street?

9 MR. FARBSTEIN: No.

10 MR. MOORE: I see. But your testimony
11 is you have based your opinion that there are going
12 to be serious impacts without knowing whether there
13 are buses on these streets are not?

14 MR. WATSON: I object to the question.
15 He didn't testify as to buses. He testified as to
16 trucks.

17 MR. MOORE: But he has testified that --
18 oh. The point is made.

19 CHAIRPERSON REID: Sustained.

20 MR. MOORE: I have no further questions.
21 Thank you.

22 CHAIRPERSON REID: Mr. Watson?

23 MR. WATSON: Is the witness excused
24 then?

25 CHAIRPERSON REID: Unless there are any
26 -- Jerry? Mr. Franklin?

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1 BOARD MEMBER GILREATH: I have no
2 questions.

3 VICE CHAIR KING: I have no questions.

4 CHAIRPERSON REID: Okay. Thank you.

5 MR. WATSON: We would call Dr. Samman.

6 DR. SAMMAN: Dr. George Samman, M.D.

7 CHAIRPERSON REID: Have you been sworn,
8 sir?

9 MR. WATSON: He has not been sworn.

10 DR. SAMMAN: No.

11 CHAIRPERSON REID: Okay. Anyone here
12 who has not been sworn who will testify today needs
13 to be sworn. Those of you who have already been
14 sworn in the beginning of this case, you do not have
15 to be sworn again. But those of you who have not
16 been sworn at all will need to stand and be sworn at
17 this time, so I don't have to keep asking that.
18 Are you the only one?

19 MR. WATSON: Two. Three. I guess we
20 have three.

21 CHAIRPERSON REID: Okay.
22 (Whereupon, those persons wishing to
23 testify as witnesses were duly sworn.)

24 MR. WATSON: First of all, could you
25 give your name, address, and occupation?

26 DR. SAMMAN: George Samman, M.D. I'm an

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1 OB/GYN. I am in private practice, an OB/GYN, and
2 I'm the Director of the ACC -- Ambulatory Care
3 Center of Columbia Hospital for Women.

4 CHAIRPERSON REID: ACC what?

5 DR. SAMMAN: Ambulatory Care Center.

6 CHAIRPERSON REID: Okay.

7 MR. WATSON: And what is your education?

8 DR. SAMMAN: I'm board certified in
9 OB/GYN.

10 MR. WATSON: How long have you been
11 practicing medicine?

12 DR. SAMMAN: Since 1975.

13 MR. WATSON: And how long have you been
14 involved in hospital administration?

15 DR. SAMMAN: Three years.

16 MR. WATSON: I would ask that he be
17 accepted as an expert witness in medical and
18 hospital questions.

19 CHAIRPERSON REID: We need more
20 information. Mr. Watson, typically the submission
21 of a resume or --

22 MR. WATSON: Well, we can give you a
23 resume. I would point out that when Ms. Dobbins
24 testified there was no resume submitted.

25 COMMISSIONER FRANKLIN: What is the
26 relevance? Hospital administration is not, as far

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1 as I can tell, the subject of additional
2 information.

3 MR. WATSON: Oh, the additional
4 information is because they talked about, as far as
5 the patients coming to and going from the hospital,
6 the necessity of queuing up, how the entrances would
7 work to the hospital. And our issue -- they also
8 testified as to the number of patients which would
9 come to the hospital, which he is prepared to
10 testify with regard to.

11 We can get you his resume, but I do
12 point out that Ms. Dobbins submitted no resume
13 whatsoever when the counsel testified as an expert
14 witness and was accepted by this body.

15 CHAIRPERSON REID: I think that there
16 was a submission of a resume.

17 MR. WATSON: Well, it was not submitted
18 to the other parties. And I do not believe it's in
19 the record. However, we will submit a resume.

20 VICE CHAIR KING: I have no problem. I
21 just want to get on with it.

22 MR. WATSON: Okay. Well --

23 CHAIRPERSON REID: Well, do submit the
24 resume, please.

25 MR. WATSON: What is size of Columbia
26 Hospital for Women, in terms of number --

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1 CHAIRPERSON REID: Mr. Watson, first,
2 what we want you to do is to just give us a second
3 so that we can look at the resume and --

4 MR. WATSON: I'm sorry.

5 CHAIRPERSON REID: -- accept him
6 possibly as an expert witness.

7 COMMISSIONER FRANKLIN: Mr. Watson, the
8 resume is impressive with respect to the OB/GYN
9 background but is devoid of any reference to
10 hospital administration.

11 DR. SAMMAN: I am the Director of the
12 clinic.

13 COMMISSIONER FRANKLIN: You're Director
14 of the clinic.

15 DR. SAMMAN: Director of the hospital
16 clinic.

17 COMMISSIONER FRANKLIN: Of the hospital
18 clinic. Is that the hospital as a whole or just a
19 portion of it?

20 DR. SAMMAN: No, the Ambulatory Care
21 Center.

22 COMMISSIONER FRANKLIN: Is that the
23 hospital -- are you the Director or Administrator of
24 the Columbia Hospital for Women?

25 DR. SAMMAN: No.

26 COMMISSIONER FRANKLIN: Okay. You're

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1 the Director of a portion of that.

2 DR. SAMMAN: Of just the clinic.

3 COMMISSIONER FRANKLIN: Of just the
4 clinic.

5 DR. SAMMAN: Just the clinic.

6 COMMISSIONER FRANKLIN: And the clinic
7 is what proportion of the hospital all total?

8 DR. SAMMAN: 15 percent of the
9 admissions.

10 COMMISSIONER FRANKLIN: 15 percent.

11 DR. SAMMAN: Of the admissions.

12 COMMISSIONER FRANKLIN: Of the
13 admissions.

14 BOARD MEMBER GILREATH: And how many
15 staff members do you control?

16 DR. SAMMAN: I have 20 physicians.

17 COMMISSIONER FRANKLIN: In your capacity
18 as the Director of that clinic, are you involved in
19 any administrative matters with respect to the
20 admissions of patients generally in that hospital?

21 DR. SAMMAN: Just the clinic patients.

22 COMMISSIONER FRANKLIN: Well, Mr.
23 Watson, I -- I don't want to prolong this hearing,
24 but I -- Madam Chair, my feeling is that we can
25 qualify him as an expert with respect to the limited
26 areas with which he has had direct --

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1 MR. WATSON: I don't believe you
2 requested the information as to whether or not he's
3 a practicing board certified obstetrician.

4 COMMISSIONER FRANKLIN: I said the
5 resume was quite impressive --

6 MR. WATSON: I understand.

7 COMMISSIONER FRANKLIN: -- with respect
8 to that background.

9 MR. WATSON: As a -- you know, as a
10 board certified obstetrician, he is able to testify
11 to obstetrical patients coming to the hospital.

12 CHAIRPERSON REID: Only --

13 COMMISSIONER FRANKLIN: Only to
14 obstetrical patients.

15 CHAIRPERSON REID: Only the obstetrical
16 patients.

17 MR. WATSON: I have to know the
18 objection to this examination. We had the testimony
19 of the previous expert on the basis of a one-
20 semester course in engineering.

21 COMMISSIONER FRANKLIN: Well, the
22 testimony, as I recall, was quite limited.

23 MR. WATSON: Well, this will be limited
24 as we -- we are talking about admission to a
25 hospital.

26 COMMISSIONER FRANKLIN: I have no

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1 objection, Madam Chair, to --

2 MR. WATSON: He is also capable of
3 testifying as to another hospital in the immediate
4 vicinity and its entry and exit and the procedures
5 used for patients to enter and exit a hospital.

6 MS. PRUITT-WILLIAMS: What is his
7 relationship to that hospital?

8 MR. WATSON: He has told you. He's
9 Director of the Ambulatory Care Clinic --

10 DR. SAMMAN: Center.

11 MR. WATSON: -- Center, and he is as
12 well in the private practice of obstetrics as a
13 staff of that hospital.

14 MS. PRUITT-WILLIAMS: Two separate
15 hospitals?

16 MR. WATSON: No. Columbia Hospital for
17 Women.

18 CHAIRPERSON REID: Mrs. King?

19 VICE CHAIR KING: I'm sorry. I didn't
20 sleep well last night, and I just want to get on
21 with this.

22 CHAIRPERSON REID: I know. But we just
23 can't get on with it. We have to go through this.

24 Mr. Moore, do you have an objection to
25 this witness being accepted as an expert witness?

26 MR. MOORE: We take no position on that

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1 question.

2 CHAIRPERSON REID: All right. All
3 right. Okay. Mr. Watson, we are going to go
4 forward with this witness.

5 MR. WATSON: Would you indicate for the
6 Board the size of the hospital in terms of number of
7 beds?

8 DR. SAMMAN: There are 90 beds.

9 MR. WATSON: And can you describe the
10 entry and exit of patients coming to be admitted to
11 the hospital?

12 DR. SAMMAN: Columbia has four
13 entrances, one from L Street, one from 24th Street,
14 and two from the private alley. Plus, we have a
15 tunnel that connects the parking garage to the
16 hospital.

17 MR. WATSON: Is it --

18 DR. SAMMAN: Plus, we have a loading
19 dock.

20 MR. WATSON: Can you describe for the
21 Board a patient who is leaving the hospital and what
22 requirements there are as to how the patient is
23 moved out of the hospital after an admission?

24 DR. SAMMAN: Usually, when patients are
25 discharged, the patients are wheeled down in a
26 wheelchair from the floor. The husband goes and

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1 brings his car and parks in front of the -- usually
2 they come from the back alley, or sometimes they
3 come from the L Street.

4 The husband parks the car. The patient
5 comes in the wheelchair. The nurse brings the
6 patient and, obviously, the patient would be also --
7 the nurse brings the baby. And then they bring the
8 flowers. They bring all the gifts, and then they
9 open the car and they put the patient in, and then
10 they gradually leave the hospital.

11 MR. WATSON: Do the hospital regulations
12 and good hospital procedure require that patients,
13 regardless of their conditions, leave in
14 wheelchairs?

15 DR. SAMMAN: All patients in hospitals
16 need to go in wheelchairs.

17 MR. WATSON: In the Columbia Hospital
18 situation, is there a wheelchair accessible passage
19 directly to the parking lot?

20 DR. SAMMAN: (No verbal response.)

21 MR. WATSON: And do patients get --
22 could you describe that path?

23 VICE CHAIR KING: You have to speak or
24 the recorder can't --

25 DR. SAMMAN: Okay. Yes.

26 MR. WATSON: Could you describe that

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1 path?

2 DR. SAMMAN: Usually they come from a
3 sliding door from the private alley that we have,
4 and the car gets very close to the door, as close as
5 possible, and the patients are wheeled down to the
6 front door. And then the husband opens the door and
7 the patient gets in the car.

8 MR. WATSON: With regard to patients
9 coming to this hospital, are the patients coming to
10 the hospital often in what the patient may consider
11 to be an emergency situation, such as being in
12 labor, coming in for some other task?

13 DR. SAMMAN: Usually the patient comes
14 in also in -- the same way, in the back. If they
15 are in labor, and obviously in severe stress, the
16 husband parks in front of the door, rings the bell
17 if it's late, the door opens and the patient comes
18 in. They bring the wheelchair.

19 He'll leave the car usually in front of
20 the door. The patient is wheeled to the admission,
21 and the -- a lot of times the patient -- the husband
22 may walk also with the patient inside, finish the
23 paperwork, and then finally go back and take his car
24 and park it someplace. That's usual for obstetrics.

25 MR. WATSON: When persons are driving
26 patients to the hospital, do you, in general, find

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1 that they are calm, laid back drivers, or are they
2 in some other emotional state?

3 DR. SAMMAN: Usually they are very
4 emotional. Some of them might be delivering in the
5 car.

6 MR. WATSON: When patients are being
7 brought to the hospital, in your experience do you
8 find that the driver is in a hurry to get them
9 there?

10 DR. SAMMAN: Yes, I do.

11 MR. WATSON: In your experience as an
12 expert, do you believe that persons driving these
13 patients to the hospital may not be scrupulous in
14 abiding by traffic regulations?

15 DR. SAMMAN: Yes, I do.

16 MR. WATSON: Do you believe these people
17 driving patients to the hospital may not be
18 scrupulous in yielding to pedestrians who may want
19 to cross a street or other intersection?

20 DR. SAMMAN: Probably.

21 MR. WATSON: When they have come to the
22 hospital, you indicate that the driver normally gets
23 out and escorts the patient inside. At that time,
24 is the car left in the driveway?

25 DR. SAMMAN: A lot of times it is left
26 in that part of the driveway.

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1 MR. WATSON: And are there times that
2 the patients will have to be -- the drivers, I mean,
3 will have to be called to move their cars?

4 DR. SAMMAN: Yes, they do. At least
5 once or twice or three times a day we hear the page
6 operator calling, "Cars number to please move your
7 car because you are blocking our driveway."

8 MR. WATSON: And is this driveway used
9 for anything other than admitting patients?

10 DR. SAMMAN: Picking up and delivery of
11 patients. That's all.

12 MR. WATSON: And this driveway is not
13 directly --

14 DR. SAMMAN: And the hospital employee
15 pickup and dropping.

16 MR. WATSON: Okay. Now, in this process
17 of leaving patients at the hospital and picking up
18 patients, approximately how long do you expect it
19 takes from the time the car drives up, loads the
20 patient, potentially the baby, the flowers, the
21 gifts, the person coming out of the wheelchair,
22 before that car can drive off again?

23 DR. SAMMAN: It may take very easily 10
24 minutes and plus, especially an obstetrical patient.

25 MR. WATSON: In your expertise in
26 hospitals and hospital stays, if you had a 400-bed

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1 hospital that had a 75 percent occupancy, meaning it
2 had an occupancy of 300 beds, what would you expect
3 is an approximate average stay per patient in such a
4 hospital?

5 DR. SAMMAN: Usually nowadays, with
6 HMOs, the patients are staying two to three days.

7 MR. WATSON: If you had a hospital that
8 the average stay was three days, 300 beds were
9 occupied, and you had this stay of three days, how
10 many patients would have to enter the hospital and
11 leave the hospital on each day in order to maintain
12 the 300-bed occupancy?

13 DR. SAMMAN: You need to have 100
14 admissions and 100 discharges to make it for the
15 300-bed hospital.

16 MR. WATSON: So you are saying there
17 would be 200 trips coming to the -- whatever
18 entrance to a hospital -- in Columbia's case several
19 entrances, in GW's case a single entrance -- there
20 would be 200 trips coming and going from the
21 hospital?

22 DR. SAMMAN: Yes.

23 MR. WATSON: In your experience, do very
24 many patients who are coming to be admitted come by
25 metro?

26 DR. SAMMAN: No.

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1 MR. WATSON: Do very many patients leave
2 by metro?

3 DR. SAMMAN: No, they are not allowed.

4 MR. WATSON: Do virtually all of your
5 patients come in private automobiles or taxi cabs?

6 DR. SAMMAN: Yes, they do.

7 MR. WATSON: I believe you testified it
8 was approximately 10 minutes for the procedure from
9 when the car comes up, loads and unloads a patient,
10 and drives off. If you had 200 patients coming or
11 going each day, and 10 minutes per patient, what's
12 the total amount of time that cars would be in front
13 of that entrance?

14 DR. SAMMAN: Probably 200 by 10 minutes,
15 so that would give you 2,000 minutes.

16 MR. WATSON: And at 60 minutes per hour,
17 we're talking about in excess of 24 hours a day.

18 DR. SAMMAN: Yeah. Simple division.
19 Now that's excluding the outpatient admissions, in-
20 and-out surgery -- for in-and-out surgery, plus,
21 obviously, the visitors and everybody else that
22 comes in.

23 MR. WATSON: In your hospital, at
24 Columbia Hospital, when they're coming for in-and-
25 out surgery, do they come in the same entrance that
26 a patient being admitted is likely to come in?

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1 DR. SAMMAN: When they come by car they
2 like to use that -- the private entrance alley, the
3 private alley that are private for us instead of
4 coming through the L Street.

5 MR. WATSON: Do some of them also come
6 in through the parking entrance?

7 DR. SAMMAN: Some of them park
8 downstairs and come through the tunnel, and that's
9 the access and there is an access from the tunnel to
10 the hospital. That would be the idea of what we
11 wanted to do.

12 MR. WATSON: When one comes through that
13 parking entrance, after they get out of their car do
14 they have to go through any of the elements, any
15 outside areas? Or is it totally inside the
16 buildings?

17 DR. SAMMAN: The one who comes through
18 the parking lot, they go through the inside of the
19 building. They don't have to go outside at all.
20 There is a tunnel between the -- our inside parking
21 and the hospital, and they don't have to see the
22 outside light at all.

23 MR. WATSON: Is it your estimate as an
24 expert in admitting your own patients to the
25 hospital that if patients had to go outside between
26 the parking and the entrance they would be likely to

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1 have their driver drop them off at the entrance to
2 the hospital, and then park the car without them?

3 DR. SAMMAN: Yes.

4 MR. WATSON: So it's your estimate that
5 virtually all of the 200 who would come and leave
6 from that hospital with the 300-bed occupied
7 capacity would be coming through a single main
8 entrance?

9 MR. MOORE: Madam Chair, I would object
10 to that question. He has had no expertise -- he has
11 professed no expertise on the operations at George
12 Washington University.

13 MR. WATSON: We're talking about a
14 hypothetical 300-bed hospital.

15 MR. MOORE: What we're talking about
16 here is a gentleman who is qualified as an expert in
17 one with 90 beds, 28 people, in a specialty
18 hospital. And he -- and the question was, "Well,
19 how does George Washington University" --

20 MR. WATSON: We have no further
21 questions.

22 MR. MOORE: I have cross examination.

23 CHAIRPERSON REID: Sustained.

24 MR. MOORE: Dr. Samman, Columbia
25 Hospital for Women, it is a -- would you qualify
26 that as a specialty hospital?

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1 DR. SAMMAN: Yes, sir.

2 MR. MOORE: I see. And do you do the
3 same type of -- does your hospital, Columbia
4 Hospital, do the same type of procedures a George
5 Washington University Hospital?

6 DR. SAMMAN: We do some of the
7 procedures and --

8 MR. MOORE: Do you have any experience
9 -- have you ever been employed by George Washington
10 University --

11 DR. SAMMAN: Never.

12 MR. MOORE: -- Hospital? Have you ever
13 been employed by Universal Health Services?

14 DR. SAMMAN: No.

15 MR. MOORE: You are employed by Columbia
16 Hospital for Women, is that correct?

17 DR. SAMMAN: As a part time, yes.

18 MR. MOORE: I see. As a part time.

19 DR. SAMMAN: As the Director of the
20 clinic.

21 MR. MOORE: I see. Is it not true that
22 the Columbia Hospital for Women just took an appeal
23 from the grant of a certificate of need granted the
24 Universal Health Services and George Washington
25 University --

26 MR. WATSON: I would object to that as

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1 cross examination.

2 DR. SAMMAN: I don't have any -- I'm an
3 expert in my hospital. I don't testify to any --

4 CHAIRPERSON REID: Sustained.

5 MR. MOORE: Are you a competitor of
6 George Washington University Hospital, sir?

7 DR. SAMMAN: Not myself. I'm in private
8 practice.

9 MR. MOORE: Is Columbia Hospital a
10 competitor of George Washington University --

11 DR. SAMMAN: I'm testifying as George
12 Samman, M.D. I have privileges at Columbia and at
13 GW, too.

14 MR. MOORE: You have privileges at
15 George Washington University --

16 DR. SAMMAN: Yes.

17 MR. MOORE: -- Hospital?

18 DR. SAMMAN: Yes, sir.

19 MR. MOORE: Do you know about the
20 operations of George Washington University Hospital?

21 DR. SAMMAN: No, sir.

22 MR. MOORE: You have no expertise in
23 that at all?

24 DR. SAMMAN: No. I am not --

25 MR. MOORE: Is it fair to say that there
26 is a difference between the operations of Columbia

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1 Hospital for Women and George Washington University
2 Hospital?

3 DR. SAMMAN: George Washington is four
4 times -- supposed to be -- the new one is should be
5 four times bigger than Columbia.

6 MR. MOORE: No further questions.

7 CHAIRPERSON REID: Thank you.

8 MR. WATSON: Does the Board have
9 questions?

10 VICE CHAIR KING: No.

11 COMMISSIONER FRANKLIN: I don't have any
12 questions.

13 CHAIRPERSON REID: Mr. Watson,
14 approximately how many more witnesses do you have?

15 MR. WATSON: Well, if we can, we could
16 skip -- I think Ms. Carthy here would testify
17 substantially to the fact that the patients often
18 leave their cars and abandon them, and are often not
19 in a calm, quiet state. She is the supervisor of
20 admissions at Columbia. We can, in the interest of
21 speed, then proceed without Ms. McCarthy.

22 CHAIRPERSON REID: We'll stipulate to
23 that, then, and proceed.

24 MR. WATSON: We have two witnesses from
25 the ANC, and we have Ellen McCarthy as an expert
26 planning witness.

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1 CHAIRPERSON REID: Okay. Now, can you
2 do all of this in about 15 minutes?

3 MR. WATSON: We're going to certainly
4 try, but I -- as I had indicated before, the
5 Advisory Neighborhood Commission, in order to be
6 given great weight, must be given a full opportunity
7 to present its case.

8 CHAIRPERSON REID: You have --

9 MR. WATSON: If we compare the amount of
10 time which has been taken by the applicant's case --

11 CHAIRPERSON REID: Mr. Watson?

12 MR. WATSON: -- I do not believe it's a
13 full opportunity, and I would like that on the
14 record.

15 CHAIRPERSON REID: Be that as it may,
16 Mr. Watson, we had stated earlier on that you had an
17 hour, and we did have some cross examination, so I'm
18 allowing for that. But I'm giving you, in the
19 interest of time, another 15 minutes to conclude
20 your case.

21 MR. WATSON: We have thus far gone 47
22 minutes, including the cross examination. I think
23 we've been moving quite promptly.

24 CHAIRPERSON REID: Well, that's what I'm
25 saying. Another 15 minutes, and then --

26 MR. WATSON: I don't want -- I do not

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1 believe it can be done in another 15 minutes, if
2 that's your question.

3 CHAIRPERSON REID: Well, no. That's not
4 my question. I'm asserting that that is the time
5 that we are going to allow you to conclude.

6 MR. WATSON: You -- of course, the Board
7 may take that position. I have put on the record
8 our objection to that, and I believe that to enforce
9 a rule of one hour violates the District of Columbia
10 Code.

11 CHAIRPERSON REID: Thank you. And you
12 have given us that objection previously, and we do
13 have it as a matter of record. Thank you.

14 All right. Mr. Watson, 20 minutes. My
15 timekeeper is saying that there was about 20 minutes
16 of cross examination, so we are going to extend that
17 to your time, add that to your time. And then that
18 will give you an equitable amount of time.

19 MR. WATSON: I understand your ruling.
20 I object for the record. We will proceed.

21 CHAIRPERSON REID: Thank you.

22 MR. WATSON: Ms. Maria Tyler? We call
23 Maria Tyler, who I believe has been sworn, who will
24 speak as a representative of the Advisory
25 Neighborhood Commission. She is submitting some
26 written material.

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1 MS. TYLER: Good afternoon, Madam Chair,
2 members of the Board. My name is Maria Tyler. I'm
3 ANC Commissioner for 2A-03, and I am also Secretary
4 of ANC-2A. This part of ANC-2A's testimony deals
5 with the evidence presented by the applicant on
6 April 7th, as directed by the Board, by the BZA, on,
7 number one, the relationship of the proposed
8 hospital to the Foggy Bottom residential
9 neighborhood. It was brought out then the
10 meaningless and unenforceable measures to mitigate
11 the objectionable impact of the commercial loading
12 dock on neighboring properties and the residential
13 area. And, number three, the unreliability of data
14 submitted by the applicant.

15 On April 7th, the applicant elaborated
16 on an artist's rendering of the redesigned main
17 facade of the proposed hospital. The applicant
18 testified that the building was consistent with non-
19 university buildings in the area. When questioned
20 whether he could identify buildings to the west of
21 the proposed hospital, he could not. When asked
22 about the area to the west, the applicant stated
23 that it was as described previously.

24 Thus, the applicant continues the
25 unrelenting attempt to ignore the residential
26 neighborhood to the immediate west of the proposed

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1 hospital. In the previous February 8th submission,
2 the applicant states, and today it was restated by
3 GW, that the Foggy Bottom residential area is a
4 downtown location and claims that the area west of
5 24th Street and New Hampshire Avenue is not entirely
6 residential.

7 These are inaccurate statements and
8 require ANC-2A to react. The comprehensive plan,
9 the basic planning document, which governs D.C.'s
10 land use policy defines downtown geographically as
11 bounded by --

12 BOARD MEMBER GILREATH: Excuse me for
13 interrupting. We have your testimony here in
14 written form. Could you give us maybe a brief
15 summary of it?

16 MS. TYLER: I will do a summary, but I
17 will do the relevant points which were also brought
18 out today, and which were brought out in April in a
19 highlighted manner. I will not read the whole
20 thing.

21 CHAIRPERSON REID: Okay.

22 MS. TYLER: I am just --

23 BOARD MEMBER GILREATH: Just keep it as
24 short as you can.

25 MS. TYLER: I am definitely shortening
26 it. But for emphasis, I would like -- because this

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1 was brought out today and on April 7th --

2 CHAIRPERSON REID: Okay.

3 MS. TYLER: The comprehensive plan, the
4 basic planning document which governs D.C.'s land
5 use policy defines downtown geographically as
6 bounded by 15th Street, which is far east of 24th
7 Street. And you can read the rest here.

8 Two important actions for a summary must
9 be brought again to the Board's attention, as far as
10 the Foggy Bottom residential neighborhood is
11 concerned.

12 Number one, in 1986, three acres of the
13 Foggy Bottom residential neighborhood were
14 designated as a historic district, and in 1987 that
15 district was included in the National Register of
16 Historic Places. And the description I will not
17 read again, but you can -- it is included in the
18 testimony.

19 The historic district -- very unique,
20 intimate, and very pedestrian-oriented residential
21 character has been shown to the BZA in a slide
22 presentation and in 28 photographs submitted on
23 February 18.

24 Second, the comprehensive plan land use
25 map designate -- maps that designate the historic
26 district as moderate density residential. And the

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1 comprehensive plan also mandates for GW that it must
2 take account of the residential historic status of
3 Foggy Bottom in any future development.

4 In line with the character of the
5 historic district and stated objectives of the
6 city's planning document, the Zoning Commission,
7 after extensive public hearings, rezoned this area
8 to the R-3, very restrictive category. The historic
9 district has only five high rises, of which one is a
10 residential eight-floor condominium.

11 These buildings that existed were
12 permitted under the previous zoning, but were no
13 longer permitted under the new zoning, were
14 grandfathered as an exception and were deemed
15 conforming in Chapter 1521 of the zoning
16 regulations.

17 Since 1992, the permitted height has
18 been only 40 feet, and the only permitted use is
19 residential.

20 Now, this historic district would be
21 overpowered by the proposed presentation of April
22 7th. By choosing to ignore or inaccurately
23 describing this abutting residential and historic
24 district, and by using as examples buildings
25 permitted before the '92 rezoning, the applicant is
26 trying to turn the clock backward and nullify the

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1 expressed planning policy of the District of
2 Columbia and the clearly enunciated implementation
3 of it by the Zoning Commission.

4 Worst of all, the applicant places the
5 most objectionable part of the building -- the
6 immense loading dock -- facing the residential
7 historic district.

8 What is particularly demeaning to
9 residents is that the applicant, on April 7th,
10 prided himself -- itself on the design of the main
11 entrance placed on 23rd Street facing the campus,
12 while putting its unsightly and smelly posterior,
13 with its highly disruptive operations, facing the
14 residential and historic neighborhood.

15 The I Street loading dock presents a
16 picture of constant commercial activity. I was one
17 of the counters.

18 CHAIRPERSON REID: Okay. Now, Ms.
19 Tyler --

20 MS. TYLER: That may be appropriate for
21 I Street --

22 CHAIRPERSON REID: Ms. Tyler?

23 MS. TYLER: -- but it certainly is not
24 for --

25 CHAIRPERSON REID: Ms. Tyler?

26 MS. TYLER: -- the --

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1 CHAIRPERSON REID: Ms. Tyler? Ms.
2 Tyler, I just want to remind you that unless -- this
3 is a reiteration of what we already have in the
4 record.

5 MS. TYLER: Yes, I know it is. But I am
6 repeating what was stated today. That is a
7 designated truth which was repeated today by DPW,
8 and that designated truth -- first of all, the
9 applicant says no trucks on the residential street
10 in their submission of February 8th. Now, today it
11 was repeated again that -- that H Street, 24th
12 Street would be used as -- for trucks.

13 Now, maybe H Street is no longer
14 residential because it is in the GW campus, but
15 certainly the west side of 24th Street -- and I
16 enumerated all of the buildings that are there -- is
17 definitely residential. So that is another
18 misleading, quite apart from the fact that this is a
19 residential district for trucks. This is a
20 residential street.

21 The cavalier undertaking by the
22 applicant to request the use of certain routes for
23 traffic, and to state that this is a preferred
24 route, is something that cannot be enforced and is
25 absolutely not even worth considering. And as was
26 confirmed today by Mr. Layton, truck drivers are

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1 notorious for doing what is convenient for them,
2 including violating traffic regulations.

3 Neither the applicant nor the hospital
4 controls the traffic. The police would not place,
5 on a permanent basis, patrols to enforce the truck
6 drivers. And DPW would not have the manpower to
7 enforce it. The proposal is, in fact, a meaningless
8 claim to provide a mitigating measure.

9 Today, what was brought out again was
10 the control of times of arrival. On April 7th, and
11 repeated today, the applicant stated that -- and
12 today it was stated by DPW -- that as a rule truck
13 deliveries would not take place during peak traffic
14 hour, which in this area means between 7:00 a.m. and
15 10:00 in the morning, and between 4:00 p.m. and 6:00
16 p.m. in the afternoon.

17 Such management is, again,
18 unenforceable. Some trucks must arrive early in the
19 morning. The hospitals needs determine that these
20 vehicles arrive between 7:00 and 10:00. Many trucks
21 are multi-destination vehicles, and their schedules
22 are determined by many customers. The hospital has
23 no control over the suppliers. Therefore, the
24 vehicles would have to use the rush hour.

25 Any resulting blockage of 24th Street,
26 which will inevitably occur given the constrained

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1 area and the large number of delivery vehicles,
2 would force trucks and other traffic onto the narrow
3 residential streets of the historic district west of
4 24th Street, including so and so and so.

5 The residents will no longer be able to
6 enjoy the peace and quiet of their homes. The
7 diversion would expand the major problem of noise
8 and pollution. Diverted trucks will overwhelm and
9 cause structural damage to the small century-old
10 townhouses.

11 Now, there was also mention today, the
12 installation of the new traffic signs, about -- no,
13 that was not mentioned today. There was only a
14 reference made very --

15 CHAIRPERSON REID: Right. That was not
16 in the -- not --

17 MS. TYLER: It's on the record here in
18 writing.

19 It was mentioned today that hospital
20 staff would be available to direct trucks. It is
21 our opinion that hospital staff have no legal right
22 to control any traffic on a permanent basis until it
23 is on hospital property, and they certainly have no
24 legal basis for halting other vehicles and
25 pedestrians on public streets.

26 Again, that -- we can -- the rest is

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1 there.

2 In addition, illegal parking around the
3 present dock, as observed by myself and by others,
4 is endemic as it would be around the proposed
5 loading dock. And this would compound the
6 congestion.

7 Observation of the I Street loading dock
8 has shown how prevalent such illegal parking is.
9 Illegal parking would turn our constrained
10 residential area into a truck depot with inevitable
11 diversion of traffic, as already stated, into other
12 residential streets.

13 Now, there was a reference made today
14 again, as on April 7th, to keeping the doors closed.
15 If this were possible off the loading dock, it would
16 cause continuous loud noise as metal doors, 13 feet
17 high and 12 feet wide, were raised on average about
18 150 times per day spread over 11 hours on an average
19 of almost once every four minutes.

20 This would be intolerable. In fact,
21 this, of course, loading dock doors would probably
22 be left open for lengthy periods to allow multi
23 entrance/departure movements. The hospital should
24 know that this is -- that its mitigation is
25 unworkable.

26 It is almost insulting to propose that

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1 as a mitigation. If left open, the loading docks
2 would be unsightly and malodorous.

3 Now, there were comparisons made to
4 other loading docks. And the applicant, on April
5 7th -- in fact, every residential building has a
6 loading dock. And in their February 18th -- yes,
7 and we at least pondered on February 18th how the
8 loading docks, which were given as an example, were
9 simply not comparable to what we are facing: a five
10 bay, 60 feet wide loading dock and in a residential
11 area.

12 The examples used are simply not
13 comparable and not worthy of consideration. And
14 another example is that he compares the loading dock
15 with the one at Ross Hall.

16 The Ross Hall loading dock, as described
17 here both in words and in a graphic presentation, is
18 a completely different type of loading dock. It is
19 not as wide, it is deep and it is not on the street
20 from the street level. So that is, I believe, self
21 explanatory.

22 Now, on April 7th it was stated by the
23 applicant that he would hide the loading dock by
24 planting trees on the triangular island between New
25 Hampshire Avenue, I Street and 24th Street.

26 Now, we have taken photographs, and

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1 these photographs show in Attachment 5 -- they are
2 taken from various points in the adjoining
3 residential community. Such plantings, no matter
4 how tall, would not conceal the loading dock, and
5 that is apart from the objectionable conditions
6 created by the truck movements and the noise.

7 Finally, I will deal with the
8 unreliability of the data presented by the
9 applicant, the repeated unreliability. You will
10 recall the unreliable data presented regarding the
11 ambulances, and it is included here in the
12 testimony.

13 On April 7th, in response to a question
14 by Madame Chairperson, the applicant stated that
15 there would be an average of between 27 and 32
16 trucks per day and that the figure would not vary
17 much from day to day.

18 On Thursday, April 1, as already stated,
19 a group of citizens conducted a count including
20 small trucks using the loading dock between 8:15 and
21 5:30. And on April 16th, the count was repeated,
22 but it was from 7:00 a.m. to 5:30 p.m.

23 Now, I would like to state that, apart
24 from Mr. Tyler, who has already worked with Dr.
25 Carter on previous zoning cases, I, myself, know how
26 to count. I have a degree. I have been an honor

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1 student throughout at Wellesly College. And I have
2 a degree -- a masters degree.

3 I would have had it from Harvard, but I
4 didn't have any money at the time, so I had to come
5 here. I know how to count. That question was
6 raised by Jerry Moore.

7 CHAIRPERSON REID: Stick to the
8 relevance of the case.

9 MS. TYLER: And I resent the question --

10 CHAIRPERSON REID: We understand.

11 MS. TYLER: -- because we know how to
12 count in and out.

13 CHAIRPERSON REID: We understand.

14 MS. TYLER: These data are, again,
15 double the data presented by the applicant. And
16 finally, the applicant presents this figure that the
17 elimination of the parking lots of 11 and 13 would
18 reduce traffic by 1,300 vehicle trips per day and
19 that the few trucks that will be added will not be
20 important.

21 Now, data collected by citizens indicate
22 that the resulting reduction in trips per day is, in
23 fact, only about one-third of the number claimed by
24 the applicant, and the analysis is contained on page
25 six and seven of Dr. Carter.

26 In summary, the hospital's design may be

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1 state of art in medical terms inside the proposed
2 building, but this is not the consideration before
3 the Board. This Board must deal with the extremely
4 adverse impact which this side would impact on
5 neighboring properties, local residents and the
6 public at large.

7 The residential community, the
8 residential neighborhood is a precious asset of our
9 city. It should not be allowed to be eroded by the
10 destructive effects that the proposed development on
11 this site would inevitably cause.

12 These destructive effects would be
13 irreversible, and we therefore request that the
14 application be rejected.

15 Thank you very kindly.

16 CHAIRPERSON REID: Thank you.

17 Board members, did you have any
18 questions?

19 MR. MOORE: We have no questions. I'd
20 just like to know how much time the ANC has left.

21 MS. TYLER: I think it is demeaning by
22 Jerry Moore to ask -- to request this time.

23 CHAIRPERSON REID: Ms. Tyler, Ms. Tyler,
24 you can discuss that with him after -- or during a
25 break.

26 MR. WATSON: I'm assuming you were

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1 stating 20 minutes in addition to the hour because,
2 at the time, we hadn't gone through an hour yet when
3 the Board determined to cut it off.

4 CHAIRPERSON REID: Okay, Mr. Watson,
5 let's just get two more witnesses. Let's just try
6 to --

7 MR. WATSON: Fine.

8 CHAIRPERSON REID: -- accommodate them
9 as best we can.

10 MR. WATSON: Since I think, as a
11 practical matter, we have to have the current Chair
12 merely state this is still the position of the ANC,
13 Ms. Spillinger will testify and introduce Ms. Miller
14 to present testimony.

15 CHAIRPERSON REID: Did you say you had
16 two or three more witnesses?

17 MR. WATSON: Well, Ms. Spillinger is
18 really not a witness. She's just authenticating the
19 fact that it's the ANC position because I think have
20 to for the record. And we have Ms. Miller and then
21 a -- we just want to note the change in Chair.

22 MS. SPILLINGER: Madame Chair and
23 members of the Board, my name is Barbara Spillinger.
24 I'm the newly elected Chair of ANC 2A and newly
25 elected to the Commission as well.

26 As chair, I want to state for the record

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1 that the Commission, by vote on February 17, '99,
2 confirmed its and the community's strong opposition
3 to the placement of the new George Washington
4 University Hospital on the proposed site, square 40.

5 Although I have followed these hearings
6 closely, I have not personally been a party to this
7 case. Therefore, I would like to yield my time to
8 former chair Dorothy Miller, who is thoroughly
9 knowledgeable and well versed on this issue.

10 However, just to reiterate the ANC's
11 major concerns briefly: a massive commercial
12 building being placed on the lot inadequate for the
13 stated purpose, the placement of an institutional
14 loading dock on the periphery of the campus at the
15 gateway to a long established residential
16 neighborhood, the creation of hazardous conditions
17 for pedestrian and vehicular traffic, and no on site
18 parking for the proposed facility.

19 And I thank you very much.

20 CHAIRPERSON REID: Thank you.

21 MS. MILLER: I am Dorothy Miller, former
22 chair of ANC 2A. And I read the transcript the
23 other morning, and in the opening statement, when I
24 mentioned that these were two cases put together and
25 questioned the time, you said you would see that we
26 had adequate time to present our case, and I'll be

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1 happy to make you a copy of the transcript where you
2 stated that.

3 CHAIRPERSON REID: All right.

4 MS. MILLER: Okay, now what I have done,
5 I was -- we have been twice trying to testify on the
6 response of the -- February the 8th from the
7 applicant, we tried to respond. And what I'm trying
8 to do is to hit some of the highlights, but you have
9 a copy now of my statement and I'd like to call your
10 attention particularly to the attachments to it.

11 And the main attachment, which you
12 passed over and never mentioned and hadn't heard of
13 in another one, is the comprehensive plan that says
14 they're supposed to give us a written detail of why
15 you can't put a dormitory here. And that's never
16 been done.

17 And Ms. King asked the former Office of
18 Planning man to get in touch with me. He never did.
19 Nor have we gotten that.

20 The second thing is --

21 MS. KING: Wait, wait. Let's deal with
22 this. This is -- the highlighted area is --

23 MS. MILLER: Correct.

24 MS. KING: -- the section of the D.C.
25 Municipal reg, Section 1349.1(b) --

26 MS. MILLER: The comprehensive plan.

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1 MS. KING: Does Mr. Moore have this?

2 MS. MILLER: It was given to him in my
3 original testimony, and then I put it in the two
4 others. So he's had it about three times. And it's
5 coming in again today, fourth time.

6 MS. KING: Okay. Do you have that -- do
7 you have this, Mr. Moore?

8 MS. MILLER: It's been in my testimony
9 every time. And here's a copy for you today.

10 MS. KING: The actions in support of the
11 objective for major institutional complexes are as
12 follows. And (b) is update campus plans for GWU and
13 Georgetown University as part of the campus plan
14 development and approval process.

15 GWU should provide written justification
16 for non-dormitory development projects in lieu of
17 providing additional on campus dormitory
18 accommodations for its undergraduate students, etc.
19 I trust that you are going to address this when your
20 time comes?

21 MR. MOORE: No, ma'am; because I can say
22 to you that the provision that Ms. Miller refers to
23 was in the committee mark up bill. It was not in
24 the final legislation. There is no such
25 requirement, period.

26 MS. MILLER: Yes, it is because it was

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1 at the time they filed and through this whole
2 hearing, and it has not gone through the authority,
3 nor has it gone through Congress, so it's still in
4 effect.

5 CHAIRPERSON REID: Ms. Miller, we will
6 consult with counsel and determine basically that
7 particular aspect of your testimony.

8 MS. MILLER: We are still waiting, you
9 know, for the answer we asked the very first time
10 back in November. They haven't given you that one
11 either.

12 The other thing is there's some
13 newspaper clippings I'd like to call your attention
14 to on how the community feels about this. But the
15 most important thing I want to call your attention
16 to, which Ms. King would love, is the parking going
17 on, the places that have been closed, the number of
18 parking spaces they have.

19 And I've highlighted in yellow maps.
20 And their on campus parking has never been approved,
21 but the staff told me this morning they're going to
22 get to it next week. And they're in violation. All
23 of their parking areas are in violation right now of
24 the zoning rules.

25 And I would like to say I have the
26 transcript where the Chair said, "I would just

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1 caution the university that those lots expired in
2 November, which means any parking that you have done
3 on them since November was a violation of zoning. A
4 zoning inspector could have written violations, and
5 you can be fined \$100 a day if it persists." And it
6 has persisted since November.

7 Now, I'd also like to call your
8 attention to the fact -- one of the other things are
9 the number of applications that have been filed by
10 GW. And on the first page of my attachment to my
11 statement, at the bottom, it lists the BZA cases.

12 All of these are currently in operation.
13 They are renovating the Marvin Center. The law
14 school has been approved and starting. The health
15 and wellness center, the lot is closed and they've
16 dumped the stuff on the residential area and I've
17 asked that it be removed.

18 The media and public affairs building
19 has been okayed, and that's two more parking lots
20 that are gone. Construction of the new hospital,
21 that's two more parking lots. And the construction
22 of the garage just doesn't even come up in these
23 conversations, and yet they wanted it put in with
24 this one.

25 And the petition of ANC 2A on the campus
26 plan, which they want to wait until after they find

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1 out what you're going to do about the hospital. And
2 the parking lot renewals are still in violation.
3 And now they are also, outside of the campus,
4 putting in a university club, which they will have
5 about 1,300 people and 12 parking spaces.

6 I'd like to call your attention to the
7 next page that shows you the list of parking spaces
8 that they put in in the media building and the lots
9 that are now closed. And on the next one, there's a
10 map of where the parking places are that are
11 closing.

12 And on the back of that are the ones
13 that they put out where the lots have gone. And
14 then these are the ones that are up for renewal.
15 And every one that's shaded, by the way, is in
16 violation, if it's still open.

17 And I've read you the part of that. And
18 then this is the thing on the university club. I
19 thought you'd love to know that information. They
20 have 12 parking spaces for 1,300-some people. And
21 they serve breakfast, lunch and dinner.

22 And the students were concerned in our
23 ANC that it's next to a dormitory, the college
24 dormitory, and it's going to create noises of people
25 coming and going and take up street parking.

26 Now, the last part is the remedial

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1 measures and our comments on the remedial measures
2 which were ludicrous. They were not remedial. They
3 did nothing. Changed the color of the sidewalk; put
4 in a stoplight, which they can't do; and plant some
5 trees, which they can't do because the city don't
6 allow you to do that; and a number of other things.

7 None of it enforceable, none of them are
8 they able to do, but they sure talk nice.

9 And knowing that we're so short of time,
10 if you have any questions, I'll be happy to answer
11 them, but I sure wish you would look at the
12 attachments.

13 CHAIRPERSON REID: We certainly will
14 look at the attachments.

15 MS. MILLER: Because I know all the
16 reading -- one of the former members told me that
17 they never had a chance to get it all read. So if
18 you don't state it when you come here, you don't get
19 heard. Because if the person doesn't have time to
20 read it, it doesn't get read.

21 So they don't even know what you've
22 tried to do, no matter how much time it took you to
23 do it, and this really hurts the community and the
24 residents.

25 CHAIRPERSON REID: Well, I think, Ms.
26 Miller, that the responsibility of the Board members

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1 is to --

2 MS. MILLER: I beg your pardon?

3 CHAIRPERSON REID: The responsibility of
4 the Board members is to read all of the submissions
5 that come in to our packages, and we do read it.

6 MS. MILLER: We hope. Now, I've been
7 told by some other commissioners that a lot of times
8 they don't.

9 CHAIRPERSON REID: Be that as it may,
10 just rest assured that --

11 MS. MILLER: We hope you do.

12 CHAIRPERSON REID: -- we do read the
13 materials.

14 MS. McCARTHY: Right, we hope you do.

15 CHAIRPERSON REID: This is how we are
16 able to make the decisions predicated upon the oral
17 testimony and the written submissions that come in
18 to our packages.

19 MS. MILLER: Okay, but I also want to
20 object to the fact that we didn't get sufficient
21 time to adequately and properly present our
22 position.

23 CHAIRPERSON REID: Well, thank you, Ms.
24 Miller. I think that we got the gist of it, and we
25 do have your testimony as a part of our package.
26 And we will --

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1 MS. MILLER: Sort of like smelling the
2 odor but not tasting the food.

3 MR. WATSON: I understand there is no
4 cross examination. Our last witness --

5 CHAIRPERSON REID: We're running a
6 little over, but we'll accommodate the last witness.

7 Sit facing the reporter because we don't
8 have -- our system today is down, so you have to
9 just kind of speak loudly. It probably was stolen,
10 and the rest of it doesn't work, so --

11 MS. McCARTHY: Good afternoon, Madame
12 Chair and members of the Board.

13 For the record, my name is Ellen
14 McCarthy. I live at 3905 Morrison Street, N.W.
15 I've been a practicing planner for 25 years with a
16 masters degree in city planning and a concentration
17 in transportation from Harvard University.

18 I've been previously qualified as an
19 expert witness before you.

20 What I'd like to focus on today is the
21 planning context for some of the rebuttal and
22 discussion of the points that George Washington has
23 made that the ANC is addressing.

24 In particular, what I'd like to talk
25 about are the -- how what has been presented, even
26 the fullness of George Washington's testimony,

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1 doesn't meet the requirements for granting a special
2 exception for processing of campus plans, and about
3 the adverse impacts that will occur as a result.

4 As you can see from looking at the map,
5 and as Ms. Tyler indicated at length, the proposed
6 hospital site does directly abut a residential
7 neighborhood. In addition, all of this area is
8 residentially zoned, including the site which the
9 hospital's proposing to use for -- which the
10 university is proposing to use for the hospital.

11 What's quite visible from looking at
12 that map is that the site we're talking about is the
13 absolute western-most fringe of the university
14 directly abutting this low density and medium
15 density residential use.

16 That means that this site has a
17 particular responsibility to respect and respond to
18 the difference in scale and use. And I think you'll
19 see pretty clearly today that it completely
20 abrogates that responsibility.

21 The other aspect of the site visible on
22 this map is the location of the hospital vis-à-vis
23 the special street of 23rd Street, which is
24 designated in the comprehensive plan as a special
25 street and connects the entire length between
26 Washington Circle and the Lincoln Memorial, which

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1 constitutes its southern terminus.

2 I'd like to get into that later because
3 the comprehensive plan sets out very high standards
4 of what can happen in the way of streetscape and
5 street treatments along special streets, and those
6 are in direct conflict with some of the safety
7 measures that George Washington is contemplating.

8 But let me get, first of all, to the
9 general issues regarding special exceptions with
10 regard to processing campus plans. Because you're
11 very familiar, I know, with the requirements for
12 special exceptions, I won't go into them in detail -
13 - harmony with general purpose of the zoning regs
14 and not adversely affecting neighborhood property.

15 What's important to emphasize though, I
16 think, is there's a widespread misconception that
17 once a perspective building has been included in an
18 approved campus plan, no matter how vague the
19 reference -- and in this case, the reference was
20 pretty vague -- there's a presumption that it should
21 be permitted.

22 That's clearly not the case when you are
23 talking about residential districts such as the R-5D
24 and R-5E zones in which this project is located.
25 The law specifically states that residential
26 districts are important and that institutional

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1 buildings should only receive a special exception to
2 locate there if they will not be objectionable even
3 if they're already included in an approved campus
4 plan.

5 The order which the Zoning Commission
6 adopted adopting the campus plan for George
7 Washington specifically says that the Board believes
8 that the best approach is to be regulation of future
9 development toward that end, and to ensure a lack of
10 adverse impacts upon other privately owned
11 properties in and around campus.

12 The Board incorporates, as a condition
13 in its order, two policies. These policies require
14 university sensitivity when locating and designing
15 future university structures. The Board further
16 incorporates a condition requiring a showing of
17 compliance with these policies in each subsequent
18 university special exception application processed
19 under the 1985 plan.

20 A few paragraphs later, the Board even
21 reinforced how important that condition was.
22 Because remember, when this campus plan was
23 proposed, the ANC had proposed severe restrictions
24 on density of use, especially in some of the parcels
25 that were on the outskirts of the university.

26 And what the Zoning Commission said was,

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1 you know, some of the conditions you've asked us to
2 apply here are more stringent than would even apply
3 if we were -- if this was a matter of zoning. So,
4 what we're going to say is, instead of imposing the
5 conditions which the ANC has called for, we're going
6 to put in conditions which became conditions eight
7 and nine in the order that adopted the campus plan.

8 The Board basically said that it
9 concurred with the ANC on the need for additional
10 safeguards. To ensure a lack of adverse impacts,
11 the Board finds the need for incorporation of two
12 additional policies in the proposed plan.

13 These, incorporated as conditions in the
14 Board's order, compel the university to locate
15 structures so as to avoid adverse impacts on
16 privately owned residential properties, especially
17 those on the periphery of the campus, and to design
18 structures with sensitivity to the height and bulk
19 of adjacent, non-university owned structures and to
20 impose upon the university the burden of
21 demonstrating compliance with these policies in
22 conjunction with each future application.

23 So that was what the Board said about
24 the conditions it was going to impose. Now, if you
25 look on page three of my testimony, you see the
26 conditions themselves. The first condition, which

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1 is cited here as the paragraph labeled A, was what
2 the applicant had to show -- what GW had to show
3 each time it came back for an application.

4 And it had to show -- it had to
5 demonstrate conclusively that the use, height, bulk
6 and design -- and they specifically mentioned the
7 location of any means of approach and egress of the
8 proposed structure is sensitive to and compatible
9 with adjacent and nearby non-university owned
10 structures and uses.

11 The most important condition, however,
12 is condition number eight, which I cite in my
13 testimony immediately below that; that the
14 university shall incorporate this policy into the
15 plan; that university uses and structures, including
16 the location of any means of approach to and egress
17 from the structure, will be located to avoid adverse
18 impacts on non-university properties, especially
19 those residential properties on the periphery of the
20 campus.

21 That condition eight specifically dealt
22 with land uses. Then condition nine dealt with
23 adverse impacts of building design. And it, too,
24 talked about the importance of access and egress
25 locations of university structures being sensitive
26 to the height, bulk and design of any adjacent, non-

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1 university structures.

2 Basically, it's extremely critical to
3 focus on conditions eight and nine. Why? Because
4 these conditions establish a standard for this
5 square, particularly for any building that abuts a
6 residential area which is different from that which
7 applies to all of the other parcels on the George
8 Washington University campus.

9 The Board, when it adopted this campus
10 plan, specifically said it's not enough to just meet
11 the minimum requirements of processing under the
12 campus plan. When you are on the periphery of the
13 university, when you abut private property, you have
14 to be especially sensitive.

15 Now, please keep that in mind when you
16 balance against -- when you think about the
17 testimony, for example, of the Department of Public
18 Works today. What Mr. Layton was basically saying
19 as his bottom line was yes, we looked at the
20 problems that have been raised, the danger to
21 pedestrians, the undesirability of the trucks coming
22 onto residential streets, the problems with the
23 loading zone, but we said well, this is a
24 residential area, it's on the edge -- it directly
25 abuts a commercial district, and therefore there's a
26 certain amount of this stuff that they just have to

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1 anticipate.

2 Well, Mr. Layton is a transportation
3 expert. He's not a zoning expert. And so it did
4 not appear from his testimony that he recognized at
5 all this is not a residential zone that abuts a
6 commercial district.

7 This R-3 residential zone abuts an R-5D
8 and an R-5E residential zone, which happens to be
9 the residential zone in which the university is
10 plunking a for-profit, high intensity, full use
11 hospital.

12 And the people who live in that R-3
13 residential zone, who I think you've heard from
14 today are pretty upset about it, have a legitimate
15 right to expect that when they abut another
16 residential zone, they're not going to be looking at
17 the back side of a full service hospital with an
18 extremely active emergency room.

19 That's the context. That is the context
20 for any of the observations you've heard today about
21 adverse impacts. And I think it is important to
22 apply that context and apply that filter to the
23 adverse impacts that have been dealt with already.

24 And certainly it also should apply to
25 the height and bulk of this building to put a 100
26 foot structure, which is over 100 feet, where it

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1 abuts the residential area, is also a scale which is
2 entirely inappropriate when we're talking about two
3 and three story buildings and when we're talking
4 about an historic district.

5 That's the context. Now let me talk
6 about how this application does not meet the
7 requirements for a special exception.

8 As the applicant points out, Sections
9 210 at point one and two do permit further
10 processing under approved campus plan for new
11 university uses in the R-5D and R-5E zone, provided
12 that they meet the conditions about not being
13 objectionable, etc., etc.

14 I'll skim through that section of my
15 testimony. However, in each of the categories, I
16 think we've got a problem with this application.

17 Number one is noise. The applicant states
18 that the new hospital building will not create any
19 noise problems. However, the nature of the use of
20 the project makes it appear quite incompatible with
21 the residential uses across New Hampshire Avenue and
22 24th Street with respect to noise.

23 The scream of police car sirens and
24 ambulance sirens entering and exiting the emergency
25 room and the incessant, penetrating, and annoying
26 beeping of trucks backing up into the loading dock

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1 immediately across from residential uses are not
2 normal city noise.

3 They are particularly intense and
4 particularly objectionable and should not, by virtue
5 of condition number eight, be located on the
6 periphery of the campus in such close proximity to
7 an R-3 neighborhood.

8 Traffic. Although the applicant's
9 traffic expert indicates no problem from increased
10 traffic, he only addressed the incremental increase
11 generated by the hospital and did not address what
12 the effect will be when the new building, which will
13 presumably replace the hospital, is built.

14 The new dormitory, the health and
15 wellness center, and the other new construction
16 which Ms. Miller mentioned are all contributing to
17 the traffic volumes. The Court of Appeals has
18 specifically indicated in the Droud decision that
19 the cumulative effect of new development is the
20 standard which is applicable in determining whether
21 any project will have a negative traffic effect.

22 In addition, the applicant's traffic
23 expert predicts there will be a decrease in traffic
24 volume from the facility because there used to be a
25 parking lot there. But what was not emphasized is
26 that parking lot was essentially a commuter lot.

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1 It pretty much accommodated professors
2 and hospital staff that was coming in in the morning
3 and leaving in the afternoon. That, as opposed to
4 the substantial and greater intensity of use of the
5 hospital, including the pick up and drop off of
6 patients, visitors, employees, volunteers and
7 students, along with the goods delivery to the
8 facility.

9 As you've heard today, and I think was
10 very clear from Mr. Layton's testimony, there is --
11 the mode of access and egress appears to be a
12 serious problem.

13 The danger to pedestrians, the serious
14 potential to impede emergency access as all those
15 wheelchairs with the balloons and the flowers and
16 all of that are stacked up in the driveway, and the
17 cars, thus, are waiting to get into the driveway and
18 spilling out of the driveway of the hospital back
19 and blocking the emergency entrance to the hospital
20 is also a serious problem, as is the introduction of
21 three entirely inappropriate curb cuts on a special
22 street.

23 As other witnesses have indicated in
24 detail, the use of 24th Street for loading is a
25 major problem. This completely inadequate turning
26 radius will mean large trucks delivering sodas,

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1 linens, paper goods, office supplies, cleaning
2 supplies, food, medical equipment, laboratory
3 supplies, patient supplies, express mail, etc., and
4 pick up medical waste, express mail, garbage, trash,
5 recycling will have to block traffic on both 24th
6 and New Hampshire and G Street attempting to get to
7 the loading dock.

8 Curiously, I went over and looked at the
9 loading docks on the existing hospital. I counted
10 at least five bays on those loading docks, not
11 including an outdoor vehicle storage area.

12 It's a mystery to me why that much is
13 required for a loading dock for the existing
14 hospital and this hospital, which the hospital
15 administration says will be used more intensively,
16 is going to require only one main loading dock that
17 can accommodate an 18 wheeler.

18 It's just a curious fact, I would note.
19 Because the key issue -- or one of the really key
20 issues with regard to traffic impact is the parking
21 problem.

22 And basically the issue here is not only
23 what Ms. King already cited of the fact that the
24 university is reducing the total amount of parking
25 in this area by 65 even once the new parking garage
26 annex is constructed; it is also that the university

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1 -- while they're decreasing the total parking
2 supply, they're proposing to increase the intensity
3 of use in the hospital.

4 And keep this in mind, please, members
5 of the Board. If Universal Health Services-District
6 Hospital Partners were to build this hospital on any
7 other site in the District, they would be required,
8 by the zoning code, to construct at least 400 new
9 parking spaces, and those parking spaces would be
10 required to be on site.

11 The lack of those spaces on site and
12 access problems of getting to the parking garage
13 where the spaces are located are serious problems
14 with this application. However, the sole aspect of
15 this application which shelters Universal Health
16 Services from having to pay and find room for those
17 400 spaces is the fact that it's being constructed
18 under a campus plan.

19 And yet, I would submit, one, there's
20 nothing inherent in the campus plan which obviates
21 the need for that on site parking. That's why the
22 zoning regs would require 400 on site spaces in any
23 other hospital constructed on any other site in this
24 city, because you need at least 400 spaces on site
25 to accommodate the needs of the hospital.

26 If you don't provide them on site, the

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1 neighbors will be looking at those cars parked in
2 their -- across their driveways and in their
3 neighborhood.

4 Secondly, --

5 CHAIRPERSON REID: I ask you to start to
6 summarize so that we can get through this, please.
7 Thank you.

8 MS. MCCARTHY: I had three basic points
9 -- four basic points that I was trying to make with
10 regard to the parking problem. One was about the
11 need for that on site parking.

12 Secondly, to summarize, is just the fact
13 that the hospital is now a for-profit organization
14 owned not by the university, but by an outside
15 entity that renders it completely inappropriate for
16 it to be exempted from those parking requirements
17 simply because it happens to be part of the campus
18 boundaries.

19 Thirdly, now we find out from DPW that,
20 in addition to losing those 65 parking spaces that
21 were off street, we will probably be losing over 20
22 parking spaces that were on site just to be able to
23 make the turning radius, and realize that some of
24 the uses immediately around there include dentists'
25 offices, outpatient visits, hospital visitors,
26 shopping at the 7-11.

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1 Those on street spaces are sorely needed
2 in that residential area.

3 Lastly, with regard to parking, you have
4 before you what I also passed out with my testimony
5 which are -- is testimony given by George
6 Washington's former parking and traffic consultant
7 at the time that the campus plan was adopted.

8 Mr. Callow -- and Mr. Callow, you will
9 see in sections that I have marked in the part of
10 the testimony I handed out, admits that George
11 Washington University, even at the point in time in
12 which the campus plan was adopted, had fewer parking
13 spaces to university population than not only any
14 other university he'd ever worked with, but any
15 university that he could find in the literature.

16 That was the first thing to keep in
17 mind. And the second thing is the additional
18 testimony which he stated on page 328 which is Mr.
19 Droud asked him, "Well, isn't it true that your
20 traffic analysis doesn't include any projected
21 increase of persons coming to the university to do
22 business with the university who are other than
23 employees, faculty and staff?

24 And Mr. Callow admitted he wasn't
25 projecting any additional parking increase for any
26 of the new development because he assumed that

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1 public transportation would be the preferred mode to
2 do that.

3 "Parking will not be provided," he said.
4 "They can get there by Metro station or park off
5 campus."

6 MS. KING: And that was 13 years ago.

7 MS. McCARTHY: And that was 13 years
8 ago, before the Marvin Center and all of the other
9 development has occurred on the university. So
10 please consider that as the context in which you see
11 those 65 parking spaces disappear and the 22 spaces
12 disappear from on street.

13 Lastly, to summarize, with regard to
14 special streets, you'll see in my testimony on page
15 six very explicit, very clear wording in the
16 comprehensive plan about the importance of providing
17 visual continuity along special streets, including -
18 - and they specifically mention paving materials to
19 promote the sense of continuity to do the visual
20 linkage between the Lincoln Memorial and Washington
21 Circle.

22 Certainly they were not contemplating
23 beeping or flashing lights, special pavement,
24 special signs that flash. All of that is certainly
25 not something that is going to contribute to the
26 visual continuity.

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1 With regard to the adherence to the
2 campus plan, if you'll note -- if you read those
3 campus plan hearings, what the university was
4 talking about in terms of reducing the impact and
5 bulk on this site on square 40 was originally
6 putting a pad here in case they ever needed
7 helicopter access to the hospital, which was
8 certainly not the kind of intensity of a hospital
9 which they are now talking about putting on the
10 site.

11 Lastly, the special exception to allow
12 further processing of the proposed new hospital
13 under the campus plan must be denied since it's
14 objectionable in terms of use, noise, traffic and
15 parking, scale and bulk, and violates the university
16 zoned campus plan.

17 It also violates the special streets
18 provisions of the comprehensive plan. If the for-
19 profit company which has purchased GW Hospital
20 wishes to construct a new hospital, let them do it
21 like any other for-profit health care provider by
22 selecting and purchasing a site and abiding by all
23 the relevant zoning regulations for that site,
24 including the provision of adequate, on site parking
25 and the establishment of access for people and goods
26 which does not jeopardize the safety of pedestrians,

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1 the design character of the city, and the peace,
2 tranquility and visual character of a designated
3 historic district.

4 Thank you.

5 (Applause.)

6 CHAIRPERSON REID: Excuse me, Ms.
7 Miller. I know you know full well that we do not
8 allow those kind of outbreaks in the audience.
9 Thank you.

10 Thank you, Ms. McCarthy.

11 All right, Mr. Moore, no cross
12 examination?

13 MR. MOORE: No cross examination.

14 CHAIRPERSON REID: All right, then what
15 we're going to do is break for a lunch, 45 minutes.
16 Back by 2:30. And then we'll proceed with the
17 remainder of the case, opposition, witnesses in
18 support, and then closing remarks by the applicant -
19 - rebuttal closing by the applicant.

20 MR. MOORE: I'm sorry, Madame Chair. I
21 didn't hear how we're going to proceed afterwards.

22 CHAIRPERSON REID: Afterwards -- after
23 lunch, 2:30, then we have persons in support,
24 persons in opposition, a three minute -- no more
25 than three minutes for each person, and then closing
26 remarks. And that will conclude the case.

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1 And hopefully we'll be able to do that
2 pretty quickly today to get it concluded and not
3 have to come back.

4 MR. WATSON: If I can, since this is the
5 close of the ANC's argument, I just wanted to thank
6 the Board for putting up with what has been a much
7 longer hearing than anyone expected, and we
8 appreciate your attention and are very happy with
9 it.

10 Thank you.

11 CHAIRPERSON REID: Thank you.

12 MS. KING: It hasn't been longer than I
13 expected.

14 (Laughter.)

15 (Whereupon, the proceedings recessed for
16 lunch at 1:47 p.m.)

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A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

(2:42 p.m.)

CHAIRPERSON REID: We will begin the afternoon session. We don't have a sound system, so we'll continue to try to speak loudly.

Just to reiterate, so everyone can be apprised of where we are in this whole proceeding. I know it's kind of confusing. We started with Government Reports, which is DPW. Then we had the ANC. Now we will have persons, parties in support of the application, and then persons, parties in opposition. Then closing remarks by the Applicant.

MR. MOORE: Madam Chair, within those closing remarks, I would ask for 10 minutes for a rebuttal.

CHAIRPERSON REID: Certainly.

Are you in support?

MR. MANDELBAUM: In support, correct.

CHAIRPERSON REID: Okay.

MR. MANDELBAUM: Begin?

CHAIRPERSON REID: Yes. Give your name and your address, please.

MR. MANDELBAUM: My name is Steven Mandelbaum. I am the ANC Commissioner for 2A06, which is the area that both hospitals are located in. My address is 2222 I Street, N.W. in

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1 Washington.

2 I am aware that before my election, the
3 Advisory Neighborhood Commission in a divided
4 decision voted to oppose the application. However,
5 as a member who did not originally have the
6 opportunity to vote, and as a resident who has
7 resided across the street from both hospital sites
8 for two years, I am here today to ensure that the
9 residents in my district are properly represented.

10 My district is comprised primarily of
11 the George Washington University campus community,
12 including over 1,100 students in five university
13 residence halls. Additionally, within the thriving
14 district, is over five non-university buildings with
15 District residents who do not have a direct
16 connection to the university. They have chosen to
17 live in this area for the atmosphere that the Foggy
18 Bottom area and GW provides.

19 There is a misconception that the
20 community opposes the application for the
21 replacement hospital. That is a false theory, and
22 my colleague, Commissioner Richard Sheehy, joins me
23 in ANC 2A01 in notifying the Board that the
24 residents east of the hospital support a state-of-
25 the-art health care facility in their community. I
26 have a letter from him.

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1 CHAIRPERSON REID: Other persons in
2 support? Oh, you're not finished?

3 MR. MANDELBAUM: I'm sorry.

4 CHAIRPERSON REID: I thought that was a
5 little too brief. I thought there would be a new
6 record.

7 (Laughter.)

8 MR. MANDELBAUM: Opposition is primarily
9 limited to a few vocal residents who live west of
10 the hospital, but who have opposed almost every
11 project proposed by the university. The decision to
12 oppose the application is not a result of reviewing
13 the application, but a blanket disapproval of all
14 initiatives by the university.

15 This blanket disapproval is later
16 translated into specific arguments which
17 continuously change, based upon responses from the
18 city's various agencies. Every issue is clouded
19 with general anti-university and anti-student
20 arguments regardless of its relevancy to the
21 question at hand.

22 One of the numerous complaints by the
23 opposition is that the site will not provide
24 sufficient adjacent parking. However, on my block
25 is the university parking garage, that currently
26 services most of the guests of the facility.

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1 Additionally, the university has proposed an
2 expansion of the structure which will more than
3 accommodate the traffic and vehicles that will be
4 generated by the replacement hospital.

5 In addition, the parking is no further
6 from the site of the replacement site than the
7 current hospital, and pedestrian traffic from
8 parking to replacement hospital will be safer, since
9 the street they cross will be a controlled
10 intersection.

11 With respect to on-site and adjacent
12 parking, the lot in question is currently used to
13 park a maximum of 263 cars. I am told that these
14 cars are owned and used by the medical staff at the
15 hospital, and that the lot is one in which cars come
16 and go at all times during the day and night,
17 resulting in a total of approximately 1,200
18 vehicular trips per day onto the adjoining streets.
19 I am aware of statistics which I am told that part
20 of the record in this proceeding that demonstrate
21 conclusively that these 263 spaces will be replaced
22 at other off-street parking facilities within the
23 university's campus, and that the closing of the
24 current parking facility will result in nearly 1,000
25 fewer car trips on New Hampshire Avenue and 23rd
26 Street than presently the case. These then serve

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1 the residents of my single-member district.

2 In regard to the controversial loading
3 dock, I understand the Applicant has made multiple
4 revisions to this specific part of the building. I
5 feel, as the Commissioner for this area, that the
6 Applicant has successfully shielded public view and
7 minimized pedestrian dangers.

8 A loading dock in any area is obviously
9 not an asset to its surroundings. However, I
10 currently reside across the street from the existing
11 loading dock at the hospital, and it has had no
12 significant impact on my quality of life. The
13 Applicant currently successfully manages its loading
14 dock area, including the staging of trucks,
15 resulting in relatively no disruption to pedestrian
16 and vehicular traffic on the street, as well as the
17 residents across from the facility. I know, I live
18 there and I see it multiple times a day.

19 Given that the new loading dock will be
20 substantially improved functionally over the
21 existing dock, and that the Applicant has agreed to
22 any landscaping shielding that the community
23 desires, in my opinion, the Applicant has
24 sufficiently met community concerns.

25 CHAIRPERSON REID: Quickly summarize,
26 please.

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1 MR. MANDELBAUM: It is for these
2 reasons, that on behalf of the citizens of my
3 single-member district, that I urge the Board to
4 approve this application.

5 CHAIRPERSON REID: Thank you.

6 MS. TYLER: I have just one question.
7 Steven, will you kindly tell us whether you are a
8 student of George Washington University?

9 MR. MANDELBAUM: Yes. I am currently a
10 student.

11 MS. TYLER: Thank you very much. And
12 who are the residents east of the site who are in
13 favor of this development?

14 MR. MANDELBAUM: I am speaking on behalf
15 of my single-member district, and I submit a letter
16 on behalf of ANC 2A01. That includes both
17 university resident halls and regular apartment
18 buildings in the area.

19 MS. TYLER: And you have signatures from
20 those people who reside there?

21 MR. MANDELBAUM: No, I do not.

22 MS. TYLER: You do not? Thank you very
23 much.

24 CHAIRPERSON REID: Every time you ask a
25 question, Ms. Tyler, please give your name so that
26 the recorder will know who is speaking.

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1 Any other?

2 MR. MCLEOD: James McLeod, on behalf of
3 Foggy Bottom Association.

4 Commissioner, have you reviewed the
5 record in the BZA in this case?

6 MR. MANDELBAUM: Partially, yes.

7 MR. MCLEOD: Do you know how many people
8 have filed letters in opposition to this?

9 MR. MANDELBAUM: I do not know the exact
10 number.

11 MR. MCLEOD: And you have used the word
12 "blanketly." Would you say you blanketly
13 characterized --

14 VICE CHAIR KING: I'm sorry. I can't
15 hear you, Mr. McLeod.

16 MR. MCLEOD: I'm sorry. You used the
17 word "blanketly" in terms of those who oppose it. I
18 believe you used the word "blanketly" in
19 characterizing are opposed to all university
20 projects.

21 Since you haven't reviewed all the
22 people that submitted letters in opposition, do you
23 withdraw your comment that each and every one of
24 those has blanketly opposed GW projects in the past?

25 MR. MANDELBAUM: No. When I refer to
26 "blanket" and I am specifically say in that same

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1 statement, to the vocal few who have come before and
2 spoken.

3 MR. MCLEOD: Who have spoken here?

4 MR. MANDELBAUM: Yes.

5 MR. MCLEOD: Okay. So all the people
6 who have spoken here, you know have opposed GW
7 projects in the past?

8 CHAIRPERSON REID: Let him speak.

9 MR. MANDELBAUM: Absolutely. Yes.

10 MR. MCLEOD: And have they given reasons
11 for their opposition or do they just oppose it
12 because they don't like GW?

13 MR. MANDELBAUM: They have given
14 reasons.

15 MR. MCLEOD: No further questions.

16 CHAIRPERSON REID: Any other cross? All
17 right. Thank you very much.

18 Are there any other persons or parties
19 in support? Please come forward at this time in
20 support.

21 MR. MOORE: Madam Chair, Jerry Moore for
22 the Applicant. We had a room full of doctors,
23 nurses, and physicians here, but we had to let them
24 go back to the hospital, so they are not here to
25 testify in support, but we had them here. I would
26 just like to say that for the record.

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1 CHAIRPERSON REID: Okay. But they can
2 submit -- they can not?

3 MR. MOORE: They were here to express
4 their support just by being here. I would just like
5 that to be reflected in the record.

6 CHAIRPERSON REID: Oh, just acknowledge
7 that's who they were?

8 MR. MOORE: We had a room full of them,
9 but they had to go back to the hospital.

10 CHAIRPERSON REID: They were not going
11 to testify?

12 MR. MOORE: No.

13 CHAIRPERSON REID: Okay. Thank you.

14 MR. MOORE: The Chair had indicated that
15 no one can testify here unless they testified at
16 previous --

17 CHAIRPERSON REID: Oh, right. At
18 previous hearings, absolutely.

19 Persons and parties in opposition? How
20 many? May I see a show of hands as to how many
21 people will be testifying in opposition? Just two?
22 Okay. Very well.

23 MS. BECKER: I am Ellie Becker. I am
24 president of the Foggy Bottom Association. We are a
25 party. As you know, this is Jim McLeod. I don't
26 really want to testify, but I do want to put into

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1 the record, if I may, two statements. One statement
2 written by Charles Farbstein, who was here earlier.
3 He is a member of our board. The other is an
4 exchange of correspondence which was prompted by
5 council member Schwartz, who requested that Art
6 Lawson of DPW respond to some statements that I had
7 made at a hearing. He did so. I have written a
8 letter in response which outlines -- it's a rather
9 short letter, but I still won't read it.

10 What we feel are the inadequacies of the
11 hospitals "mitigations." That is what I want to do
12 as to traffic and to these lights and all that sort
13 of thing, and the loading dock. So I would like
14 permission to do that, to put them in the record.
15 Thank you.

16 MR. MCLEOD: And I am James McLeod, vice
17 president, Foggy Bottom Association. In reference
18 to testimony that was presented about the difficulty
19 of developing this site, and also in reference to
20 Commissioner Miller's comment about title 10 DCMR
21 1349 requirement for on-site residential housing, I
22 wanted to move in the exhibit no. 4 that was
23 mentioned during cross today.

24 I obtained an aerial photograph of the
25 campus of William and Mary, which is the same shape
26 as this site, square 40, I believe. That is one of

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1 the photographs which the expert looked at, the DPW
2 looked at. The other is of a dormitory currently
3 there, which I took a photo of. So both of those I
4 can give you a factual basis for how those arrived,
5 what those are.

6 Those are just genuine example of a
7 campus dealing with a similar site that used it in a
8 way which they had had no difficulty developing. It
9 was actually developed back in the 1600s. George
10 Washington was chancellor of that campus that's
11 showed in that photograph from 1788 to 1799, 200
12 years ago.

13 It is an example of what could be done
14 at that site. That issue is not before this Board
15 other than the regulation which says the university
16 needs to explain why they don't provide additional
17 on-campus dormitory accommodations. That is just
18 one page out of a letter. That is the context it
19 came. You have got page 3 of a letter.

20 CHAIRPERSON REID: Does this pertain to
21 or tie into the supplemental information that came
22 from DPW? I'm trying to see the nexus.

23 MR. MCLEOD: Yes, it does. The
24 photograph shows a stone fence around that site with
25 a pedestrian going along that sidewalk with no
26 apparent danger to their walking along that

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1 sidewalk. In other words, it is a model to look at,
2 what can be done with that site. That proposal is
3 not before this Board, but to suggest that the site
4 can't be developed, this is very relevant to what
5 can be done with that site.

6 I would ask the Board to not only allow
7 residents to complain about what is being proposed,
8 but to put forth to them what can be done, what we
9 can dream of happening there. That is something
10 that can happen if the Board looks at the
11 regulations and the evidence and applies the rules
12 that it has to in this case.

13 The dorm that is photographed there is
14 perfectly useable. I didn't get to cross examine
15 the expert about well, why would a dorm be less
16 traffic going in and out of a dorm in terms of
17 trucks and things like that. I didn't get to get
18 into that. But it just something for the Board to
19 look at, what can the city aspire to.

20 I think that question directly is not
21 before you, but if you decide that all we can do is
22 settle for this, then we'll never get to what we can
23 aspire to. So please allow us to show you what can
24 be there, what is a possibility. We submit it for
25 the record for that purpose.

26 CHAIRPERSON REID: I don't know if that

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1 would be appropriate given the fact that there are a
2 number of different things that perhaps -- you know,
3 that there are possibilities. I don't know if that
4 --

5 MR. MCLEOD: The testimony was, however,
6 it is difficult to develop that site. This is a
7 specific example --

8 CHAIRPERSON REID: I didn't hear that.
9 Excuse me, Mr. McLeod, for interrupting. I heard
10 him say it was a difficult site.

11 MR. MCLEOD: To develop.

12 CHAIRPERSON REID: A difficult site, but
13 not an impossible site. It was a difficult site for
14 the purpose for which they are advocating the use of
15 at this time, but they did not say, I didn't hear
16 him say that it was impossible to develop anything
17 else there.

18 MR. MCLEOD: I suppose the suggestion is
19 if it is difficult to develop, then no matter what
20 you put there, you are going to have a problem.

21 VICE CHAIR KING: Excuse me, Madam
22 Chair. It is not the purview of this Board to tell
23 GW what they can do with that parcel of land.

24 MR. MCLEOD: I understand.

25 VICE CHAIR KING: We can tell them that
26 they can or can not build what they have proposed to

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1 build there. We can not say, you know, "Not only
2 can't you build the hospital, but you have got to
3 build a dorm, and it's got to be like the one." I
4 think we need to admit that page with the
5 photographs into the record since it has been such a
6 topic of discussion, but I think we should stop
7 talking about it. We can not tell them what they
8 can do.

9 MR. MCLEOD: I understand that exactly.

10 VICE CHAIR KING: Fine. Great.

11 MR. MCLEOD: You are absolutely right.

12 VICE CHAIR KING: Madam Chair, I suggest
13 we put it in the record because everybody has looked
14 at it and talked about it, and then just get on to
15 talking about something else.

16 MR. MCLEOD: Thank you.

17 CHAIRPERSON REID: That concludes your
18 testimony?

19 MR. MCLEOD: It does.

20 CHAIRPERSON REID: Please sit down.

21 Mr. Moore, do you have any cross
22 examination for these two witnesses?

23 MR. MOORE: No.

24 CHAIRPERSON REID: None? Okay. Thank
25 you very much.

26 VICE CHAIR KING: Madam Chair, proceed

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1 to a matter just before Mr. Moore begins his
2 rebuttal and final remarks.

3 Ms. Pruitt-Williams or Paul, at the end
4 of the first day or two of hearings, I asked for
5 some information. I wonder if it had come in. I
6 haven't seen it. The total census, student census
7 showing the number of people at the hospital, some
8 further information about their contention on page
9 34 of their submission that they would create more
10 jobs, but elsewhere they said that there would be no
11 increase in full-time employees. Additional
12 information about the D.C. tax dollars that they
13 claim will come as a result of the construction and
14 operation of this facility.

15 I think there were some other questions
16 which presumably staff has some notes on. Was any
17 of that information submitted by the university?

18 MR. MOORE: Yes, ma'am. It was, in
19 conjunction with the February 8 submission that we
20 had. It was submitted.

21 VICE CHAIR KING: I would appreciate if
22 staff would give me another copy. If Mr. Moore can
23 give staff another copy and I can get another copy,
24 because I don't remember seeing answers to the
25 questions about more jobs and more tax dollars, for
26 example.

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1 CHAIRPERSON REID: Mr. Hart, did you
2 receive that into the record?

3 MR. HART: Yes. I received some of what
4 Ms. King --

5 CHAIRPERSON REID: Okay. Well then you
6 can confer with Mr. Moore and ensure that we do have
7 it in the record for all members.

8 VICE CHAIR KING: Mr. Moore, I don't
9 want to delay things now, but if you could, you and
10 Paul could talk and make sure that I, at any rate,
11 get it prior to our decision meeting.

12 CHAIRPERSON REID: Well, that is going
13 to be made available to all Board members. I don't
14 think I have it. Do you have it, Mr. Gilreath, the
15 things that Ms. King had requested?

16 BOARD MEMBER GILREATH: I have not seen
17 it.

18 CHAIRPERSON REID: Okay. So it will be
19 provided to everyone on the Board.

20 CHAIRPERSON REID: Mr. Franklin, as you
21 had mentioned, had to leave, but he will read the
22 record, so that he will be able to participate in
23 the decision of this case.

24 VICE CHAIR KING: And I will read the
25 record on the meeting that I missed the day, the
26 full day that I missed before the decision meeting.

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1 BOARD MEMBER GILREATH: Madam Chair, Mr.
2 Franklin had indicated to me he would like for me to
3 ask a question on his behalf concerning the parking
4 and so forth, so that can be done at the appropriate
5 time.

6 MR. MOORE: Madam Chair, and Members of
7 the Board, Jerry Moore for the Applicant. I will
8 endeavor to be brief. We have been here a long
9 time. This has been a long hearing process. This
10 case was filed last July, first went to hearing in
11 November, and democracy has run its course. So it
12 is my intention to get this wrapped up, I hope,
13 within the next 20 minutes.

14 I will present as rebuttal witnesses,
15 Philip Schaengold, who is the managing director of
16 the hospital. I will ask immediately after that,
17 Lou Slade and Byron Wills to come up and talk about
18 transportation and parking, if that is suitable with
19 the Board.

20 CHAIRPERSON REID: I have no problem
21 with that. Twenty minutes, that's fine.

22 MR. MOORE: Thank you.

23 Sir, would you identify yourself for the
24 record?

25 MR. SCHAENGOLD: My name is Philip
26 Schaengold. I am the chief executive officer and

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1 managing director of the George Washington
2 University Hospital.

3 MR. MOORE: Are you familiar with the
4 loading dock procedures that the Applicant is
5 proposing for the new facility?

6 MR. SCHAENGOLD: Yes, sir.

7 MR. MOORE: Have you prepared a
8 statement reflecting those loading dock procedures?

9 MR. SCHAENGOLD: Yes, sir.

10 MR. MOORE: I will pass that statement
11 into the Board.

12 Mr. Schaengold, we have addressed this
13 issue before, but I think it is very important to
14 address it again. That is a basic issue of why
15 can't the existing building be adapted to the use
16 that the hospital needs to adapt it to?

17 MR. SCHAENGOLD: The current building is
18 approximately 55 years old. We have concluded that
19 the cost of renovating the building would exceed the
20 building of a replacement hospital. Beyond that,
21 the disruption to patients, to physicians, to the
22 community would be significantly greater than
23 building a replacement hospital.

24 When I talk about disruption to
25 patients, there is a real safety issue when you are
26 talking about renovating a hospital of the size of

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1 GW, and doing it in a safe manner. There are issues
2 relating to infection control, to asbestos, to
3 general movement of material in and out of the
4 institution. The hospital was built in a way that
5 would force us to move complete units in and out and
6 duplicate effort and put at risk our patients,
7 visitors, and staff.

8 MR. MOORE: This is a new day among
9 hospitals, isn't it? There is competition among
10 hospitals, not only in the city but around the
11 nation. Is there not?

12 MR. SCHAENGOLD: Absolutely. It is
13 quite clear that in this era of reduced
14 reimbursement and demands by employers and payers
15 that hospitals consolidate, that competition has
16 become part of the day-to-day life of all hospitals,
17 regardless of their tax status.

18 MR. MOORE: Does that competition
19 include Columbia Hospital for Women?

20 MR. SCHAENGOLD: Absolutely.
21 Unfortunately, Columbia Hospital for Women, due to
22 nothing that GW or anyone else has done to them, had
23 to declare bankruptcy last year, and just came out
24 of bankruptcy in January.

25 MR. MOORE: Does that include the
26 Washington Hospital Center?

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1 MR. SCHAENGOLD: Yes. The Washington
2 Hospital Center is part of a new company called
3 MedStar Health, has relocated to Columbia, Maryland.
4 It relocated its corporate headquarters because they
5 have merged with Helix System out of Baltimore.

6 MR. WATSON: While very interesting, I
7 object to the relevance. The question here is
8 impact on the neighborhood. I don't think
9 Washington Hospital Center impacts on the
10 neighborhood.

11 MR. MOORE: Does that include Georgetown
12 University Hospital Center?

13 MR. SCHAENGOLD: Yes. Georgetown
14 University is in the process of merging with the
15 Washington Hospital Center. That would impact on
16 our competitive position.

17 MR. MOORE: There have been numerous
18 changes in the health care industry over the last 10
19 years. Would you agree?

20 MR. SCHAENGOLD: Yes.

21 MR. MOORE: I am going to show you an
22 article from the Sunday, April 18th edition, front
23 page edition of the New York Times. Have you seen
24 this article, sir?

25 MR. SCHAENGOLD: Yes.

26 MR. MOORE: I will share a copy with the

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1 Board and Mr. Watson, Ms. Becker. In essence, this
2 article speaks to the growing trend of competition
3 among hospitals, does it not?

4 MR. SCHAENGOLD: Yes.

5 MR. MOORE: It talks about the impact of
6 managed care on the ability of a hospital to
7 survive, no matter where that hospital is located.
8 Is that not correct?

9 MR. SCHAENGOLD: That is correct.

10 MR. MOORE: Does it not talk about
11 technology requiring more space for sophisticated
12 life support systems?

13 MR. SCHAENGOLD: Yes, it does.

14 MR. MOORE: Does it not talk about
15 accelerating the race to -- that hospitals are
16 accelerating the race to draw from a shrinking
17 number of critically ill patients?

18 MR. SCHAENGOLD: That is correct.

19 MR. WATSON: I object to using the New
20 York Times as an expert.

21 CHAIRPERSON REID: I can understand your
22 objection, Mr. Watson, but it was not my
23 understanding that the New York Times was being
24 presented as the expert.

25 MR. WATSON: They are presenting what
26 the New York Times is stating its opinion of what's

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1 happening in hospitals.

2 MR. MOORE: And that is all we're
3 offering it as, opinion. It is nothing more than
4 reported facts.

5 CHAIRPERSON REID: This is not being
6 presented as an expert. This article is not being
7 proffered -- the New York Times was not proffered as
8 an expert. This is an opinion that is being
9 discussed here.

10 MR. WATSON: I'm sorry, but that is the
11 definition of an expert witness, is giving of an
12 opinion. I then don't know what the reason for
13 admitting an opinion --

14 CHAIRPERSON REID: Mr. Watson, everyone
15 gives their own opinion in this room, in this
16 particular hearing room. So I just don't understand
17 the basis for your objection, and I would overrule
18 it.

19 Ms. Tyler?

20 MS. TYLER: Madam Chair, I just would
21 like to ask respectfully, I thought that the issue
22 before this Board is land use and objectionable
23 conditions, whether this particular proposal will
24 have objectionable conditions on neighboring
25 properties. The medical considerations and the
26 state of the art of the hospital, and the

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1 competition between hospitals is not before this
2 Board. The Applicant, unfortunately, has gone on
3 and on and has taken so many hours of your time
4 talking about medical issues that are not before
5 this Board, before the decision making. Thank you.

6 CHAIRPERSON REID: Thank you, Ms. Tyler.

7 BOARD MEMBER GILREATH: Madam Chair, I
8 think they are trying to establish a basis for the
9 need for a state-of-the-art hospital so they can
10 compete with the other hospitals.

11 CHAIRPERSON REID: That's what I was --
12 Mr. Moore, I was hoping that you would get to the
13 gist of it.

14 MR. MOORE: That's precisely what are
15 trying to do.

16 CHAIRPERSON REID: Because in your
17 introductory remarks, it does appear that you kind
18 of are getting off the mark. So I would appreciate
19 it if you would try to cut to the chase.

20 MR. MOORE: I'll try to get right back
21 on it, Madam Chairman.

22 CHAIRPERSON REID: Please.

23 MR. MOORE: Thank you.

24 Mr. Schaengold, you have testified that
25 a new building is critically important to the
26 survival of this hospital. Is that correct?

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1 MR. SCHAENGOLD: Yes, sir.

2 MR. MOORE: Are you satisfied that you,
3 as the chief executive officer, has done everything
4 possible to ensure that smooth and efficient
5 operation of the new building?

6 MR. SCHAENGOLD: Yes, sir.

7 MR. MOORE: Are you aware of any
8 significant complaints brought by neighbors about
9 the operation of the existing building?

10 MR. SCHAENGOLD: I know of no complaints
11 about the operation of the existing building.

12 MR. MOORE: Do you have a mechanism to
13 respond to concerns if such are received?

14 MR. SCHAENGOLD: Absolutely.

15 MR. MOORE: I believe that the George
16 Washington University Hospital just received an
17 honor from the NATO Conference, which is about to
18 begin. Could you explain that to the Board, please?

19 MR. SCHAENGOLD: The George Washington
20 University Hospital and Medical Center have been
21 selected to provide healthcare services for the NATO
22 Conference that currently is taking place in the
23 community. The reason for that selection was
24 because of our presence in this particular part of
25 the city.

26 MR. MOORE: It's then, would you say,

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1 critically important that the hospital be a modern
2 facility that reflects the best in medical uses in
3 the world?

4 MR. SCHAENGOLD: Absolutely.

5 MR. MOORE: And is your opinion that the
6 new hospital will reflect that?

7 MR. SCHAENGOLD: The new hospital will
8 reflect the commitment to state-of-the-art care as
9 well as predominance of private room services so
10 this community has a facility that is both
11 attractive and supportive of the community's needs,
12 but also can support the needs of the suburban
13 patients.

14 MR. MOORE: Thank you, Mr. Schaengold.

15 I have no further questions of this
16 witness.

17 VICE CHAIR KING: I have a question.
18 It's part of your testimony, the submission of this
19 proposal?

20 MR. SCHAENGOLD: Yes, ma'am.

21 VICE CHAIR KING: I was quite clear in
22 Mr. Layton's presentation this morning that the
23 deliveries would be made principally between 10:00
24 a.m. and 4:00 p.m. Is that correct?

25 MR. SCHAENGOLD: That is correct.

26 VICE CHAIR KING: Why is the loading

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1 dock going to be staffed from 7:00 a.m. to 6:00
2 p.m.?

3 MR. SCHAENGOLD: Well, the loading dock
4 and the entire operations of that facility begin
5 operating at actually 6:00 in the morning. There is
6 material that are right off the loading dock that
7 gets distributed throughout the hospital, so we
8 begin --

9 VICE CHAIR KING: But I see nowhere here
10 where you say that deliveries will not begin until
11 10:00 a.m.

12 MR. SCHAENGOLD: We did not say that.
13 You are correct.

14 VICE CHAIR KING: What is the weight of
15 a medium truck, 25 to 40 feet long?

16 MR. SCHAENGOLD: I do not know that.

17 VICE CHAIR KING: Would you find out for
18 us and submit that, please?

19 MR. SCHAENGOLD: Certainly.

20 VICE CHAIR KING: Now a great deal has
21 been said about screening the loading dock. Now I
22 would be very interested to hear how you screen a
23 loading dock. Would you explain that to me?

24 MR. SCHAENGOLD: Yes, ma'am. In our
25 last meeting, what we have testified to and what we
26 have offered to the community is that we would

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1 landscape the area, including the island, in any
2 manner that the community would like us to so that
3 we minimize views of the dock.

4 We have also acknowledged the last time
5 that it cannot be totally -- its view cannot be
6 totally obstructed. You will be able to see it from
7 certain vantage points. But we are prepared to work
8 with the community to landscape it in whatever
9 manner that the community would like.

10 VICE CHAIR KING: Have you submitted a
11 landscaping proposal or will you do it before our
12 final, our decision on this matter?

13 MR. SCHAENGOLD: Yes.

14 VICE CHAIR KING: I mean I cannot -- I
15 mean I have studied the map. I have this map in
16 front of me all day, and I see where that little
17 island is, and I see where the loading dock is. I
18 see where the historic district is. I don't see any
19 possible way that you can effectively screen the
20 loading dock. So I would be very interested to see
21 your architect's drawing of how you are going to
22 mitigate the impact of that on the surroundings.

23 MR. MOORE: Mrs. King, respectfully, the
24 architect did submit drawings and testified on that
25 issue at the hearing on April 7, that you were
26 unable to be present. I think that's in the record.

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1 VICE CHAIR KING: I am still waiting for
2 a transcript of that. Do you have the transcript
3 yet?

4 MR. MOORE: I do not have the
5 transcript. I think I can give you the drawing,
6 show you the drawing.

7 VICE CHAIR KING: That would be super.

8 MR. MOORE: It's in the record, and we
9 have some drawings here.

10 MR. PYSKACEK: My name is Donald
11 Pyskacek. I am a vice president of design and
12 construction for Universal Health. I was --

13 VICE CHAIR KING: You can come and talk
14 to me into this.

15 MR. PYSKACEK: This is a picture from
16 New Hampshire Avenue, from the --

17 VICE CHAIR KING: Of what exists now?

18 MR. PYSKACEK: Now. In the winter time,
19 from the historic district sign back to it.

20 VICE CHAIR KING: I know. What I want
21 to see is what it is going to look like.

22 MR. PYSKACEK: Okay. I just want to
23 show you that.

24 VICE CHAIR KING: I am very familiar
25 with the area.

26 MR. PYSKACEK: Fine. This is a picture

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1 up from the same location.

2 VICE CHAIR KING: No. I want to see
3 what the proposal is by the architect to screen this
4 enormous loading dock.

5 MR. PYSKACEK: And this is a picture by
6 the architect showing the inclusion of additional
7 green fir trees there to screen the dock.

8 VICE CHAIR KING: Okay. But anybody who
9 lives here is not screened. And anybody who lives
10 here is not screened.

11 MR. PYSKACEK: There are certain people
12 that are not screened.

13 VICE CHAIR KING: Yes. The people who
14 live directly across from that little island.

15 MR. PYSKACEK: Are screened.

16 VICE CHAIR KING: That little island are
17 screened, but nobody who lives up here and nobody
18 who lives down here is screened at all. In other
19 words, the 7-11 is nicely screened.

20 MR. PYSKACEK: The 7-11 is nicely
21 screened.

22 MR. MOORE: Ms. King, we acknowledged at
23 the last hearing that there were some angles and are
24 some angles in which the screening will not be
25 effective.

26 CHAIRPERSON REID: They have testified

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1 it will be 80 percent, approximately 80 percent
2 screening.

3 VICE CHAIR KING: I doubt that. I have
4 got to tell you, Mr. Moore, I doubt that. Eighty
5 percent not screened perhaps.

6 But anyways, I just wanted to clarify
7 because you talk about the screening.

8 CHAIRPERSON REID: Yes, but that's what
9 they testified. The testimony stated --

10 VICE CHAIR KING: But I would like to
11 see an amended proposal with the hours that reflect
12 what I understand is the agreement with Mr. Layton.
13 I would like information on the weight of what you
14 describe as a medium truck.

15 MR. MOORE: Yes, ma'am.

16 VICE CHAIR KING: Thank you.

17 BOARD MEMBER GILREATH: When you
18 considered possibly renovating the existing
19 hospital, you identified the problems in the
20 asbestos and so forth. I presume the reason you
21 could not demolish the building and start anew is
22 simply you would have to cease all hospital
23 operations. So you would do without any kind of
24 hospital facility?

25 MR. SCHAENGOLD: That is correct.

26 BOARD MEMBER GILREATH: Fine. Thank you

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1 very much.

2 CHAIRPERSON REID: You are moving from a
3 larger facility to a smaller facility?

4 MR. SCHAENGOLD: Yes, ma'am.

5 CHAIRPERSON REID: So aren't you going
6 to have to cut out some things?

7 MR. SCHAENGOLD: We have voluntarily
8 reduced a number of licensed beds for this hospital.
9 We were the first hospital in the District to come
10 forward and reduce its licensed bed capacity. We
11 are going from 499 beds to 371 beds.

12 VICE CHAIR KING: And do you have SHPDA
13 approval for that? Or do you have SHPDA approval
14 for the small number, which I believe is --

15 MR. SCHAENGOLD: Three hundred and
16 seventy one beds is what SHPDA has approved.

17 VICE CHAIR KING: SHPDA has approved
18 that?

19 MR. SCHAENGOLD: Yes, ma'am. That CON
20 was issued in December of last year.

21 VICE CHAIR KING: And you also told
22 SHPDA that you would not be reducing the number of
23 parking spaces, but of course that's not true.
24 Right?

25 MR. SCHAENGOLD: I'm sorry?

26 VICE CHAIR KING: You told SHPDA, in the

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1 materials that you gave to us initially, you told
2 SHPDA that you would not be reducing the number of
3 available parking spaces. But in fact, it is
4 reduced by 65.

5 MR. SCHAEINGOLD: No. That is not
6 correct, ma'am. We are currently parking
7 physicians, residents, and medical students in the
8 surface lots that this hospital will be placed on.
9 The individuals who park there will be absorbed into
10 university parking facilities. So we did not reduce
11 --

12 VICE CHAIR KING: Would you give any
13 thought whatsoever to expanding the parking facility
14 that is to absorb those 265 cars before you begin
15 constructing the hospital?

16 MR. SCHAEINGOLD: Well, no, ma'am.

17 VICE CHAIR KING: You would not?

18 MR. SCHAEINGOLD: No. The individuals
19 that we are displacing will be absorbed within the
20 university parking facility, and at no time will
21 they drop below their mandated minimum parking
22 spaces that are available.

23 VICE CHAIR KING: But nevertheless,
24 during the period of the construction, there will be
25 265 fewer spaces. When the construction is
26 finished, there will be 65 fewer spaces. And don't

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1 talk to me about the Kennedy Center.

2 MR. MOORE: Ms. King, we have here Byron
3 Wills, who is the university's parking manager.
4 This is not the university issue. He has been sworn
5 in already.

6 Would you identify yourself for the
7 record, please?

8 MR. WILLS: Yes. I'm Byron Wills.

9 MR. MOORE: Are you employed, sir?

10 MR. WILLS: Yes, sir, I am. I am the
11 program manager for parking services at George
12 Washington University.

13 MR. MOORE: Has the university devised a
14 plan by which it can accommodate the 265 spaces that
15 will be replaced, should the replacement hospital be
16 approved?

17 MR. WILLS: Certainly.

18 MR. MOORE: What is that plan, sir?

19 MR. WILLS: We will create through valet
20 parking and stack parking a total number of 250
21 spaces. That would initially take care of all the
22 parking needs that the displacement of vehicles over
23 at lot 1113 --

24 VICE CHAIR KING: And how have you
25 accommodated the displacement of all the other
26 parking, such as the parking that was displaced by

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1 the Wellness Center, the parking that was displaced
2 by the Media Center, all of that other stuff? How
3 have you accommodated those?

4 MR. WILLIS: We provided that parking
5 plan in earlier meetings that showed the total
6 number of parking spaces that will be created. At
7 no time will we fall below that.

8 VICE CHAIR KING: Have you seen the
9 material that Mrs. Miller submitted today?

10 MR. WILLIS: No. I have not.

11 VICE CHAIR KING: Perhaps Mr. Moore
12 would show it to you and you could prepare written
13 comments for us prior to our decision meeting.

14 MR. WILLIS: I would be happy to.

15 VICE CHAIR KING: Thank you.

16 CHAIRPERSON REID: I am not clear on the
17 number of trips or number of deliveries that you
18 anticipate having per day. I have heard anywhere
19 from 2 to 63, in regard to how many trucks will
20 actually be using the loading dock on a given day.

21 MR. SCHAEINGOLD: What we have said
22 before is that approximately one 18-wheeler a day
23 delivers supplies to us. The rest of the vehicles
24 are of the medium and small size. According to our
25 counts, we average approximately 27 to 32 deliveries
26 a day, which on the outside adds up to about 64 car

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1 trips a day.

2 VICE CHAIR KING: How many axles does a
3 medium truck have?

4 MR. SCHAENGOLD: It could be two to
5 three.

6 VICE CHAIR KING: Okay. Three would be
7 over a ton and a half, right?

8 MR. SCHAENGOLD: Ma'am, I don't know.

9 VICE CHAIR KING: It was testified to
10 earlier.

11 MR. SCHAENGOLD: I don't believe it was
12 testified by us.

13 VICE CHAIR KING: Maybe your traffic
14 expert can say. What is a medium truck?

15 MR. SLADE: I want to get that in
16 writing to you, but yes --

17 MR. MOORE: Identify yourself.

18 MR. SLADE: I'm sorry. This is Louis
19 Slade. A three-axle truck is typically -- has more
20 capacity than a ton and a half. A two-axle truck
21 could be either over or under, depending on the size
22 of the truck. But we can get you a documentation of
23 that.

24 VICE CHAIR KING: Okay. So your so-
25 called medium trucks, although they are not 18-
26 wheelers, are enormous trucks. Right? I mean it's

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1 not something, it's not a little panel van that runs
2 up and delivers some diapers. It's not a sports
3 utility vehicle. I mean it's a serious piece of
4 equipment that is going to have to -- going to stop
5 traffic in order to be backed into the loading dock
6 and stop traffic to get out.

7 MR. SLADE: It's not an unusual truck in
8 the city. It is a commonplace truck.

9 VICE CHAIR KING: I understand that.
10 But I mean --

11 MR. SLADE: They all have power
12 steering. They all are modern trucks and they will
13 back up safely, just as they do at all loading
14 docks.

15 VICE CHAIR KING: I understand that.
16 But I mean I am trying to visualize what it is. Is
17 it the size of those refrigerator trucks that
18 deliver stuff to the supermarkets?

19 MR. SCHAEINGOLD: It could range from 20
20 to 40 feet.

21 VICE CHAIR KING: Twenty five to 40 feet
22 it says.

23 MR. SLADE: Correct.

24 VICE CHAIR KING: And it's very heavy.
25 I mean over a ton-and-a-half is very heavy.

26 MR. SLADE: No. The ton-and-a-half is

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1 the capacity, its carrying capacity. My car is a
2 ton.

3 VICE CHAIR KING: That's very big.

4 MR. SLADE: Mine and your car are
5 probably a ton-and-a-half.

6 VICE CHAIR KING: Pardon?

7 MR. SLADE: Our cars are a ton-and-a-
8 half in weight. It is the capacity of carrying
9 goods that we are talking about.

10 VICE CHAIR KING: How many of my cars,
11 my little Tauruses, could a medium truck carry if
12 they were stacked up?

13 MR. SLADE: I also have a Taurus.

14 VICE CHAIR KING: If we put both of our
15 cars in, could we get two more cars in?

16 MR. SLADE: My Taurus, which is a wagon,
17 is approximately 17 or 18 feet long. The smaller
18 end of the range of the medium trucks is 25 feet
19 long. That's bumper to bumper.

20 VICE CHAIR KING: So we could get four
21 Tauruses into the medium-sized truck?

22 MR. SLADE: No, no, no. I think you
23 could get one Taurus in the back of a small medium-
24 sized truck. A 40-foot would perhaps get two.

25 VICE CHAIR KING: And then you have got
26 the height, so we could get four, two of your cars

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1 and two of my cars into a 40-foot truck and have
2 some room left over, stacked up on top.

3 MR. SLADE: Perhaps. That I can't --

4 VICE CHAIR KING: I am trying to get a
5 mental image of how big these are. It sounds to me
6 it's bloody big for that street, for 24th Street.

7 MR. SLADE: Well, there are trucks of
8 this size operating on 24th Street today, and they
9 are smaller than Metro buses, which operate on 24th
10 Street today.

11 VICE CHAIR KING: Okay. Thank you.

12 CHAIRPERSON REID: Back to the loading
13 dock. Do you anticipate that the activity or the
14 amount of deliveries per day will increase or will
15 they remain about the same as they are at the
16 present time?

17 MR. SCHAEINGOLD: We believe it will
18 remain about the same because we are anticipating
19 about the same level of activity. They obviously
20 could increase as the activity at the hospital
21 increases, but I doubt very much that you will see
22 more than 50 deliveries a day even at our maximum
23 capacity, because you would be at one time
24 delivering more material.

25 VICE CHAIR KING: Fifty deliveries a
26 day?

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1 MR. SCHAENGOLD: Yes, ma'am.

2 CHAIRPERSON REID: I thought it was 33
3 and double that.

4 MR. SCHAENGOLD: Double it. You see
5 there is a lot of confusion, there are car trips or
6 deliveries. A 30 delivery a day is in theory 60 car
7 trips.

8 CHAIRPERSON REID: Okay.

9 VICE CHAIR KING: You are saying only
10 one 18-wheeler, and not more than four of these
11 medium trucks that can carry four Tauruses, and then
12 that makes five, and that there will then be 45
13 small vans and trucks, such as UPS, FedEx, Air
14 Borne, et cetera? Is that it?

15 MR. SCHAENGOLD: We are estimating that
16 that is the mix and the volume of activity.

17 VICE CHAIR KING: And there will never
18 be more than one -- I mean if we put in your -- if
19 we grant this request and we put in the order that
20 you may not have more than one 18-wheeler a day, you
21 would be happy with that?

22 MR. SCHAENGOLD: No, ma'am, I would not
23 be.

24 VICE CHAIR KING: How many would you be
25 happy with?

26 MR. SCHAENGOLD: At the current time we

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1 have one delivery a day. I don't think you would
2 want to put in the order that --

3 VICE CHAIR KING: Two then? Is two --
4 if we put a condition of two, is that acceptable?

5 MR. SCHAENGOLD: If that is the only
6 condition subject to this approval, I think it will
7 be acceptable.

8 VICE CHAIR KING: And four deliveries by
9 a medium-sized truck of 25 to 40 feet in length?

10 MR. SCHAENGOLD: That we can't govern.
11 We are guessing that that is the number that we will
12 usually utilize. We have to depend on the vendors
13 as to what trucks they use to deliver material.

14 VICE CHAIR KING: No. But I mean you
15 have proposed loading dock procedures where you say
16 you are going to be able to restrict them as to what
17 streets they travel on. Surely you can restrict
18 them as to what they travel on those streets in.

19 MR. SCHAENGOLD: Well, let me make a
20 clarification, ma'am. The restriction to travel of
21 the trucks was a suggestion by DPW.

22 VICE CHAIR KING: And you have put it in
23 your submission.

24 MR. SCHAENGOLD: We are saying that we
25 are willing to accept those restrictions and we
26 would submit those to the vendors who deliver. It

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1 was DPW's suggestion that we consider those type of
2 restrictions because it was in their opinion more
3 appropriate to have the trucks come west on H Street
4 north of 24th Street.

5 VICE CHAIR KING: Okay. But you have
6 submitted a list of what you say the delivery
7 vehicles are currently as follows, one 18-wheeler a
8 day, three or four medium trucks, 25 to 40-feet in
9 length per day, and then presumably if those numbers
10 are correct, 45 additional small vans.

11 Now if that's what you have now, and if
12 we do grant this application, and if we do restrict
13 the traffic in and out of the dock, you have said
14 that in fact, you will need twice as many 18-
15 wheelers as you have now, in other words, two a day.
16 And how many medium trucks would you need a day?

17 MR. SCHAEINGOLD: I don't know, ma'am.
18 We are projecting our current --

19 VICE CHAIR KING: Can Mr. Slade help you
20 with that?

21 MR. MOORE: Let me say something.

22 VICE CHAIR KING: I mean we are getting
23 to the point where we are needing to think about
24 whether or not we are going to grant this
25 application, and if we grant it, what conditions.
26 This is a good time to talk about it so that you all

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1 can say.

2 MR. MOORE: Agreed. Mrs. King, I have
3 handled a number of cases in the downtown area with
4 respect to loading docks and deliveries. In fact, I
5 handled the 7-11 cases right across the street when
6 the Board first granted the 7-11 the opportunity to
7 be at that location, at 912 New Hampshire Avenue,
8 N.W. As recently as 1996, the Board reapproved that
9 application to continue the use of the 7-11 there.

10 It was established, the principle that
11 was established in that case is the same as the
12 principle here. That is, the owner of the building
13 can request of a vendor the trucks' sizes that the
14 vendor will use. But ultimately, if the Coca Cola
15 guy decides that he is going to come in a bigger
16 truck than you ask him to, the owner of the building
17 has no authority to tell him he cannot deliver in
18 that sized truck.

19 VICE CHAIR KING: But you see, my
20 understanding is that this was given to me in order
21 to placate me because I am deeply disturbed about
22 traffic and parking, and the loading dock. So this
23 was given to placate me. But it doesn't mean
24 anything. Because what you are saying is that the -
25 - I mean for one thing, the time is different than
26 Mr. Layton understood there was an agreement on.

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1 This current use of vehicles is not based on
2 anything in particular. It's just to make us feel
3 good. This whole thing about specific deliveries
4 and how it's going to be managed and handled is just
5 a farrago. I mean it means nothing. It's not worth
6 --

7 MR. MOORE: I would disagree with that,
8 Mrs. King.

9 VICE CHAIR KING: It's just to make us
10 happy.

11 MR. MOORE: I disagree, respectfully I
12 disagree.

13 VICE CHAIR KING: And to hope that we
14 will overlook the impact of the parking, the
15 traffic, and the loading dock on the surrounding
16 neighborhood.

17 MR. MOORE: No, ma'am, respectfully, I
18 would disagree with that.

19 VICE CHAIR KING: Thank you.

20 MR. MOORE: The Applicant is willing to
21 be bound by what is in that statement that is before
22 you. Based on its current experience and its
23 projected experience, I think what the Applicant is
24 saying is the numbers that you see on that sheet are
25 the numbers that it expects its deliveries to be.

26 I think that it is fair to say that the

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1 Applicant will try to its best ability to govern,
2 one, the hours of delivery, and I think we can be
3 successful in doing that. 7-11 has been successful
4 in doing that over the years. But two, we will try
5 to be successful in persuading the vendors to
6 delivery these materials in the sized trucks that we
7 ask them to do.

8 But ultimately, ultimately, it the
9 vendor who decides what size trucks he brings into
10 the neighborhood, not us. We don't say that to be
11 recalcitrant. We say that because that is the way
12 it is in the delivery service. That is the case in
13 other cases that this Board has approved. That is
14 the case that we have here.

15 CHAIRPERSON REID: Let me ask, so we're
16 all on the same page with the time. There will be
17 no deliveries before 10:00. There was some
18 testimony here today that indicated that there were
19 some deliveries that were necessary prior to 10:00.

20 VICE CHAIR KING: No, no. He said that
21 there would be activities on the loading dock but no
22 deliveries before 10:00 a.m.

23 MR. SCHAENGOLD: No, ma'am.

24 CHAIRPERSON REID: I am specifically
25 asking him.

26 MR. SCHAENGOLD: I think we need to

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1 clarify. Mr. Layton has testified to that. Our
2 dock operations is that time.

3 VICE CHAIR KING: What time?

4 MR. SCHAENGOLD: The time we have listed
5 here.

6 VICE CHAIR KING: 7:00 a.m. to 6:00 p.m.

7 MR. SCHAENGOLD: We have testified in
8 the past that we will work with our vendors to make
9 sure that they do not deliver to compete with rush
10 hour, but I cannot be bound that there will be no
11 deliveries to the hospital before 10:00 a.m. in the
12 morning.

13 MR. MOORE: I might add, Mrs. King, that
14 in the 7-11 case, the 7-11 case the Board approved
15 deliveries starting no earlier than 7:00 in the
16 morning.

17 CHAIRPERSON REID: So there are some
18 deliveries that --

19 VICE CHAIR KING: Deliveries to a 7-11
20 and to a 400-bed hospital are a little bit --

21 CHAIRPERSON REID: Ms. King, may I,
22 please?

23 There are deliveries that you will have
24 to have made before 10:00 a.m.?

25 MR. SCHAENGOLD: Absolutely.

26 CHAIRPERSON REID: So the 7:00 a.m. to

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1 6:00 p.m. staffing, is that to accommodate the
2 deliveries?

3 MR. SCHAENGOLD: It is to accommodate
4 our operations and deliveries. What we have said
5 before is that we will work with our vendors to not
6 have deliveries adversely impact the traffic
7 patterns and compete with rush hour. But there will
8 be deliveries that occur in the early mornings of
9 the day.

10 CHAIRPERSON REID: You wouldn't be able
11 to control it otherwise to say that --

12 MR. SCHAENGOLD: We could, for example,
13 ask the vendor that uses 18-wheeler to not come
14 before 9:00 in the morning to compete with rush
15 hour, for example. But this is --

16 CHAIRPERSON REID: But if that's the
17 only time he could come, then you don't have control
18 over it?

19 MR. SCHAENGOLD: Correct.

20 CHAIRPERSON REID: If he has to come at
21 8:00 and 7:30 because he has to drop off to you and
22 then go to some other place to drop off, then --

23 MR. SCHAENGOLD: That is correct, but we
24 would certainly make it clear that our preference
25 would be that that does not happen.

26 CHAIRPERSON REID: But if you say no

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1 deliveries before 7:00, then that then means that
2 you would not receive any deliveries before 7:00?

3 MR. SCHAENGOLD: Well, that definitely.
4 I mean we can commit that no deliveries before 7:00
5 in the morning.

6 CHAIRPERSON REID: And you will then try
7 not to have the 18-wheeler come during the rush
8 hour.

9 MR. SCHAENGOLD: During rush hour,
10 absolutely.

11 CHAIRPERSON REID: But you can not give
12 any guarantees on that?

13 MR. SCHAENGOLD: That is correct.

14 VICE CHAIR KING: And of course if it
15 does come during rush hour, it will close down not
16 only 24th Street, but possibly even New Hampshire
17 Avenue. Is that correct?

18 MR. SCHAENGOLD: He would, in his
19 turning into the dock, for a period of two minutes.

20 VICE CHAIR KING: Mr. Slade, would he
21 close New Hampshire Avenue and 24th Street for two
22 minutes during rush hour?

23 MR. SLADE: There would be a brief
24 interruption of traffic flow on 24th Street.

25 VICE CHAIR KING: Okay. And according
26 to this, it would be less than three minutes, but

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1 more than two minutes for a large truck?

2 MR. SLADE: I don't know what that is.

3 VICE CHAIR KING: This is this proposed
4 loading dock procedures. It says that a large
5 truck, which is an 18-wheeler, would be less than
6 three minutes, a medium truck would be less than two
7 minutes. So presumably it's more than two minutes,
8 less than three minutes that the streets would be
9 shut down should the vendors decide to deliver
10 during rush hour in a 18-wheeler.

11 MR. SLADE: I really don't think it will
12 take three minutes to back a tractor trailer truck
13 into a loading dock.

14 VICE CHAIR KING: So even if it's two
15 minutes and it back up, as a traffic expert, what is
16 your opinion on closing those streets for two
17 minutes before 9:00 in the morning?

18 MR. SLADE: I think that's a normal
19 interruption in a downtown situation. Our traffic
20 signals stop traffic for periods of time similar to
21 the time that is going to be required to back up a
22 truck. We interrupt traffic for the purpose of
23 other traffic to move. So there is nothing about
24 this loading dock that is different than many, many
25 other loading docks in this city and on streets that
26 are carrying more traffic than 24th Street and New

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1 Hampshire Avenue.

2 VICE CHAIR KING: And are wider or as
3 narrow as 24th Street?

4 MR. SLADE: Both wider and narrower.

5 MR. SCHAENGOLD: May I also point out,
6 Mrs. King, currently today, every day on 24th Street
7 an 18-wheeler truck makes a delivery to Ross Hall.

8 VICE CHAIR KING: What is Ross Hall?

9 MR. SCHAENGOLD: That's the medical
10 school. This goes on every day.

11 VICE CHAIR KING: And you have a much
12 larger bay there, do you not?

13 MR. SCHAENGOLD: Well, he has to back
14 his truck in, blocking 24th Street every day.

15 VICE CHAIR KING: 24th Street or 23rd
16 Street?

17 MR. SCHAENGOLD: 24th Street, ma'am.

18 VICE CHAIR KING: 24th Street? Where is
19 Ross Hall?

20 MR. SCHAENGOLD: H and 24th Street. Up
21 and down H Street --

22 VICE CHAIR KING: Where is it?

23 CHAIRPERSON REID: H and 24th.

24 MR. SLADE: It sits here, and the dock
25 is here.

26 VICE CHAIR KING: Okay. So if you have

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1 a delivery coming there and a delivery coming to the
2 hospital at the same time, you are in deep doodoo.
3 Right?

4 MR. SCHAENGOLD: Two minutes.

5 VICE CHAIR KING: Two minutes, okay.

6 MR. MOORE: Madam Chair, I have no
7 further questions for Mr. Schaengold, unless the
8 Board does.

9 CHAIRPERSON REID: Yes, I do. The
10 smaller trucks, will they be able to make a turn in
11 the area where the loading dock is or will they have
12 to back in?

13 MR. SCHAENGOLD: They could go in either
14 frontward or backwards, but whichever way they go
15 in, sooner or later there is going to be backing
16 out, either backing out or backing in. But they
17 could pull directly in.

18 CHAIRPERSON REID: But they have to back
19 out too.

20 MR. SCHAENGOLD: Then they will have to
21 back out.

22 CHAIRPERSON REID: Every truck that goes
23 in or every van has to back out?

24 MR. SCHAENGOLD: Back in some direction.

25 CHAIRPERSON REID: So the 90 seconds
26 that you gave for the small van or truck was

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1 predicated upon the size?

2 MR. SCHAENGOLD: Correct.

3 CHAIRPERSON REID: I have no further
4 questions.

5 BOARD MEMBER GILREATH: I have a
6 question for Mr. Slade.

7 CHAIRPERSON REID: Mr. Franklin's
8 questions, did you ask those too?

9 BOARD MEMBER GILREATH: I'll ask them.
10 Mr. Franklin wants to know, Mr. Everett Carter in
11 his analysis of the impact of removing the parking
12 lots, I think you have said there would be a
13 reduction of 1,300 vehicles coming into the area.
14 In his analysis, he says he believes that that is
15 much too high, and that 300 or 400 cars would not be
16 coming as a result of moving that. So Mr. Franklin
17 would like you to address that.

18 MR. SLADE: Again, Mr. Gilreath, it is
19 important to be clear about cars and trips. Each
20 car that parks is one arrival trip and one departure
21 trip. This lot has 265 spaces. It is close to
22 filled and totally filled many times of the week.
23 So it is virtually impossible to have less than 530
24 when you have a full lot. That is only if the cars
25 that have parked there, if there is just one
26 turnover of each space in that 24-hour period.

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1 It is a hospital. There are multiple
2 shifts of various staff. There are rounds on
3 certain days and so forth and so on. Each of these
4 spaces is used more than one time. So I have looked
5 at the appendix in Dr. Carter's report. He based
6 that estimate on a count of arrivals and departures
7 one hour in the morning and one hour in the
8 afternoon, and then somehow extrapolated from that.
9 But as I recall, the lot when they began counting,
10 already had 100 cars in it at 7:00 a.m. Those 100
11 cars arrived and will depart. There's 200 trips
12 right there before they began counting. So I have a
13 hard time understanding how he estimated only 400 a
14 day.

15 We know that on the average, roughly 600
16 or 650 cars use this lot on a daily basis, arriving,
17 departing, or about 1,300. There are days when it
18 is significantly higher than that.

19 BOARD MEMBER GILREATH: Okay. Thank
20 you.

21 CHAIRPERSON REID: Cross examination?
22 Questions, Mr. Watson? Just a moment, Mr. Watson.

23 VICE CHAIR KING: Just one more
24 question, and I don't know who to address this to.
25 On my notes from the original hearing, I have a
26 question as to the legality of the height of the

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1 building at the rear. Was that ever resolved? Do
2 you remember that question that was raised at the
3 first?

4 MR. MOORE: Yes. It's easily
5 resolvable. The zoning regulations are quite
6 specific, Mrs. King, that the height of a building
7 is taken from the middle of the front of the
8 building from the curb. That height from the middle
9 of the front of the building from the curb is 87
10 feet.

11 VICE CHAIR KING: Is that on the middle
12 of the block on 23rd Street?

13 MR. MOORE: That is the middle of the
14 block on Washington Circle.

15 VICE CHAIR KING: I beg your pardon?

16 MR. MOORE: That is the middle of the
17 block on Washington Circle.

18 VICE CHAIR KING: But the front entrance
19 is on 23rd Street, is it not?

20 MR. MOORE: The front entrance, for
21 purposes of the height of the building, is on
22 Washington Circle.

23 Mrs. King, I might add that that is
24 standard for buildings everywhere in this city. Any
25 architect worth his salt will configure height from
26 the lowest point. That is absolutely consistent

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1 with the zoning regulations. It is done all the
2 time.

3 CHAIRPERSON REID: Mr. Watson?

4 MR. WATSON: Mr. Schaengold, your
5 proposed loading dock procedure says that large and
6 medium-sized vehicles will be required to notify
7 hospital dock personnel five minutes prior to
8 anticipated arrival. What will be done if they
9 don't?

10 MR. SCHAENGOLD: There is nothing I can
11 do if they don't.

12 MR. WATSON: What does "required" then
13 mean?

14 MR. SCHAENGOLD: I think we will be
15 asking them to do. I don't think we can mandate
16 them to do that.

17 MR. WATSON: So this is a wish.

18 MR. SCHAENGOLD: We are committing that
19 we will ask.

20 MR. WATSON: Now I have the utmost faith
21 in you in directing the hospital.

22 MR. SCHAENGOLD: Thank you.

23 MR. WATSON: But it is possible that you
24 will have a successor someday. Assuming that
25 successor decided that the hospital loading dock
26 wasn't going to be staffed, what do you propose is

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1 the remedy?

2 MR. SCHAEINGOLD: I don't have a proposal
3 for that.

4 MR. WATSON: Well is there then any
5 requirement that if 30 years from now, when you are
6 not director, the hospital ceases to do this, are
7 you saying that there is no binding commitment on
8 the hospital for this?

9 MR. SCHAEINGOLD: I don't know what you
10 mean by binding commitment.

11 MR. WATSON: Well, I'm saying what if
12 even you decide when the hospital opens, you are not
13 going to staff the loading dock, that we have to cut
14 costs, the loading dock staff is what is going to be
15 cut. Is there any meaning to what you have been
16 saying here, or could you decide that the hospital
17 unilaterally decide it will not staff the loading
18 dock?

19 MR. SCHAEINGOLD: I guess that could
20 happen.

21 MR. WATSON: Then what is committed to?

22 MR. SCHAEINGOLD: We are proposing to the
23 Board, as part of our application, that this is how
24 we will manage our loading dock.

25 MR. WATSON: You were saying you are
26 proposing this is "will," but you are not proposing

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1 this is "will." This is, you are proposing you
2 "may" manage your loading dock. Is that not the
3 case?

4 MR. SCHAENGOLD: No. I said this is how
5 we will manage the dock. You have initiated the
6 conversation by saying what if I'm not here. This
7 is the commitment I am making on behalf of my
8 institution.

9 MR. WATSON: What if your institution
10 vetoes it? All I want to know is, is there anything
11 binding that says you must maintain this, and that
12 if this staff is not provided there, the hospital
13 will close?

14 MR. SCHAENGOLD: Only the pressure of
15 the community that we are not honoring our
16 commitment.

17 MR. WATSON: But you do not propose that
18 there be any sanction for not doing this?

19 MR. SCHAENGOLD: That's correct.

20 MR. WATSON: No further questions.

21 MR. MOORE: I have a couple of questions
22 for Mr. Slade then. That's it.

23 CHAIRPERSON REID: All right.

24 MR. MOORE: Mr. Slade, you have heard
25 the testimony of Mr. Carter. Do you have some
26 comments on that?

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1 MR. SLADE: Yes. I do.

2 MR. MOORE: Would you give those,
3 please?

4 MR. SLADE: Just on a few points. There
5 was testimony by Dr. Carter regarding a survey
6 conducted by the community at his direction. There
7 was a considerable difference between their estimate
8 of current truck activity at the existing loading
9 dock versus our survey.

10 I think two points I want to make. We
11 conducted our survey over a period of five days.
12 The amount of activity on each of those days was
13 similar each day within the range that we've talked
14 about, 30 deliveries or pickups a day. There is
15 nothing that we have been able to determine that
16 would cause a significant variation from the correct
17 level, we believe it is about 30 a day.

18 Our surveyor is trained by us, and does
19 this kind of work on a regular basis for us. He is
20 one of our more reliable surveyors. I have only had
21 a brief time to review the appendix to Dr. Carter's
22 report, but I do note, and I'm sure you will too
23 when the Board Members review it, that a number of
24 the trucks that the community counted were not in
25 the loading dock, they were on the street. I don't
26 know what that means. I don't know if that means

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1 they were making deliveries to the hospital from the
2 street.

3 It seems unusual that they would do that
4 because there were times when those vehicles were
5 there when there was space in the loading dock. So
6 why didn't the truck pull into the loading dock
7 where it would be more convenient to deliver the
8 goods? It is possible that some of those trucks
9 were making deliveries to other land uses or other
10 buildings in the immediate area. But it is a
11 significant amount of the trucks that were noted in
12 the community survey.

13 The other point I wanted to make about
14 Dr. Carter's testimony was I already responded to
15 Mr. Gilreath, and I guess it was Mr. Franklin's
16 question. That is, about the amount of traffic
17 generated at the existing lot. I won't repeat that
18 testimony.

19 MR. MOORE: Mr. Slade, in your reviews
20 and your reassessments, and your reassessment of the
21 reassessment in your conversations with DPW, will
22 there ever be a time with this hospital that the
23 parking during the construction of this hospital,
24 that the required number of parking spaces at George
25 Washington University fall below 2,700?

26 MR. SLADE: A simple answer, no.

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1 MR. MOORE: Is it your opinion that the
2 approval of this application will not have an
3 adverse effect on the transportation or parking
4 system of this city?

5 MR. SLADE: Yes. It is my opinion.

6 MR. MOORE: No further questions.

7 CHAIRPERSON REID: Any other questions,
8 comments?

9 BOARD MEMBER GILREATH: I have no
10 further questions.

11 VICE CHAIR KING: I want to say again to
12 you, Mr. Moore, that should we decide to grant this
13 application, and should we decide to put conditions
14 on it, I would like to have a statement before we go
15 into our decision meeting as to what conditions
16 regarding deliveries the loading dock and parking,
17 your client would find acceptable.

18 CHAIRPERSON REID: We will decide this
19 case at the --

20 VICE CHAIR KING: He still has to make
21 final remarks.

22 CHAIRPERSON REID: Mr. Moore, you want
23 --

24 MR. MOORE: Yes. I have a statement.

25 MR. WATSON: I believe it should be
26 cross examination of Mr. Slade.

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1 CHAIRPERSON REID: Oh. All right.

2 MR. WATSON: A couple of questions. You
3 indicated you did it for five days. What five days
4 did you survey?

5 MR. SLADE: I do have that here. May 13
6 through May 19, 1998.

7 VICE CHAIR KING: What days of the week
8 was that, Monday through Friday?

9 MR. SLADE: Yes.

10 MR. WATSON: Do you know what the number
11 of beds occupied in the hospital were at that time?

12 MR. SLADE: No.

13 MR. WATSON: What was the maximum number
14 of vehicles in any one day?

15 MR. SLADE: Well, I guess I have that
16 number here. Our highest day was 33.

17 MR. WATSON: What was the minimum
18 number?

19 MR. SLADE: Twenty.

20 MR. WATSON: What hours did you survey?

21 MR. SLADE: That varied from day to day,
22 but it was approximately 7:00 a.m. to 5:00 p.m.,
23 similar to the community survey.

24 MR. WATSON: I don't understand it
25 varied from day to day. Do we know what hours were
26 surveyed?

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1 MR. SLADE: I don't have it in front of
2 me, but the surveyor was there, tried to survey from
3 7:00 a.m. to 7:00 p.m., he one morning started at
4 7:45 a.m.

5 MR. WATSON: Did you adjust for that
6 difference in time when figuring your average?

7 MR. SLADE: He noted the vehicles that
8 were present when he arrived.

9 MR. WATSON: Yes. But if he arrived at
10 7:45, isn't it possible that a number of vehicles
11 came and went?

12 MR. SLADE: We think we captured that in
13 the estimates.

14 MR. WATSON: I don't understand how his
15 estimates -- you didn't use the raw numbers, you
16 adjusted the numbers after you looked at them?

17 MR. SLADE: If we started later than the
18 opening time of the loading dock, we did a count of
19 what was in the loading dock and checked with people
20 within the loading dock whether there was a
21 significant amount of activity, and may have made an
22 adjustment.

23 MR. WATSON: So those people in the
24 loading dock that he checked with, they were also
25 trained surveyors?

26 MR. SLADE: They are just present in the

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1 loading dock and aware of the activity going on
2 there.

3 MR. WATSON: So it was hearsay?

4 MR. SLADE: That's your term. I don't
5 know.

6 MR. WATSON: What times did you close up
7 in the evening in your count?

8 MR. SLADE: That also varied. I don't
9 have those times here.

10 MR. WATSON: Well, when you closed up
11 early, did you ask the people at the loading dock
12 how many more trucks were coming?

13 MR. SLADE: We tried to adjust our
14 counts for any trucks that we may have missed.

15 MR. WATSON: So you are saying your
16 counts aren't a count, but they are an adjusted
17 count?

18 MR. SLADE: They are an estimate of the
19 activity at the loading dock.

20 MR. WATSON: So these are an estimate
21 and not a count?

22 MR. SLADE: All counts are an estimate.

23 MR. WATSON: All counts are an estimate?

24 MR. SLADE: Yes.

25 MR. WATSON: Maybe I don't understand
26 that language, but I thought that if we went to this

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1 room and we --

2 CHAIRPERSON REID: Mr. Watson, he
3 answered your question so move onto the next
4 question.

5 MR. WATSON: No. This is important.

6 CHAIRPERSON REID: No. He answered the
7 question so move to the next one.

8 MR. WATSON: If I count all of the
9 people in this room --

10 CHAIRPERSON REID: Mr. Watson, Mr.
11 Watson, Mr. Watson, I am sure you heard me talking
12 to you. So you are going to insist upon continuing
13 that line of discussion, even though I have already
14 said that we have already made the decision on this.

15 So you can go to your next question.

16 MR. WATSON: I object, and will ask no
17 further questions.

18 CHAIRPERSON REID: You can object, but
19 cannot be rude. Thank you.

20 MS. TYLER: I would like to ask first
21 Mr. Slade and then my friend here, Jerry Moore, a
22 question.

23 Mr. Slade, you mentioned that you had
24 trained experts. You trained actually experts to
25 count the traffic movements in and out. Could you
26 kindly tell me what kind of training is required for

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1 a person to become an expert to count vehicles
2 coming in and servicing a building or not servicing
3 that building? Could you kindly tell me that?

4 MR. SLADE: Yes. First of all, I don't
5 think I used the term "experts," Mrs. Tyler.

6 MS. TYLER: I'm sorry. That's what I
7 took down.

8 MR. SLADE: Trained staff.

9 MS. TYLER: I took it down immediately
10 after you stated it, but we can check in the record.

11 MR. SLADE: Trained staff is probably
12 the term I used.

13 MS. TYLER: Well, all right. Trained
14 staff.

15 MR. SLADE: We select people who will
16 work for us part-time, who are available for part-
17 time daily work. We bring them into our office and
18 we explain the objectives of the studies that we do
19 and the need for accuracy.

20 We take them out in the field and have
21 them do various types of counts. We do
22 verifications of what they are doing to make sure
23 that their counts are accurate. It is very
24 important to us that our staff does accurate
25 counting. So that is why we used trained, people
26 that we train ourselves.

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1 MS. TYLER: Now what does training
2 specifically involve? Because I was one of the
3 counters, and so was an attorney in our --

4 CHAIRPERSON REID: Don't testify, Ms.
5 Tyler.

6 MS. TYLER: What does training
7 specifically involve? What do you specifically mean
8 when you say you use part-time people, we explain
9 the objective, and we take them into the field? I
10 mean what sort of training does it involve to
11 identify a vehicle coming into a building and either
12 going in the loading dock or parking on the street
13 because that's more convenient for the particular
14 driver, and taking some stuff into the building, and
15 then coming back and taking out?

16 Could you kindly explain to me what kind
17 of special training that another person who has had
18 higher education, who knows how to count, is not
19 able to do?

20 MR. SLADE: Should I answer that?

21 CHAIRPERSON REID: Yes.

22 MR. SLADE: I thought I heard you
23 speaking.

24 CHAIRPERSON REID: The essence of the
25 question is what kind of special training do you
26 need to count?

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1 MR. SLADE: I thought I explained that
2 when I explained in general terms our training
3 program. The point is that we are in a business.
4 We have been in the business for a very long time,
5 to produce accurate information. We have to assure
6 that the data that we collect is accurate. We go
7 about instilling in the people that we use to do our
8 field counts, an understanding of what our
9 objectives are for accuracy, for neatness in keeping
10 records, so that when those records are interpreted
11 and put into the computer, there are no mistakes
12 made, and so forth. For an understanding of whether
13 or not we intend for them to count trucks in the
14 loading dock or on the street, for example.
15 Apparently there was some confusion in the survey
16 that was done by the community.

17 MS. TYLER: Sorry. I am not supposed to
18 make statements. But you stated accuracy. You
19 emphasized just the word right now, "accuracy." Do
20 you believe that it was accurate on your part as a
21 consultant for George Washington University, to make
22 a mistake that you later on submitted as admitted in
23 the case of ambulances? You understated the number?
24 It was actually quadruple the number which you
25 submitted. Do you think that that is an accurate --

26 CHAIRPERSON REID: Wait, wait, Ms.

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1 Tyler, let him answer that question before you go to
2 the next question, because you are asking a series
3 of questions.

4 MR. SLADE: Mrs. Tyler, I think there
5 may have been some confusion between a traffic count
6 we did at the entrance to the existing emergency
7 room and data that you obtained from a source that
8 was for I think a year's worth of data or month-by-
9 month data, I don't recall exactly. We could divide
10 by the number of days and get the total number of
11 ambulance trips. But the counts we did at the
12 emergency room were peak hour commuter rush hour
13 counts. So we are not comparing the same set of
14 numbers.

15 I don't think there was inconsistency
16 between the hospital's testimony regarding emergency
17 room activity and the data that you presented.

18 MS. TYLER: I do not understand your
19 reply to my question. May I ask you, is it accurate
20 that you first stated, could you confirm that, in
21 your first transportation submission, that there
22 would be 10 ambulances per 24 hours? Yes or no?

23 MR. SLADE: I don't recall.

24 MS. TYLER: Number two, I would like to
25 ask you whether it was the D.C. Fire Department
26 submitted data for Fiscal Year 1998, plus October

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1 1998, that means for 13 months, showing that the
2 data you submitted, 10, was actually 20, excluding
3 private ambulances.

4 MR. MOORE: I'm sorry. Mrs. Tyler, I
5 don't know what document you are referring to.

6 MS. TYLER: Well, the document was
7 submitted to the --

8 CHAIRPERSON REID: Specify it. Specify
9 which document.

10 MS. TYLER: It is in the record.

11 MR. MOORE: Which document? I don't
12 recall such a document.

13 VICE CHAIR KING: Which number in the
14 record?

15 MS. TYLER: Well, in that case I will
16 give it to you.

17 CHAIRPERSON REID: Who submitted it?

18 MS. TYLER: I'm sorry that you did not
19 get it, but certainly that document was submitted
20 for the record and is in the BZA records. Just one
21 second, please.

22 I would like to have it copied because
23 this is my only copy. This is addressed from the
24 document for the Board as information, is a document
25 by the D.C. Fire and Emergency Medical Services. It
26 is addressed to me. It's a fax. It's addressed to

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1 me, and it has Fiscal Year 1998 and October 1998 in
2 addition. It was submitted in ANC 2A's testimony on
3 January 5. It is in the record here, I'm sure,
4 because it was submitted and given to the staff.
5 Adequate copies were given to the staff.

6 So if you could kindly look at that.
7 Then I will give you a copy. It was submitted with
8 this particular testimony.

9 CHAIRPERSON REID: That was the
10 attachment to the submission?

11 MS. TYLER: It was an attachment, and it
12 was attachment --

13 VICE CHAIR KING: And it shows?

14 MS. TYLER: It shows, Madam Chair,
15 excluding private ambulances, it showed a doubling
16 of the number given by the Applicant, excluding
17 private ambulances.

18 When do you recall, that when faced with
19 that evidence, you on January 5, stated oh yes, I
20 admit it will be probably 40.

21 MR. SLADE: Ms. Tyler, when I say I
22 don't recall, I don't recall my exact words.

23 MS. TYLER: I just ask you yes or no.

24 MR. SLADE: I don't think we disputed
25 this issue with you at all. We talked to the
26 gentleman who is chief of D.C. Emergency Operations

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1 about this, Captain Blaylock. We have made the best
2 effort we could to get the best information
3 available on the amount of activity.

4 As you said, I admitted that our early
5 estimate of the amount of ambulance activity was not
6 accurate.

7 MS. TYLER: Thank you. By quadrupled,
8 thank you very much.

9 There is one more question that I have
10 and that bothers me very much, is that you put --
11 did you question the ability of the people who did
12 the traffic count, the citizens who did the traffic
13 count, did you question their ability to be able to
14 discern whether a truck or a delivery vehicle parked
15 on the street? Did you question their ability,
16 whether they could see whether that particular
17 driver was delivering something to that building or
18 not? You questioned that ability?

19 MR. SLADE: No.

20 MS. TYLER: Well, is it correct that you
21 said that you were surprised that there were so many
22 vehicles parked on the street?

23 MR. SLADE: I said that the
24 interpretation of the data that I saw in Dr.
25 Carter's appendix is difficult for me to make
26 because a very large fraction of the trucks that

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1 were included in that data parked on the street. I
2 don't understand why some of those trucks during
3 certain periods of the day would not have pulled
4 into the loading dock since the loading dock was not
5 full at that time, number one.

6 Number two, I think it is possible that
7 a truck that parked on the street may have been
8 serving another building, but I wasn't questioning
9 whether the individuals who counted those trucks
10 knew whether they were serving the hospital or not.
11 I am simply questioning if a truck is parked on the
12 street and the loading dock has vacant space in it
13 and he is going to the hospital to make a delivery,
14 why not pull into the loading dock.

15 MS. TYLER: Number one, is it possible
16 that the loading dock was full? That's my first
17 question.

18 MR. SLADE: Not according to the data.
19 I looked at the data to see whether the loading dock
20 was always full when there were vehicles parked on
21 the street. It was not.

22 MS. TYLER: Number two, is it possible
23 for a vehicle, just for convenience, delivering
24 items, which I personally saw, delivering items to
25 the hospital not to go to the loading dock for
26 convenience, and park right illegally or double park

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1 on the street? Is it possible?

2 MR. SLADE: Yes.

3 MS. TYLER: Thank you. I now have a
4 question to my friend here, Jerry Moore.

5 You referred to the conditions that are
6 imposed on the 7-11, and how well that works. Are
7 you aware that the 7-11 is subject to a very
8 rigorous special exception procedure before the BZA
9 on a periodic basis?

10 MR. MOORE: Yes.

11 MS. TYLER: Are you aware that the Board
12 of Zoning Adjustment reduced the time of approval
13 from the very original of 10 years subsequently to 5
14 years, and subsequently to 3 years?

15 MR. MOORE: Yes.

16 MS. TYLER: Are you aware that the
17 conditions that were imposed upon the 7-11, if they
18 were imposed upon the hospital are unenforceable,
19 because there would be no periodic review?

20 MR. MOORE: I am not aware of that.

21 MS. TYLER: What kind of review do you
22 foresee and by whom, once that permanent building is
23 going to be there for 50 years?

24 MR. MOORE: For 7-11 or for the
25 hospital?

26 MS. TYLER: For the hospital. What kind

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1 of review would it be subjected to, and by whom?

2 MR. MOORE: By whom, it's by the
3 Department of Consumer and Regulatory Affairs. The
4 Department of Consumer and Regulatory Affairs is the
5 enforcement agency for the zoning regulations of the
6 District of Columbia. That department employs
7 zoning inspectors who respond to complaints, and
8 they initiate cases on their own, to go out into the
9 community to make sure of several things. That one,
10 that buildings are in compliance with the zoning
11 code, plumbing code, electrical code and the like,
12 and in cases where there are orders that are the
13 backup for the certificates of occupancy, in which
14 this case there will be, those inspectors have the
15 authority to take action with respect to violations.

16 That is an administrative process that
17 is ongoing. It has been ongoing, and anticipate it
18 will be ongoing in the Department of Consumer and
19 Regulatory Affairs.

20 MS. TYLER: Mr. Moore, as a resident of
21 this community for quite a long time, and as an ANC
22 commissioner, I am asking you whether you are aware
23 that our community has worked with the DCRA to try
24 to get these inspectors to come, and that it would
25 take an enormous amount of time before they came.
26 Are you aware of that?

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1 MR. MOORE: No.

2 MS. TYLER: Are you aware of the fact
3 that when they did come, that they refused very
4 frequently to put a citation on?

5 MR. MOORE: No, I'm not. I don't know
6 whether that's the fact or not.

7 MS. TYLER: Are you aware that once the
8 citation be put on, that then for some odd reason,
9 it would be removed and it would fall into the laps
10 of the residents to follow up and follow up, and it
11 would sap their energies? Are you aware of that?

12 MR. MOORE: No, ma'am.

13 MS. TYLER: Thank you very much.

14 CHAIRPERSON REID: Thank you, Ms. Tyler.
15 Now closing remarks by the Applicant.

16 VICE CHAIR KING: Brief closing remarks,
17 right, Jerry?

18 MR. MOORE: This is a long process. I
19 am just going to take a few minutes. I hope the
20 Board will bear with me because this is a case of
21 critical importance. I hope I am not boring. I am
22 a preacher's son and I try my best to be attractive
23 orally. There are a number of issues that need to
24 be covered and I hope to cover those very quickly.

25 CHAIRPERSON REID: Highlight them for
26 us, please. Just give us the highlights, the

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1 salient points. We will take copious notes.

2 MR. MOORE: Thank you. Madam
3 Chairperson, and Members of the Board, this has been
4 a long hearing process, and we thank you for your
5 time and close attention to our presentation. The
6 University has tried very hard to put a strong case
7 into the record and to earn each of your votes to
8 approve the applications for the replacement
9 hospital, and for the addition to the University
10 parking garage.

11 I think it's important to say at the
12 outset that the University parking garage
13 application is supported by the Office of Planning,
14 and is without a single word of opposing testimony
15 or evidence in the record. Because the record is
16 complete with evidence in support of that
17 application, the Applicants respectfully suggest
18 that the parking garage addition application is
19 suitable for a bench decision today.

20 With respect to the hospital
21 application, it has been a deliberate and honest,
22 but not an easy journey. Even until today, despite
23 enormous efforts on the part of the Applicant, there
24 are an active few who still insist they are
25 unpersuaded of the merits of this wonderful and
26 necessary project.

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1 Please know that this result comes in
2 spite of the Applicant's continuing efforts to be
3 forthcoming with information, responsive to the
4 concerns of the neighborhood as a whole, and an
5 active practitioner of community service.

6 Mayor Anthony Williams has been quoted
7 as saying, "Frankly, in some cases, no matter how
8 much time you talk, you still have people
9 disagreeing." Well, we have said to those few
10 citizens who do disagree, and we say here again to
11 this Board, that we aren't by any means through
12 talking to them. As Herbert Cohen wrote in his book
13 You Can Negotiate Anything, the word "no" is just an
14 indication that one hasn't given enough information
15 for the respondent to say "yes."

16 At this point, we don't yet know what
17 other information there is to give, but we do know
18 that we will continue to spare no effort in our
19 endeavor to find it. Nonetheless, we are pleased,
20 fortunate, and gratified that those who have been
21 persuaded on the merits of this project, including
22 Mr. Steven Mandelbaum, the one Government official
23 who directly represents all of the adjacent and
24 nearby property owners, have voiced their opinions
25 into the record. Mr. Mandelbaum's words of support
26 and approval are echoed by ANC Commissioner Richard

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1 Sheehy.

2 What fair-minded people have come to
3 understand is that the replacement hospital is
4 planned on an unimproved lot in a downtown high-
5 density zone district, that the site is currently
6 used as a service parking lot that itself generates
7 more than 1,200 vehicular trips a day, and that the
8 site is owned by the George Washington University.
9 But if it were in private hands, a hospital with on-
10 site parking could be developed to the same height
11 at a greater bulk, on a matter of right basis.

12 What we are doing, in effect, is
13 replacing a downtown surface parking lot next to a
14 Metro rail station with a modern building that
15 easily fits within the use and the bulk provisions
16 of the zoning regulations. But for the University's
17 affiliation with this project, this new facility
18 would be a matter of right use. Thus, there is no
19 issue here with respect to the use of the property
20 or to the bulk of the building.

21 No one contests the present need for a
22 new hospital structure. No one credibly contests
23 the evidence in the record that the existing
24 hospital structure cannot be renovated and operated
25 at the same time. No one wants the George
26 Washington University Hospital closed for any period

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1 of time.

2 As we see up here on the board, our
3 administrators say that the necessary renovations to
4 the existing structure would take 10 years or more,
5 that disruption would cause physicians to take
6 patients elsewhere. On-site construction would make
7 it difficult to attract and retain managed care
8 contracts, and managed care contracts are crucial to
9 the survival of George Washington University
10 Hospital and other hospitals as well.

11 The State Health Planning and
12 Development Agency in its administrative capacity
13 has concluded that renovation would be "costly,
14 disruptive, and time consuming," that a new hospital
15 building will allow an efficient state-of-the-art
16 facility that incorporates acceptable and
17 anticipated standards of patient care. That the
18 estimated cost of a new facility is lower than the
19 cost of renovating the existing facility. That a
20 new facility avoids disruption of services, and
21 inconvenience patients, visitors and staff.

22 For those reasons, the State Health
23 Planning and Development Agency, over the objection
24 of many of those same people who have made
25 presentations before this Board, supports the need
26 and the proposal to build a new hospital facility.

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1 So what to do? The answer is obvious.
2 One response to the need for a new hospital building
3 by planning one on a nearby site, where all the site
4 is owned by the George Washington University, that
5 is adjacent to the University School of Medicine.
6 What better place could there be for a hospital,
7 that is properly zoned, that is approved for
8 hospital use in the approved campus plan, that is
9 not inconsistent with the campus plan, that meets
10 all height and bulk requirements, and one in which
11 the square is a vacant lot that is adjacent to a
12 Metro rail station, and one that allows the
13 Applicant to continue its community and medical
14 service and educational programs from essentially
15 the same location.

16 The matter before the Board is not
17 whether the replacement hospital could be or should
18 be built on this downtown parking lot, but what is
19 the best way that this hospital can be managed from
20 this location. There is substantial and
21 uncontroverted evidence in the record that documents
22 the substantial work that the Applicant has done to
23 answer itself and to others that the replacement
24 hospital will be well managed.

25 For its part, the Applicant has
26 presented expert testimony and written evidence in

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1 the record demonstrating why the proposed hospital
2 was designed the way it is, has been on this site.
3 In other words, there are professional and
4 functional reasons why the emergency room, the
5 loading dock, and the hospital entrance have been
6 located where they are.

7 Directing your attention to my board up
8 here, the loading dock is enclosed. It is buffered
9 by natural vegetation. It is workable. It is not
10 unusual in this downtown area or on this street.
11 Any building at this location will have a loading
12 dock, as required by the zoning regulations.

13 With respect to the emergency room, the
14 entrance/exit has been changed to 23rd Street, 24th
15 Street, in response to the Department of Public
16 Works' concerns. It is convenient to the medical --
17 we have evidence in the record that it is convenient
18 to the emergency medical service drivers, and that
19 appropriate cautionary devices have been employed.

20 The hospital entrance faces 23rd Street
21 and the University campus and the Metro rail
22 station. It is located away from residential zones
23 to the west of the site.

24 Moreover, Louis Slade and Byron Wills,
25 the University's parking managers, have gone to
26 extraordinary efforts to provide assessments and

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1 reassessments of the University's parking inventory
2 over the next two years. Those assessments are in
3 the record.

4 In summary, off-street parking will
5 always be about 2,700, with or without the addition
6 to the parking garage. I will say that again, with
7 or without the addition to the parking garage. We
8 have presented testimony in the record as to where
9 parkers on lots 11 and 13 will park and where
10 visitors will park.

11 We have had a discussion of the usage
12 and operations of the Kennedy Center parking
13 facility, including the encouraging results of the
14 University's parking incentive program there, an
15 analysis of the pedestrian uses on the west side of
16 23rd Street in front of the hospital, with due
17 consideration to the location of the shuttle bus
18 stops, the Millennium Partners Development at 22nd
19 and M Streets, and the new hospital, a professional
20 response to the ANC's assertion that there are
21 "dangers to pedestrian safety on the 23rd Street
22 sidewalk" in front of the proposed hospital
23 building, a discussion of the ambulance access to
24 the emergency room driveway, and a discussion of the
25 parking industry standard of accepting fewer parking
26 spaces than users for transit uses.

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1 In each and every instance, the traffic
2 experts have concluded that the construction and use
3 of this new facility, with the mitigation measures
4 that the Applicant has worked out with the
5 Department of Public Works, will not have an adverse
6 impact to traffic, pedestrian, or neighboring
7 property owners. The Department of Public Works
8 does not dispute this conclusion.

9 The Applicant does not deny that there
10 is peak hour commuter traffic in this downtown
11 District of Columbia neighborhood. But what we are
12 in a position to say after considerable study, is
13 that the parking and traffic and pedestrian safety
14 will certainly be no worse at any time during the
15 day as a result of the closing of existing hospital
16 and the opening of the new one. That is the
17 conclusion that is clearly supported and justified
18 in the record.

19 Thus, regarding the hospital, the
20 Applicant respectfully asks the Board to draft a
21 decision, recognizing the Applicant's long and
22 detailed efforts to effectively and permanently
23 manage the parking, pedestrian, and transportation
24 issues associated with this case.

25 The issues that are not in question are
26 on my board. The campus plan designation and

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1 approval of the site for hospital use. The site and
2 use are not inconsistent with the comprehensive
3 plan. That the site meets and the building meets
4 zoning requirements as to height, use and bulk.
5 That the critical need for a new hospital facility
6 has support of the Office of Planning, the essential
7 and quality medical services provided to D.C.
8 residents, and important national and international
9 figures, and that the SHPDA has approved a
10 certificate of need for a new hospital at this
11 location.

12 The University's request for an addition
13 to its existing parking garage is also before you.
14 Like the hospital, this use is permitted by the
15 zoning regulations, and is consistent with the
16 University's approved campus plan. This evidence is
17 not in dispute. In fact, as we have said, no party
18 or person has submitted any evidence in opposition
19 to the parking garage. This separate application is
20 also unconditionally supported by the findings and
21 recommendations of the D.C. Office of Planning.

22 There is substantial evidence in the
23 record to support the special exception and area
24 variance as to lot occupancy that has been
25 requested. The written materials contain
26 descriptions of the zoning history of the site, a

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1 description of the area, structural design, floor
2 plans, access, and a detailed analysis of the legal
3 facts and considerations present in the record that
4 support a grant of a further processing special
5 exception and an area variance.

6 The Applicant has redesigned the
7 proposed addition to make it more pleasing and
8 functional, a more pleasing and functional
9 structure. Most importantly, we have established
10 that the proposed addition to the parking garage is
11 the smallest functional structure that the proposed
12 site will accommodate in producing the maximum
13 reasonable number of off-street parking spaces,
14 which is precisely the standard that the D.C. Court
15 of Appeals established in the Monaco and Drowd cases
16 for an area variance.

17 It is worth reiteration that the
18 University has made it clear that the parking garage
19 addition will be completed and operational before
20 the replacement hospital, but the parking garage
21 addition is not needed for the University to stay
22 above the minimum number of off-street parking
23 spaces after lots 11 and 13 are closed to make way
24 for the exciting new replacement hospital.

25 There is no question on this record that
26 the proposed replacement George Washington

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1 University Hospital building is critically important
2 to the survival of this distinguished healthcare
3 facility. Just recently, the George Washington
4 University Hospital was named the first hospital of
5 choice in the event of illness or injury among the
6 distinguished attendees to the NATO Conference,
7 which begins tomorrow. It is crucial to the
8 interests of our city that the George Washington
9 University Hospital be a first-class facility for
10 this event presently and for international and
11 national events in the future.

12 The new taxes and service components to
13 the residents of this city are in the record and
14 undisputed. Speaking of public benefits, any D.C.
15 resident has to be excited about the new buildings,
16 sports arena, baseball park, convention center,
17 restaurants, retail stores, technical communications
18 services, office buildings, and new housing
19 opportunities that this year and next have brought
20 and are bringing to the downtown.

21 These are not idle musings by the
22 Applicant's zoning attorney. These are facts that
23 anyone can see and feel just by looking around. We
24 are a city on the move. Some of the opposition has
25 said that change is not good, but all living things,
26 including cities and neighborhoods need to change.

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1 If they don't, they die.

2 I would like the Board to take notice of
3 the changes that have occurred over the years. I am
4 a native Washingtonian. I have lived here all my
5 life. I am 52 years old, born in 1946. I have
6 noticed substantial changes in the texture of this
7 city, and that's good. That's good. Look at the
8 changes on the west end, China Town, Mount Vernon
9 Square, the Southeast Federal Center.

10 I drove through the Southeast Federal
11 Center over at the Navy Yard the other day. They
12 have got signs up there where the Zoning Commission
13 has now designated the Capital South area as a
14 receiving area for TDRs. That is an area that is
15 adjacent to a residential community. But it shows
16 our city is vibrant. It's on the move.

17 Look at Columbia Heights, where someone
18 has just proposed building a 500,000 square foot
19 building on areas that have been vacant for 30
20 years, 30 years. But Columbia Heights is on the
21 move. Friendship Heights is on the move. Union
22 Station and Capital Hill is on the move. In
23 Maryland, Silver Spring is on the move with a whole
24 new process and development in the Silver Spring
25 corridor. Potomac Yards in Virginia. So not only
26 is the District of Columbia on the move, but their

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1 surroundings jurisdictions as well.

2 I grew up in the Foggy Bottom
3 neighborhood, which is mostly a residential and has
4 a little C1 territory there. A lot of people make
5 jokes about my father's former church called 19th
6 Street Baptist Church on 16th Street. Well, the
7 reason that church is called the 19th Street Baptist
8 Church is because it was located at 19th and I
9 Street. My father became a pastor there in the year
10 1946, the year I was born. I remember walking the
11 streets in the late 1940s, early 1950s, and that
12 whole area was residential.

13 By the time the 1950s came and the early
14 1960s came, that area changed. It changed. Some of
15 the very people who visited my father's church, who
16 were the congregation of our church, moved out of
17 the area. Why? Because people came in and they
18 bought their houses. The people who didn't own
19 houses, they were renters, they moved. That whole
20 area, 19th and M, 19th and L, 20th and M, 20th and
21 L, they are all gone now. We moved the church in
22 1975.

23 Why am I bringing this up? I am
24 bringing this up to tell you that Washington, D.C.
25 is a city of change. That things have to change in
26 this city or they die. We are doing very well at

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1 4606 16th Street, the 19th Street Baptist Church on
2 16th Street. But we grew up at 19th and I Street.
3 That neighborhood changed, and all the other
4 neighborhoods have changed, but only to make this
5 city better.

6 Here, there is not a single residential
7 property that is being bought. There is not a
8 single family or individual that is being moved or
9 displaced as a result of this application. I have,
10 and I am going to submit to you, examples of
11 commercial and mixed use buildings and approvals on
12 the edge of the central employment area that is
13 adjacent, that are adjacent to residential areas.

14 So what we are asking you to do today is
15 not unlike what this Board has consistently
16 approved, that is approved moving dynamic projects
17 that are on the edge of residential areas in this
18 city. That is a part of progress.

19 The new George Washington University
20 Hospital is part of the rebirth and renewal of
21 downtown Washington, D.C. We implore the Board to
22 recognize this reality as a matter of zoning policy.
23 The applications for the hospital and parking garage
24 addition are separate, but each of them has
25 substantial merit, and each of them are very
26 important to the future of this distinguished

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1 downtown Washington institution.

2 Finally, in considering what we hope is
3 a favorable decision --

4 CHAIRPERSON REID: Mr. Moore, are you
5 wrapping up?

6 MR. MOORE: One minute. We ask that the
7 replacement hospital not be overly burdened or made
8 unworkable by the imposition of unnecessary
9 conditions. In this regard, please be mindful that
10 the Applicant has already made numerous operational
11 and structural compromises with the Office of
12 Planning, the Department of Public Works, and with
13 citizens of the area.

14 These compromises have rendered the
15 project before you operationally manageable, and
16 structurally consistent with the zoning regulations,
17 and in compliance with all city laws and policies.
18 These are the facts. These are the reasons. And
19 these are the public policies on which the
20 University submits that it's met its burden of proof
21 and that it is entitled to the special exception and
22 area variance relief that are requested.

23 We thank you for your time, and close
24 attention to our detailed presentation.

25 CHAIRPERSON REID: Thank you, Mr. Moore.

26 This has been a long and arduous case.

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1 I am glad that we now come to the conclusion of
2 things. We will then deliberate this case and our
3 meeting on what day?

4 MR. HART: The proposed date at this
5 point is May 5.

6 CHAIRPERSON REID: May 5?

7 MR. HART: Yes, but Madam Chair, if you
8 recall, there is information I am supposed to get to
9 have in your packages to get to you by May 5.

10 VICE CHAIR KING: Do we have a calendar?

11 CHAIRPERSON REID: Just a moment, Ms.
12 King. What I think you should do is look at the
13 items that have been requested, and to see if in
14 fact the May 5th is a viable timeline for us to be
15 able to have the meeting in this case.

16 MR. HART: The majority of the articles
17 requested already exist. It's a matter of getting
18 them together and getting them to the Board. We
19 originally did indicate May 5th as the day. It's
20 already on that proposed agenda.

21 CHAIRPERSON REID: How many cases are on
22 that? It seems like it's a lot.

23 MR. HART: On May 5th there are five
24 cases as of now.

25 MR. WATSON: I might ask the question,
26 are you going to request proposed findings in

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1 conclusions of law?

2 CHAIRPERSON REID: For both sides.

3 MR. WATSON: I think the difficulty will
4 be in having a transcript in order to make the
5 findings and conclusions from. This is the 22nd.
6 That would be --

7 CHAIRPERSON REID: It will take about
8 two weeks to get the transcript?

9 MR. HART: It takes approximately two
10 weeks, yes.

11 CHAIRPERSON REID: And then you need
12 time to prepare?

13 MR. MOORE: Madam Chair, this case was
14 filed in July.

15 CHAIRPERSON REID: Well, Mr. Moore,
16 let's see if we can strike a balance. Sometime
17 between the 5th of May and the first meeting in
18 June, where we may be able to deliberate on this
19 particular case. But what we want to do is make
20 sure we have ample time to get everything in. We
21 would like to have draft orders on disc if possible,
22 and have the time to be able to review the
23 transcript, which will not be forthcoming until
24 around the first week in May.

25 VICE CHAIR KING: And Mr. Franklin has
26 to read the transcript for today. I have to read

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1 the transcript for the early April meeting. We
2 haven't been able to get that yet.

3 MS. PRUITT-WILLIAMS: We can expedite
4 the transcript, but I don't think we will still get
5 it in time for the May, to allow adequate
6 preparation for findings of fact on May 5th, because
7 we are expediting the previous -- we have had three
8 or four meetings of transcripts expedited, so we
9 have a log jam here.

10 CHAIRPERSON REID: What is the next
11 conceivable time, Mr. Hart, for --

12 MS. PRUITT-WILLIAMS: June. Unless you
13 want to do a special public meeting?

14 VICE CHAIR KING: Well, I mean it takes
15 how long to get the transcript?

16 MS. PRUITT-WILLIAMS: Two weeks
17 normally.

18 MR. MOORE: Madam Chair, we are prepared
19 to pay the extra money to get that transcript in
20 earlier. Time is money here.

21 MS. PRUITT-WILLIAMS: We can investigate
22 that. I can't give you how long they will -- you
23 know, what they can do. But we will certainly
24 investigate that. I'm sure we can cut it down by a
25 few days at the very least.

26 VICE CHAIR KING: Well, the last hearing

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1 on this case was how long ago, three weeks?

2 MS. PRUITT-WILLIAMS: Two weeks.

3 VICE CHAIR KING: Two weeks ago
4 yesterday?

5 MR. HART: April 7th.

6 VICE CHAIR KING: And the transcript is
7 not available yet?

8 MS. PRUITT-WILLIAMS: Yes, because we
9 have three other transcripts we wanted expedited
10 before that. That's why.

11 VICE CHAIR KING: Oh, I see.

12 MS. PRUITT-WILLIAMS: See that's what
13 I'm saying. We have expedited quite a few.

14 VICE CHAIR KING: Ones that I don't have
15 to read.

16 MS. PRUITT-WILLIAMS: Right. We had
17 quite a few that got expedited, so we're really
18 keeping them busy, to say the least.

19 BOARD MEMBER GILREATH: Translated to
20 mid-June? What are the possible dates?

21 CHAIRPERSON REID: Not mid-June. We'll
22 try to do it sometime in May if possible.

23 What about the hearing in May?

24 MR. HART: We could do it on the morning
25 on the 19th.

26 VICE CHAIR KING: Will that be time for

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1 Mr. Franklin to get and read the transcript?

2 CHAIRPERSON REID: Oh yes. We should
3 have it by May 1.

4 VICE CHAIR KING: Well I should have had
5 the transcript yesterday, but I don't.

6 CHAIRPERSON REID: But in this instance,
7 as Ms. Pruitt has just said, they expedited the
8 other transcripts over that one. If we put it
9 directly in the queue, then we could probably
10 sequence it.

11 MS. PRUITT-WILLIAMS: Fourteen working
12 days, not two weeks. There is a big difference.
13 It's 14 working days.

14 VICE CHAIR KING: So that's three weeks.

15 MS. PRUITT-WILLIAMS: Yes.

16 VICE CHAIR KING: So the other isn't
17 even due for another week?

18 MS. PRUITT-WILLIAMS: Well, they are
19 moving it faster.

20 VICE CHAIR KING: What about the
21 National Cathedral School for Girls?

22 MS. PRUITT-WILLIAMS: I'll have to check
23 on that.

24 CHAIRPERSON REID: Okay, if we ask for
25 expedited transcripts, then the hearing on the 19th,
26 that morning of, prior to the hearings, can we

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1 schedule it for then? Would that be suitable for
2 everyone?

3 VICE CHAIR KING: I'm not sure it will
4 for me, because I have to read a whole day's worth
5 of transcript on two cases, a day each on two cases.
6 I don't see that they are in sight.

7 MR. MOORE: Again, we will do whatever
8 is necessary if it is a financial consideration to
9 see that those transcripts --

10 VICE CHAIR KING: Not a financial
11 consideration. I have a life to live, and I have to
12 get the transcripts, and then I have to set aside
13 time to read them. It takes a hell of a long -- it
14 takes as long to read them as it does for you all to
15 say them. And I have got two cases.

16 MR. MOORE: I respect that, Mrs. King.
17 I honestly respect that. But we are in extremis
18 here. I would just like to say we are in extremis.
19 This case has been pending for 10 months. We need a
20 decision from the Board.

21 CHAIRPERSON REID: Mr. Gilreath?

22 BOARD MEMBER GILREATH: What's the
23 earliest we could expedite it? What is the earliest
24 you would get the transcript so Ms. King could read
25 them?

26 MS. PRUITT-WILLIAMS: I was just told

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1 that it's about a week if you expedite them. That's
2 what I was told. I haven't been able to confirm it.

3 BOARD MEMBER GILREATH: Starting when?

4 MS. PRUITT-WILLIAMS: A week from today.

5 VICE CHAIR KING: What was expedited
6 that held up this case?

7 MS. PRUITT-WILLIAMS: There were Zoning
8 Commission cases and there were three cases. I will
9 check and I can get those --

10 VICE CHAIR KING: None of them having to
11 do with BZA?

12 MS. PRUITT-WILLIAMS: No. Some of them
13 were BZA, I believe.

14 VICE CHAIR KING: What were they, do you
15 know?

16 MS. PRUITT-WILLIAMS: I can't tell you
17 off the top of my head, Ms. King. I don't have that
18 information in front of me.

19 BOARD MEMBER GILREATH: What would be
20 the earliest time that Ms. King and Mr. Franklin can
21 get copies, have them in hand.

22 VICE CHAIR KING: They don't know.

23 MS. PRUITT-WILLIAMS: I can't give you a
24 guarantee. My understanding is today is Thursday, a
25 week from today.

26 VICE CHAIR KING: A week from today for

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1 the February?

2 MS. PRUITT-WILLIAMS: For this
3 transcript.

4 VICE CHAIR KING: A week from today for
5 the last hearing on this case?

6 MS. PRUITT-WILLIAMS: For this
7 transcript.

8 VICE CHAIR KING: And when will I get
9 the --

10 MS. PRUITT-WILLIAMS: You should get
11 that the close of business today. That is what I
12 was told yesterday.

13 VICE CHAIR KING: Well that's now.

14 MS. PRUITT-WILLIAMS: It's actually 25
15 more minutes.

16 VICE CHAIR KING: I hope not to be here
17 then.

18 CHAIRPERSON REID: Okay. So let's then
19 see how we can set this up. If in fact, Ms. Pruitt-
20 Williams, if in fact it's expedited and we can get
21 it in a week, that date would then be the 29th.

22 MS. PRUITT-WILLIAMS: Correct.

23 CHAIRPERSON REID: The 29th. And then
24 that would give ample time for Mr. Watson, for you
25 and Mr. Moore, and Ms. King, and Mr. Gilreath to
26 read it, and Mr. Franklin to read and to reach your

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1 proposed findings, get your draft order in. Two
2 full weeks before --

3 MR. MOORE: Madam Chair, can we
4 compromise a little more? The 19th sounds a lot
5 better than the 29th. My client is going to fire me
6 if I can't get a decision.

7 CHAIRPERSON REID: No, no, no. Mr.
8 Moore, the 29th of April, to actually receive the
9 transcript. This is what we are speaking of, of
10 expediting that process.

11 MR. MOORE: Oh I'm sorry. I
12 misunderstood.

13 CHAIRPERSON REID: To get it in hand
14 within the next week.

15 MR. MOORE: I apologize.

16 CHAIRPERSON REID: And then to
17 deliberate at a meeting, a special public meeting on
18 the 19th prior to our regularly scheduled hearing.

19 VICE CHAIR KING: If anything slips on
20 the transcripts, you agree now that that will be
21 postponed, if the transcripts aren't available today
22 and a week from today, that we will just push
23 everything back?

24 CHAIRPERSON REID: If they are not
25 available, we will have to make alternate plans.

26 MS. TYLER: Madam Chair, how many days

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1 do we then have in order to write the findings of
2 fact?

3 CHAIRPERSON REID: Two weeks.

4 MS. TYLER: Once we get -- two full
5 weeks if we get it in a timely fashion as promised
6 today?

7 VICE CHAIR KING: The findings of fact
8 or the draft orders will be due not less than two
9 weeks from the date that the transcripts, final
10 transcripts on all matters are available? Is that
11 what we are saying?

12 CHAIRPERSON REID: That they count from
13 that day.

14 VICE CHAIR KING: Do the lawyers have to
15 exchange the drafts and comment on each others
16 drafts or do they just give them to us?

17 CHAIRPERSON REID: They submit them to
18 us.

19 VICE CHAIR KING: So nothing will be
20 done until two weeks after. The earliest is two
21 weeks after all transcripts are available to all
22 parties.

23 MS. TYLER: But how much time would the
24 Board then have to read the findings of fact?

25 VICE CHAIR KING: Two weeks.

26 MS. TYLER: No, the Board. We first

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1 have to prepare them.

2 VICE CHAIR KING: We have from Friday
3 until Wednesday.

4 MS. PRUITT-WILLIAMS: If we receive your
5 findings of fact on the 14th, the Board will make
6 its decision on the following 19th. The packages
7 for that particular hearing date go out on the 14th.

8 MS. TYLER: And you are promising the
9 transcript, to make it just clear so that you don't
10 have slippages? When are you promising the
11 transcripts?

12 MS. PRUITT-WILLIAMS: I can't.

13 CHAIRPERSON REID: What we are trying to
14 do, Ms. Tyler, is to have them in a week, by virtue
15 of the fact that they are going to request to
16 expedite them.

17 MS. PRUITT-WILLIAMS: Which would be the
18 29th. We are hoping that we have them by the 29th.

19 MS. TYLER: So we come here on the 29th,
20 pick up the transcripts.

21 CHAIRPERSON REID: Call first, Ms.
22 Tyler.

23 MS. TYLER: If we can not get them on
24 the 29th --

25 CHAIRPERSON REID: Then call on the
26 30th.

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1 MS. TYLER: Then the May 19th date does
2 not hold?

3 CHAIRPERSON REID: No, no. If they are
4 available the next day --

5 MS. PRUITT-WILLIAMS: Close of business
6 on the 30th?

7 CHAIRPERSON REID: To be able to hold
8 that date.

9 VICE CHAIR KING: But if they are due in
10 two weeks, the close of business, then we won't get
11 them that weekend to read them.

12 MS. PRUITT-WILLIAMS: We are talking
13 about for the Applicant, not for the Board.

14 VICE CHAIR KING: We are talking about -
15 - we have said that there will be two weeks from the
16 time they can pick up the -- for them to write
17 their--

18 MS. PRUITT-WILLIAMS: For you and Mr.
19 Franklin to read the rest of the transcripts.

20 CHAIRPERSON REID: That's two weeks.

21 VICE CHAIR KING: For them to write
22 their opinions.

23 MS. PRUITT-WILLIAMS: Correct.

24 VICE CHAIR KING: So it has to be a
25 Thursday. They have to get them in two weeks later,
26 on a Thursday night, so that you can deliver them to

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1 us on Friday. So any slippage pushes it back by a
2 week.

3 MS. TYLER: All right. So Thursday is
4 the deadline?

5 MS. PRUITT-WILLIAMS: The 29th, yes.

6 MS. TYLER: Any slippage --

7 CHAIRPERSON REID: Ms. Pruitt-Williams,
8 I would request -- I would suggest that rather than
9 mailing them, that they call here to see if they are
10 here, and come in and pick them up.

11 MS. PRUITT-WILLIAMS: We won't mail out
12 transcripts. No. Transcripts will stay here.

13 MS. TYLER: The only thing is that we
14 want to know that we will actually have two weeks.
15 If there is a slippage on their side --

16 CHAIRPERSON REID: Basically, what we
17 try to do is the best that we can do and what is
18 humanly possible. If we make the attempt and it's
19 not possible, then we'll just have to do an
20 alternate date. Nonetheless, we will put forth all
21 effort to try to follow this timeline we are
22 speaking about today.

23 Ms. Miller, you can't speak from the
24 audience. You know that. So if you have something
25 to say, I have no problem with you coming up.

26 MS. MILLER: All unessential jobs are

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1 closed tomorrow and some essential jobs. So if it
2 doesn't come in tonight before you go home, it won't
3 be in until Monday.

4 CHAIRPERSON REID: If what doesn't come
5 in?

6 MS. MILLER: The transcript from the
7 previous transcript which has already been over two
8 weeks.

9 CHAIRPERSON REID: Well my understanding
10 is that we have until 5:00 for that to come in.
11 Other than that, it will be Monday.

12 MS. MILLER: Half of the streets are
13 already closed.

14 CHAIRPERSON REID: Other than that it
15 will be Monday because we all know that this office
16 is closed tomorrow.

17 MS. MILLER: We know. Some of the
18 streets are already closed. M Street is already
19 closed.

20 MS. TYLER: So therefore, if we don't
21 get the transcript of April 7th by tonight --

22 CHAIRPERSON REID: Wait one second so
23 you can direct it to the director. They do the
24 schedule and administrative procedures.

25 The question is, since the Government is
26 closed tomorrow, if in fact they don't come today by

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1 5:00, then what?

2 MS. PRUITT-WILLIAMS: Then it will be
3 here Monday. I mean I don't have any control over
4 NATO. NATO has screwed up my life in Zoning here
5 for a good while here in our previous hearing.

6 The bottom line is tomorrow the District
7 Government is closed, so they won't be able to get
8 into the building even if I could come down here and
9 wait for them all day. That's just an
10 impossibility. So I mean if we don't get it by --
11 Cathy is usually here until about 7:00. So there is
12 somebody here very late, much past our regular
13 normal hours.

14 When we called yesterday, they were
15 going to try to get it to us yesterday. If not,
16 close of business today. I can only tell you what
17 they have told us. I don't know what their
18 constraints are. If that's not the case, then I
19 assume we will get it on Monday.

20 MS. TYLER: Now if it is on Monday, does
21 our schedule still hold?

22 MS. PRUITT-WILLIAMS: They will let you
23 know if they want to change it or not.

24 MS. TYLER: That is what I would like to
25 pin down so we are not a slippery --

26 CHAIRPERSON REID: Why don't we now set

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1 a subsequent date so that everyone will be on the
2 same page if these things do not happen by these
3 dates that we have indicated, then what is the next
4 best time for us to be able to.

5 VICE CHAIR KING: The June meeting.

6 CHAIRPERSON REID: It would have to be
7 the June meeting. Correct? Everyone understands
8 that and agrees to that?

9 MS. TYLER: So if we don't get them by
10 today, it's June 5th.

11 CHAIRPERSON REID: It has to be June.
12 If we don't get it --

13 MS. PRUITT-WILLIAMS: It's June 2nd.
14 The question is then when would findings of fact be
15 required.

16 MR. WATSON: Two weeks after. The
17 findings of fact you are setting are two weeks after
18 the transcript arrives.

19 MS. PRUITT-WILLIAMS: Regardless of when
20 it arrives.

21 MS. TYLER: If the April 7th transcript
22 does not arrive today, and we will be calling in,
23 then the decision making will be in June?

24 CHAIRPERSON REID: You only have 25 more
25 minutes. You may as just hang around and wait to
26 see, rather than wait until Monday.

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1 MS. PRUITT-WILLIAMS: I have a question,
2 Madam Chair. If you do go to the June 2 decision
3 date, when would you like to see findings of fact?

4 VICE CHAIR KING: The Thursday before,
5 the week before.

6 MS. PRUITT-WILLIAMS: So that gives
7 everybody a little bit more grace period.

8 MS. TYLER: So all findings of fact have
9 to be by when?

10 VICE CHAIR KING: The week before.

11 MS. PRUITT-WILLIAMS: May 28th. Wait a
12 minute. Isn't that Memorial Day? So then we would
13 need it on the 26th to get it out on the 27th.

14 MR. MOORE: Madam Chair, the chairman
15 has the ability to set a date.

16 CHAIRPERSON REID: She is trying.

17 MR. MOORE: For this hearing to be
18 decided. Can I just say one thing here? At the
19 March hearing, the ANC asked for a postponement for
20 that. We asked for March 19th. We got April 7th.
21 On April 7th, they carried over to April 22nd. At
22 the April 7th hearing, the Board determined that it
23 would hear the case the 22nd, and decide the case
24 May 5th.

25 We need to have a decision. I hate to
26 say this, but I am beginning to think that the other

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1 side is deliberately delaying this matter.

2 CHAIRPERSON REID: Mr. Moore, I
3 understand what you are saying. Nonetheless, in
4 order for you to be able to submit your draft order,
5 then you need the transcript. We don't have the
6 transcript. We are going to expedite the
7 transcript. If we don't get it in a timely fashion,
8 then we have to set it for the next date certain.

9 MR. MOORE: Understood. Would you set
10 it for a date certain for May 19th, and let the
11 parties work to see if we can't get that transcript
12 to all people?

13 MS. TYLER: Look this is not something
14 that is subject to haggling.

15 CHAIRPERSON REID: We did. We are
16 setting it for May 19th.

17 MS. PRUITT-WILLIAMS: Do you want me to
18 run through what we have?

19 CHAIRPERSON REID: Yes. This is the
20 first scenario.

21 MS. PRUITT-WILLIAMS: This is the first
22 scenario. Decision on May 19th would require that
23 the transcript come in by April 29th. If the
24 transcript is here by April 29th, a decision will be
25 made on May 19th.

26 MS. TYLER: And the transcript of the

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1 previous meeting by today?

2 MS. PRUITT-WILLIAMS: No. We are hoping
3 to have it by today.

4 MS. TYLER: And if you don't?

5 CHAIRPERSON REID: Then Monday.

6 MS. TYLER: And that does not upset the
7 schedule of May 19th?

8 CHAIRPERSON REID: I don't think so.

9 MS. PRUITT-WILLIAMS: It should not.

10 Now the alternative is if we don't get
11 the transcripts in that much time, the second was
12 the decision on June 2nd, with findings of fact due
13 in this office on the 26th. That's earlier because
14 there is a Memorial Day weekend. Often we are
15 short staffed on Fridays, so we would like to get it
16 out on Thursday. So we would like for you to have
17 it here on Wednesday.

18 CHAIRPERSON REID: So, Mr. Moore, we are
19 shooting, and I think that is the best we can do,
20 for the 19th, as predicated upon when the
21 transcripts come in. If in fact we get them in a
22 timely manner, there will be no problem. So this is
23 one reason why we set an alternate date, was
24 predicated upon Murphy getting involved, we'll be
25 able to have it.

26 I think that's not unless you have a

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1 suggestion that would be better. That's the best we
2 can do.

3 MR. MOORE: I am prepared, on behalf of
4 my client, if it is a financial decision to get
5 these transcripts --

6 CHAIRPERSON REID: It doesn't appear to
7 be financial. It appears to be basically we have to
8 rely on the transcript company, reporting company to
9 be able to get it out to us.

10 MS. PRUITT-WILLIAMS: We have no control
11 over their work schedule. We have been expediting
12 quite a bit. But we will certainly do all we can on
13 this end to expedite everything. If we need extra
14 money, we will certainly --

15 MR. MOORE: With respect to the
16 documents that Mrs. King asked for to be submitted,
17 we are prepared to submit those by Wednesday of next
18 week. Is that suitable?

19 VICE CHAIR KING: Anytime is fine, as
20 long as it is before our decision date.

21 CHAIRPERSON REID: And, Mr. Hart, see
22 that everyone gets copies of that submission.

23 There were a couple of other things that
24 were requested.

25 VICE CHAIR KING: A revised procedures
26 docking, landing dock -- loading dock, that's it,

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1 procedures that outline if we decide to impose
2 conditions governing the operation of the loading
3 dock, what would be the minimum that the University
4 or the hospital could consider.

5 CHAIRPERSON REID: And there was also a
6 request to DPW to provide a map of the routing of
7 the delivery trucks into the loading dock.

8 VICE CHAIR KING: DPW is going to supply
9 it, but nobody is going to enforce it.

10 MS. TYLER: That's the bottom line.

11 CHAIRPERSON REID: There was a request
12 for that map.

13 VICE CHAIR KING: Oh, and there were a
14 number of things that we asked Ken Layton for. I
15 have got a list of them here. He was going to
16 supply us with information on any regulations
17 governing 18 wheelers in town, hours for deliveries,
18 truck route regulations.

19 He is also going to see if there is any
20 prototype available of any kind of enforceable
21 agreement curtailing laborers parking at
22 construction sites. I think that is what we asked
23 for from DPW.

24 BOARD MEMBER GILREATH: Madam Chair, it
25 is not clear to me what the cutoff date is I guess
26 for the first transcripts. You said if they didn't

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1 come today, maybe Monday. Is there a date certain
2 if it comes in next Wednesday, then we have to go --

3 CHAIRPERSON REID: No, no. We are not
4 limiting the transcript of April 7th. We are not
5 limiting that.

6 MS. PRUITT-WILLIAMS: Madam Chair, this
7 information from DPW, when is that required? It
8 needs to be served on the parties.

9 CHAIRPERSON REID: I guess put it in a
10 letter form to request it from them, and ask them to
11 respond within seven days, or something like that.

12 MS. PRUITT-WILLIAMS: Well, if you are
13 expecting them to get findings of fact, then they
14 need to be able to respond to whatever Mr. Layton
15 gives you, and then have a chance to respond back to
16 us.

17 CHAIRPERSON REID: So that changes the
18 timeline?

19 MS. PRUITT-WILLIAMS: Let's see. I
20 didn't know if you had given them -- so you didn't
21 give DPW any timeframe?

22 CHAIRPERSON REID: No. We just
23 requested and asked that they respond in a timely
24 fashion, keeping within a timeframe that we
25 specified.

26 If they serve information on the 29th to the

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1 Applicants and parties, then the Applicants and
2 parties have until the 6th of May to get it in. You
3 still have a week to do your findings of fact. So
4 everybody can have all the information needed.

5 VICE CHAIR KING: Everybody is supposed
6 to have the information for two weeks to do their
7 findings of fact. I mean you have got to give them
8 two weeks to do it properly.

9 MR. MOORE: (Inaudible)

10 VICE CHAIR KING: Well, you may not, but
11 you have a very large firm. You are dealing with
12 ANCs and people who don't have the resources that
13 are available to you, Mr. Moore.

14 BOARD MEMBER GILREATH: What is the
15 earliest that DPW could be notified that there is a
16 specific time frame?

17 MS. PRUITT-WILLIAMS: Monday. I mean
18 it's close of business today. We could call them.
19 I am not sure we can get through, but there's --

20 VICE CHAIR KING: Tomorrow, Friday.

21 BOARD MEMBER GILREATH: It wouldn't hurt
22 to at least call. You can catch someone there
23 still.

24 MS. PRUITT-WILLIAMS: We can tell them,
25 but I mean we have no control over their work
26 schedule either. We can ask them very nicely.

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1 BOARD MEMBER GILREATH: At least so they
2 know what is in the works that will help.

3 VICE CHAIR KING: I am sure that Ken
4 took note of what I asked him. He is a very
5 experienced person testifying.

6 BOARD MEMBER GILREATH: I think in terms
7 of the timeframe, he would need to know about what
8 we would like to have him achieve if possible.

9 MS. MILLER: So DPW is due when?

10 MS. PRUITT-WILLIAMS: The 29th.

11 CHAIRPERSON REID: Response by May 6th.
12 DPW's report should be in by the 29th, and then
13 responses in by May 6th.

14 Mr. Gilreath?

15 BOARD MEMBER GILREATH: No further
16 comment.

17 MR. MOORE: Madam Chair, there is no
18 evidence in the record opposing the parking garage.
19 I was wondering if we can move that case today.

20 VICE CHAIR KING: Absolutely not. I
21 absolutely disagree. They have asked that this be
22 done because it was a single project. It was
23 combined. Therefore, you can't uncombine them at
24 the last moment because it's more expedient for you.

25 CHAIRPERSON REID: As a matter fact,
26 that was your motion.

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1 VICE CHAIR KING: It was. Of course it
2 was.

3 CHAIRPERSON REID: To combine the two.
4 So we have to do it as --

5 VICE CHAIR KING: As you requested.

6 CHAIRPERSON REID: As a package.

7 MR. MOORE: Actually, we asked that they
8 be heard -- I know the decision has been made, but
9 we asked that they be heard at the same time. But
10 we have always said they were separate cases, just
11 for the record.

12 CHAIRPERSON REID: Okay.

13 MS. MILLER: How can you separate
14 something when you are listening to it at the same
15 time?

16 CHAIRPERSON REID: All right. Now that
17 concludes this case -- thank you, Ms. Miller.

18 That concludes this case. We are all
19 clear on datelines, timelines.

20 MR. MOORE: Can you go over those once
21 again, please, just have Ms. Pruitt just say that,
22 say what the timelines are, please?

23 MS. PRUITT-WILLIAMS: Ideally, April
24 29th the transcript will be in this office of
25 today's hearing, with findings of fact due on the
26 14th for a decision on the 19th. If that slips,

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1 findings of fact will be due on May 26th for a June
2 2nd decision.

3 DPW will have to have their responses
4 into us by April 27th so it can be served by April
5 29th. Your responses would be due the following
6 week, which would be the 6th of May.

7 VICE CHAIR KING: April 27th? That's
8 Monday, isn't it?

9 MS. PRUITT-WILLIAMS: The 29th. The
10 27th is Tuesday.

11 VICE CHAIR KING: So tomorrow they are
12 off. You are going to speak to them on Monday and
13 ask for a response on Tuesday?

14 MS. PRUITT-WILLIAMS: I understand it is
15 everything they already have. If you want to keep
16 these timeframes, that's what we have to do.

17 CHAIRPERSON REID: Wait, wait, wait.
18 The 29th is on next Thursday, isn't it? The 29th is
19 next Thursday.

20 VICE CHAIR KING: She said that it was
21 due on the 27th.

22 MS. PRUITT-WILLIAMS: We have to serve
23 it from this office. So we have to get it in, then
24 put it together, and serve it out.

25 VICE CHAIR KING: So they are going to
26 speak to Ken Layton on Monday and give him 24 hours

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1 to respond? Good luck. In the midst of cleaning up
2 after NATO? Give me a break. No way you are going
3 to make that timeframe.

4 Are we adjourned?

5 CHAIRPERSON REID: I'm just waiting for
6 Ms. Pruitt-Williams.

7 MS. PRUITT-WILLIAMS: We had already
8 discussed this, that the responses from DPW don't
9 need to be in -- are not necessarily required to be
10 in before findings of fact, but that you want it so
11 that everybody can have the same information.

12 MS. MILLER: How can you include it if
13 you don't have it?

14 MS. PRUITT-WILLIAMS: The responses.

15 MS. MILLER: That's what I'm saying. If
16 you don't have DPW's response, how can you include
17 it?

18 CHAIRPERSON REID: Ms. Pruitt-Williams,
19 please explain.

20 MS. PRUITT-WILLIAMS: Responses to the
21 DPW submission are what's sort of driving -- you
22 want to have them before people starting writing
23 their draft orders. It is not necessarily done that
24 way typically, and it's not a requirement. If you
25 do that, it gives DPW more time to prepare. It
26 gives the Applicant and ANC less time with that

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1 information to incorporate it into their findings of
2 fact. But it is also a part of it, it's not the
3 whole thing.

4 CHAIRPERSON REID: So basically it is an
5 accommodation that you are trying to do.

6 MS. PRUITT-WILLIAMS: Yes.

7 CHAIRPERSON REID: If in fact that
8 somehow doesn't jell right with that timeline, that
9 does not preclude the parties in the case from
10 being able to already put together their draft
11 order, compile their draft orders and then could you
12 not, after receiving the DPW response -- it's all in
13 computers, whatever you have to add to it. I mean
14 it doesn't keep you from commencing on the
15 structuring of your findings of fact.

16 VICE CHAIR KING: But they begin until
17 the 29th when if peaks fly, they are going to have
18 the transcripts.

19 CHAIRPERSON REID: No. What I am saying
20 is that --

21 VICE CHAIR KING: So why not have the
22 deadline be the same for the transcripts, for DPW as
23 it is for the transcripts?

24 MS. PRUITT-WILLIAMS: We can do that.
25 That gives them less time to respond. That's the
26 only thing. That's not a problem.

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1 CHAIRPERSON REID: If you don't have to
2 have the total amount of time to respond, then
3 somehow you can work it so that you can structure
4 your proposed orders and then you would be able to -
5 - we are ending in just about 30 seconds.

6 Anyway, somehow you can commence with
7 the proposed orders, and then all you would have to
8 do would be able to augment as necessary when the
9 DPW report comes in. That is the end of this
10 hearing.

11 (Whereupon, at 4:51 p.m., the
12 proceedings were concluded.)