

CITY OF SEATTLE

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**BEFORE THE CITY COUNCIL
CITY OF SEATTLE**

In the matter of the Application of
SWEDISH MEDICAL CENTER
For approval of a Major Institution Master Plan

C F 311936

**REPLY BRIEF OF THE SQUIRE
PARK COMMUNITY COUNCIL**

Introduction

The following is the reply of the Squire Park Community Council to the "Response Brief" of the Sabey Corporation and of the Swedish Medical Center to the parties' Appeals to the City Council.

The Squire Park Community Council asks the City Council to adopt the Report of the Citizens Advisory Committee and its provisions which modify the Major Institution Master Plan proposed by the Sabey Corporation and Providence-Swedish Medical Center.

The version of the Master Plan contained in the Citizens Advisory Committee Report contains modifications that may protect and support the vitality of the neighborhood and the integrity of the City's planning process as embodied in the Land Use Code and the Comprehensive Plan.

The MIMP that is approved in the Recommendation of the Hearing Examiner would allow 160 - foot tall buildings, and more than 11,000 vehicle trips a day to and from a neighborhood that is designated low -rise and single family. Seattle is growing rapidly; this includes Squire Park and the rest of the Central Area. Hundreds of new housing units have been and will be created this decade in Squire Park. Except for clearly defined exceptions, this is designated to be a neighborhood where residences ---single family homes and apartment buildings of a modest size are encouraged. Neighborhood-serving commercial space is to be added. So that present and future residents will have a vital neighborhood, City policy holds out the promise of streets that will be increasingly calm and attractive to those who walk and bicycle. Pavement and asphalt will be minimized and green space will be increased.

Those who have lived here and will move here in the future are deserve a decision from the City Council that does not do so much damage to the integrity of the planning process as does the MIMP proposed by Sabey and Swedish.

With the Sabey and Swedish proposals the neighborhoods streets will be heavily impacted by commuter traffic. Street widening and other measures to accommodate heavy commuter traffic are inevitable.

Of course, the neighborhood will not remain static. But, if the neighborhood is to fundamentally change to become the center of a large job center, then that must

take place as the result of a planning process that involves a complete discussion with all stakeholders, and not as a result of one institution's request

Beyond the impact to the immediate neighborhood, the proposal of Sabey and Swedish negatively impacts other goals of the City and the region. It is a serious breach of the most important strategy of the Land Use Code and the Comprehensive Plan to combat increasing traffic congestion, and the effect that increasing traffic has on our lives --- from loss of time in traffic jams to increased carbon emissions affecting climate change. Our City's strategy is to encourage the location and expansion of large job centers, with significant commuter traffic, in Urban Centers and Urban Villages where there is robust transit service, particularly locations that are very close to light rail stops or Sounder stations.

The Sabey Corporation and Swedish Medical Center argue that the City has no authority to require those two entities to even consider putting any of the businesses that they plan for the Swedish Cherry Hill campus at another location. In the words of Swedish: "Contrary to the intimations of some appellants, the Major Institutions Code does not give the City authority to determine the appropriate amount of development capacity an institution requires. Rather, the Code allows the City to examine the institution's need so that the City can better understand the impacts, then select mitigations measures appropriate to those impacts," Response Brief of Swedish Medical Center, page 35.

The Squire Park Community Council respectfully disagrees. The City Council has the authority and the responsibility to render a decision that allows the Sabey Corporation and Swedish Medical Center, a subsidiary of the vast Providence Health and Services corporation, to fulfill its needs --- some at the Squire Park location of

Swedish Medical Center, and others at locations deemed suitable by Sabey and Providence. The City has the authority to protect its neighborhoods, its transportation system, and its plan for working towards a sustainable Seattle in 2035 and beyond.

The sustainable future that the City envisions can be achieved through a thousand big and small steps. On the other hand, progress toward achieving that future can be defeated through a thousand big and small exceptions. If the City Council allows Sabey and Swedish to carve out this very big exception, it bodes ill for the success of the plan. And, it would amount to a breach of the promise to those who rightfully rely on the integrity of the Zoning Code and the Comprehensive Plan. The Squire Park Community Council believes that there is a path for Providence and Swedish to achieve the laudable society-improving goals it hopes to attain without doing so much collateral damage. There is a "win-win" solution, and that is outlined by the Citizens Advisory Committee.

The MIMP Recommended by the Citizens Advisory Council better protects the Public

Of all the versions of the Major Institution Master Plan for the Providence-Swedish campus in the Central Area, including the version argued by Swedish and the Sabey Corporation, the version of the Director of the Department of Planning and Development, and the version of the Citizens Advisory Committee, the latter is the one that is consistent with the requirements of the Seattle Municipal Code

The CAC, which included representatives of Swedish Medical Center, another nearby major institution (Seattle University), design and development professionals

(from several parts of the City), business and property owners, and neighborhood residents met for more than thirty meetings over a period of more than two years. The committee received volumes of information. They heard arguments from the institution and from neighborhood stakeholders. In short, they were massively and completely informed.

The role of the CAC was to study and weigh the competing interests and provide to the ultimate decision maker (the City Council) a proposal that could satisfy the reasonable needs of the institution and reasonably protect the vitality of the neighborhood.

Ultimately the CAC was faced with a proposal from Swedish and Sabey that would sanction 160 - foot high-rise development. That scale of development would attract more than 11,000 vehicle trips from workers at the institution, and a large, but unknown, additional number of vehicle trips from customers and other visitors. The CAC concluded that *most* of the development requested by the institution could be accommodated within the terms of the Major Institution Master Plan Code, but that it required some reduction.

CAC Recommendation regarding height limits

The development recommended in the Final Report of the CAC (Exhibit 6) differs from the Hearing Examiner's Recommendation in two major ways: (1) The CAC recommends lower height limits in several campus locations. (2) The CAC recommends a more rigorous Transportation Management Plan (TMP) standards and stronger strategies for ensuring compliance with the TMP goals.

The height limits different from those set forth in the Final Major Institution Master Plan (MIMP) are described in the letter of the CAC to Councilmember Burgess of May 20, 2015 presented by witness Katie Porter to the Hearing Examiner in her testimony on day one of the Hearing . The locations where the CAC calls for a different height limit than the limits set forth in the Hearing Examiner's Recommendation are: (1) the "central block" should have a 140 foot height limit for the hospital wing, and not a 160 foot limit as proposed in the MIMP. (2) The west block (which is west of 16th Avenue) should have a 105 foot limit and not a 150 foot limit as proposed in the MIMP.

In the words of the CAC chair, in her letter cited above, using the operative terms of the Land Use Code, the Institution's proposed MIMP "neither sufficiently minimizes the impacts associated with future development nor adequately protects the livability of the neighborhood."

Swedish, as well as the Sabey Corporation, in their Responses to the Appeals presented to the City Council, assert that Swedish and Sabey have established that their needs require height limits greater than that recommended by the CAC.

The Land Use Code establishes a teeter-totter upon which those making recommendations, and ultimately the decision maker, the City Council, are to achieve a balance:

SMC 23.69.002 states that the purpose and intent of the Major Institution Master Plan Code is to:

A. Permit *appropriate* institutional growth within boundaries while minimizing the adverse impacts associated with development and geographic expansion; (emphasis added)

B. Balance the Major Institution's ability to change and the public benefit derived from change with the need to protect the livability and vitality of adjacent neighborhoods;

SMC 23.69.025 – Intent of Major Institution master plans.

The intent of the Major Institution master Plan shall be to balance the needs of the Major Institutions to develop facilities for the provision of health care or educational services with the need to minimize the impact of Major Institution development on surrounding neighborhoods.

Swedish did provide to the CAC its own rationale for the amount of space it claims it needs for its institutional growth and its ability to change. However, in the words of the CAC Report "(s)ome members of the CAC and much of the public comment questioned the validity of projections, inclusion of some of the uses at this campus, and the need for this level of density given the numerous alternative locations in the Providence system for some ancillary uses." And, "(u)ltimately the CAC concluded that (Swedish) had presented sufficient justification of need to justify some increased future development, but not necessarily all – e.g. the hotel. LabCorp and NW Kidney Center," CAC Report page 11 (EXHIBIT 6).

The exact extent of space which might be gained if, for example, Providence-Swedish were to regain some or all of the space occupied by Sabey's tenants (the Northwest Kidney Center and LabCorp, notably) does not appear in the record. The extent to which Providence could locate some of its uses in one or more of its many other locations does not appear in the record. The reason for that is that Sabey and Providence refused to discuss those possible alternatives.

the CAC specifically requested that the EIS consider the alternative of a *"full discussion of decentralization options that would accommodate the identified need on a Swedish/Providence system-wide basis utilizing available development space at both Swedish's Cherry Hill and First Hill campuses, or more broadly within the Swedish/Providence System, and that might therefore result in the allocation of less square footage to the Cherry Hill Campus and more to the First Hill Campus; and b)*

the re-capture of space occupied by non-Swedish/Providence uses for direct SMC occupancy or to provide redevelopment opportunity.” (Exhibit A8 scoping letter to DPD from CAC, April 4, 2013)

This request, and other similar requests by the CAC and by those who provided public comment to the CAC went unanswered.

And, indeed, DPD in its Environmental Impact Statement, failed to include this information.

The theory of Swedish and Sabey, followed throughout this entire MIMP process, and accepted by DPD, is that no one may challenge the amount of “need” that an Institution asserts. The experts it paid to present its case, to the CAC and to the Hearing Examiner, stated that, given the assumptions of Swedish, the amount of space really needed was no doubt even more than what Swedish was asking for.

The position of Sabey and Swedish is that neither the CAC, nor the Department of Planning and Development (through the Environmental Impact Statement) nor the City Council is entitled to even examine facts upon which reasonable alternatives could be studied. The conclusory and self-serving discussion of “need” in the EIS in this matter consists entirely of information provided by Swedish. The statutory provision that the EIS is to constitute an unbiased source of information upon which the decision maker can make an informed and reasonable decision was thrown by the wayside.

Swedish admits, and indeed the Decision appended to the Swedish brief makes clear, that in the recent application for a MIMP of Seattle Children’s Hospital, the CAC there very much was given information from competing sources regarding the need of the hospital to expand.

Swedish in its brief argues that that that was a mere "courtesy" which the process apparently extended to stakeholders in Laurelhurst, but that a similar "courtesy" is not due here.

The Applicants and the Department of Neighborhoods, and the Department of Planning and Development (formerly) have misapplied SMC 23.69.032.D.1 which states that "the Advisory Committee may review and comment on the mission of the institution, the need for expansion, public benefits resulting from the proposed new development and the way in which the proposed development will serve the public purpose mission of the Major Institution, but these elements are not subject to negotiation nor shall such review delay consideration of the master plan or the final recommendation to Council." This provision is cited by the Applicant's brief, at page 37-38 as support for the refusal to respond to the CAC's request for more information and, apparently, in support of asking the City Council to make a decision based entirely on Sabey's and Swedish's own estimation of its needs.

Contrary to the Applicant's position, the Code's statement that the need for expansion is not "subject to negotiation" is not the same as a statement that the CAC must therefore base its discussion entirely on whatever limited information the institution chooses to provide. That was not the rule followed in the Children's Medical Center case, and rightly so.

More importantly, the City Council, as the decision maker in this matter, is not subject to the above-quoted provision. Even if, by some twisted interpretation, the CAC process here proceeded to its conclusion without being given information which it reasonably requested, that does not mean that the City Council must now also accept the assertions of the Institution regarding need.

The position of the Applicant is mind-boggling. It is that, an institution might determine that it "needs" to quadruple (or whatever factor it chooses) the size of its facility. It could, as it did here, provide the City the courtesy of an explanation of the assumptions it has made and the reasonable development implications of those assumptions. The City would then have the privilege of figuring out measures to mitigate the impacts of a four-times bigger institution, but it could not "negotiate" or "delay" or mandate any limitation on the growth favored by the institution.

On the other hand, in the Case of the MIMP for Seattle Children's Hospital, according to the Findings of Fact adopted by the City Council in that case, and appended to the Applicant's brief here: (Finding of Fact 47.) "The CAC gave considerable attention to the issue of need. Comments to the CAC were provided by individuals and groups both in support and against Children's projections concerning a rationale for a certificate of need, ... (Citing exhibits)." Finding of Fact 47, City Council Ordinance 123263, (2010) Page 10 of Decision/Ordinance appended to Swedish brief.

And, as the City Council concluded, in that same case, in its Conclusions of Law 2. *"Although SEPA allows an applicant broad latitude in defining its own development objective, ... the Major Institution Code requires more when it comes to "need". To assure that the Master Plan balances the projected needs of the Major Institution with the need to minimize impacts on surrounding neighborhoods, as required by SMC 23.69.025, it is necessary to know with some degree of accuracy what the Major Institution's needs actually are."*

While the record in this case supports some degree of need for increased space, *all* of the need for additional space asserted by the MIMP cannot be supported

by the record. This is what the CAC concluded, and this is what the City Council should conclude.

What supported the CAC's conclusions? As noted above, the CAC specifically asked for information that would help an evaluation of Swedish's space needs in two broad categories: (1) Sabey Corporation tenants, and (2) alternatives for Providence and Swedish to locate some of its own (non-Sabey) uses in other Providence and Swedish locations.

In 2002 Swedish Medical Center sold somewhat less than 50% of its campus to the Sabey Corporation. As local media reported at the time:

"A landmark Seattle hospital building will become a state-of-the-art biotech-research center under a deal announced yesterday between Swedish Medical Center and a local development company." The chief operating officer of the hospital stated that, selling a portion of the campus was a result of Swedish not needing the building and land --- the sale could be described as "right-sizing" the CEO of the hospital, Marcel Loh was reported as saying. Sabey, it was reported, "Plans to gut the historic building, saving the façade and redeveloping the rest as modern laboratory and research space for the biotech industry."

Approximately three years later, in an article in the Daily Journal of Commerce written by Marcel Garces of the Sabey Corporation, "*Build it right and they will come: A few essentials for a biotech makeover*" DJC March 3, 2005, it was stated that "in real estate development as in many other things, the cliché is true. it's best not to put all your eggs in one basket. Sabey Corp. took this principle to heart when it purchased a portion of the Providence campus in Seattle's Central Area from Swedish Medical Center in 2002. The firm envisioned the site as an opportunity to develop an attractive complex for biotech, research and development, health services delivery and medical device technology tenants that complement each other to fuel their mutual success." (Both articles are in this record, submitted as part of a public comment to the CAC on March 28, 2013 by Bill Zosel.)

As it happens, the biotech research center hub did not work out for Sabey. But, owning a building and a significant piece of undeveloped land Sabey attempted to make lemonade out of lemons and attracted LabCorp, a national company serving the region's hospitals and medical centers with laboratory services, occupying, according to Marcel Garces in 2005, 80,000 square feet and, later, in a more space-

intense development, Sabey built a new building on the northwest corner of the campus for the Northwest Kidney Center. (A review by the undersigned of the EIS does not reveal any indication of the size of this building. Curiously, the narrative summary of the "Existing Development" on the campus contained in the EIS in Section 2.4.1, page 2-7 does not even include the Northwest Kidney Center among the institution's buildings, although a depiction does occur on the graphic representing existing buildings.)

Sabey and Swedish in their arguments to the City Council cite other examples in which entities other than hospitals own hospital real estate and lease or operate it for the benefit of the hospital. That argument by Swedish and Sabey misses the point. The objection is not that Sabey or any other entity owns property within the Swedish MIO. Rather, the objection is that the Major Institution sold 40 percent, or more, of its property to a real estate developer with a plan for creating a biotech hub and now the Major Institution claims that, with its remaining smaller capacity for development it has reached a limit and requires expansion. It must, it says, build east of 18th Avenue on blocks immediately adjacent to single family houses. It must, it says, increase its height in other portions of the campus to 160 feet. It must create development that will create significant additional traffic for its medical center and related purposes, all of which will be added to the impact created by the Sabey tenants who, it says, must remain.

The Major Institution Master Plan section of the Seattle Land Use Code provides a limited route for hospitals and universities to develop with uses and to a size and scale that otherwise would not be allowed in residential zones. However, that is a limited license, and it is not authority for a developer to acquire residential-zoned

land and attract tenants which happen to have a medical relationship when those medical tenants might exist in locations zoned for them.

The great benefit society receives from hospitals and universities is the justification for allowing them to develop outside of the "rules" of the land use zones in which they exist. However, the City Council should not sanction the brazen attempt of the Sabey Corporation to take advantage of an opportunity which was not the intention of the limited license provided by SMC 23.69.

As the CAC concluded, it is reasonable to ask to what extent the impact would be reduced if Providence-Swedish were to meet its needs if it were to expand within its MIO in space that is currently occupied by those tenants that Sabey has attracted. Despite the direct request for such information, the EIS and the MIMP do not shed significant light on this issue.

Without that information, it is impossible to meet the standard stated in the City Council's decision regarding the Children's Medical Center MIMP: "... it is necessary to know with some degree of accuracy what the Major Institution's needs actually are."

Sabey and Swedish argue that all of the uses represented by the Sabey Corporation tenants, are permitted by the Land Use Code pursuant to SMC 23.69.008.B: "All uses that are functionally integrated with, or substantively related to, the central mission of a Major Institution or that primarily and directly serve the users of an institution shall be defined as Major Institution uses and shall be permitted in the Major Institution Overlay (MIO) District."

The Code lists six characteristics "among those used by the Director to determine whether a use is functionally integrated with, or substantively related to,

the central mission of the Major Institution." The record contains no evidence that the Director of the Department or the Hearing Examiner considered any of these factors to determine that LabCorp and Northwest Kidney Center are "functionally integrated, or substantively related to, the central mission" of Swedish. Is there a functional contractual association; programmatic integration; direct physical circulation/access connections; shared facility or staff; a degree of interdependence; or similar or common functions, services, or products? These factors are not discussed.

The record contains conclusory assertions by representatives of Swedish and Northwest Kidney Center that many patients who need Kidney Center services are often patients with heart or vascular problems. For a conclusion with such far reaching consequences, more is necessary.

But, more importantly, even if the City Council should find that all of the uses on the Swedish campus are technically permitted within the provisions of the Land Use Code because they are "functionally integrated or substantively related" that alone is not determinative.

The additional issue is whether or not they "need" to be located there. The Appellant Squire Park Community Council urges the City Council to reject the Swedish and Sabey argument that the City's only role is to figure out how to mitigate the impacts of the development of whatever amount of space the Major Institution determines is necessary.

Rather, the Seattle Municipal Code allows the City Council to inquire into details and "determine with some degree of accuracy what the Institution's needs actually are." The result of that inquiry will be that the City Council should authorize

development space that is less than what is requested by the Institution. The institution, in this case Providence-Swedish, will then, at some point have to make choices.

Swedish, in its testimony and argument before the Hearing Examiner described its goal and the drive of its needs for space as the "establishment of a Super Bowl – caliber specialty center for heart and vascular and neurological services".

If it is not possible to establish such a medical center, *and* to retain LabCorp, *and* to retain the Northwest Kidney Center, *and* to build a hotel, within a development envelope that does not unduly impact the needs of the City and the adjacent neighborhood, then Swedish- Providence will have to make decisions as to which uses can be placed in other places.

Swedish argues, at page 51 of its Response Brief, that "medical major institutions have the flexibility not only to locate *any medical service it feels will serve its users*, but also a side variety of other uses not typically thought of as medical services,(... providing examples), emphasis added.

Swedish overstates the case. The Land Use Code gives the City the authority *and the responsibility* to ask a Major Institution asking to expand to make priority choices in order to protect the interest of all citizens.

Once again, an instructive example is the decision of the Council in the Children's Medical Center Case. In Conclusion 18, the Council held that "(n)o portion of any building on Children's extended campus shall be rented or leased to third parties except those who are providing pediatric medical care, or directly related supporting uses, within the entire rented or leased space. Exceptions may be allowed by the Director for commercial uses that are located at the pedestrian street level along Sand Point Way Northeast, or within campus buildings where commercial/retail services that serve the broader public are warranted." (Conclusion of Law 18, City Council Ordinance 123263).

The City Council should reject the position of Sabey and Swedish that only the institution can determine the extent of the needs that it can satisfy with development at this location and, instead, fashion a limitation similar to the above-quoted paragraph from the Council's decision in the Children's case.

With a new Transportation Management Plan the Institution is to be applauded for stepping up its effort to encourage and support employee commuting in ways other than Single Occupancy Vehicles (SOVs). However, even with a more vigorous TMP, as stated in the Environmental Impact Statement, "The increase in traffic volumes, and the resultant impacts on traffic operations are considered significant unavoidable adverse impacts."

More than 11,000 daily vehicle trips generated by the institution would come and go to the Squire Park neighborhood. That number is more than double the current vehicle traffic generated by Swedish and Sabey.

For those connecting to I-5, the time necessary to travel the six blocks from Broadway to I-5 during the evening peak time will increase to nine minutes. That is nine minutes to travel six blocks, less than ½ mile, moving at a carbon-producing pace of less than three miles per hour. Six intersections will decline to a failing level of service.

In addition to attracting significant medical provider and employee commuters, more than many other job centers, medical centers also attract a large number of "customers" and visitors throughout the day. These people will not be accommodated by the special buses and shuttles that are designed to serve employee commuters at peak times. And, furthermore, which is better public policy: to continue to spread

traffic-attracting uses and rely on special transportation routes, or to follow a strategy of reasonably concentrating them close to rapid transit service?

One of the essential purposes of the Comprehensive Plan is to encourage the concentration of major traffic centers in places that are served by frequent, reliable rapid transit. Squire Park is not such a location.

What, in the future, might be the response of the City to alleviate the “unavoidable” adverse traffic impacts that are described in the EIS? Will those living in the neighborhood or travelling through the neighborhood have to learn to live with increased congestion? Will the City have to widen streets and jettison plans to make neighborhood streets more attractive to non-motorized travel?

The City’s goals, as expressed in the Land Use Code and in countless policy provisions is to reduce the growth of automobile traffic and the growth of carbon emissions. To accomplish these goals requires a thousand different strategies. If the City Council authorizes the scale of development requested by Swedish and Sabey without any reduction, it will do significant damage to that overall strategy.

It is instructive to look closely at what may be the most important vehicle traffic route to the Swedish campus. From I-5 or from downtown Seattle’s bus route destinations, light rail stations, Sounder stations, and ferry terminal, travel is by James and Cherry Street to the campus.

The EIS describes the extent to which that route is already congested. Ross Tilghman, a transportation expert called by another appellant in this case Washington Community Action Network (Washington CAN) spoke to that congestion and, in particular to Metro’s Route 3 and 4 which are the only non-express routes from

downtown directly to the campus. (Hearing Testimony of Ross Tilghman, Day 3, 11:07 A.M. and 1:30 P.M.)

The Hearing Examiner takes note of the already congested situation, but adopts the argument of Swedish and Sabey that Metro Transit can add buses on that route if need be. However, there is no evidence for that conclusion which is directly contradicted by Mr. Tilghman's testimony. Mr. Tilghman pointed out that that route is already on a schedule that is among Metro's most frequent, and given the existing congestion and predicted future increase in congestion it would be impossible for Metro to provide more frequent and reliable service on this route.

As Mr. Tilghman pointed out, although his words were kinder, the conclusion that there is adequate transit capacity, based on an analysis that Metro Route 3 and 4 were not particularly full when they passed a single point of reference --- the Swedish campus ---is bogus. Further, the assertion by the Institution and the DPD transportation planner that if a capacity deficit exists or develops on this route it could be remedied by adding more buses, is similarly flawed. It represents the conclusion of a strategy for handling traffic impacts that is not serious.

Our City and our region have invested and will continue to invest millions of dollars in a rapid transit system which is intended to be a paramount strategy for reducing traffic congestion in our region. That investment and the promise of reduced congestion should be supported by public policy decisions which abide by the planning strategy of encouraging major traffic generators be located in Urban Villages and Urban Centers served by robust transit service.

The City Council should not endorse a decision that will ultimately ask for new and expensive bus routes to serve an outlying job center, even if it might be possible to find a street or streets for such a route.

The CAC Recommendations regarding the Transportation Management Plan

The CAC calls for a lower SOV rate than is contained in this MIMP. At last reporting this institution had a SOV rate of 57%, despite the fact that it is twenty years after the 1994 MIMP gave it two years to reduce its SOV rate to 50% or lower. The record contains a description of the previous TMP measures which have not been successful in reducing the SOV rate to the legally required limit. Several witnesses at the hearing, including the transportation planner for the Department of Planning and Development, testified that an important factor related to this institution's high SOV rate is its location. Since it is not served by robust transit, it is not reasonable to require, within twenty years, Swedish to achieve the TMP rate that Virginia Mason Medical Center already has met in 2014. Virginia Mason is in a location with more robust transit service.

Amazingly, the Department is suggesting that, rather than complying with a SOV rate that is similar to that achieved by Virginia Mason --- approximately 30% - --- Swedish should be allowed a much higher SOV rate *because* it chooses to expand in a location that is not well served by transit. This is backwards. The impact of vehicle traffic is greater in a lowrise residential zone where the streets are intended to be quieter and more attractive to smaller scale residences. The purpose of a low

SOV rate is to protect the neighborhood and the region from the impacts of vehicle traffic. The important number is not the % of SOV; it is number of cars.

The City Council should make a decision that will limit the amount of the increase in vehicle trips by: (1) giving Sabey and Providence-Swedish the choice of putting some of its uses in other locations served by rapid transit, and (2) requiring the more restricted TMP SOV rate and enforcement mechanisms that are contained in the CAC recommendation.

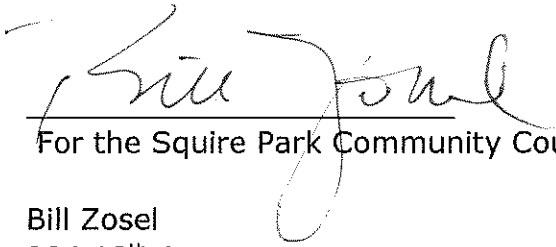
The institution admits, and indeed the Hearing Examiner finds, that traffic impacts expected from the scale of development planned in this MIMP cannot be adequately mitigated. The argument is that measures to deal with that should wait until future Master Use Permit applications are made by the institution. However, at the same time, the institution insists that *all* of the uses currently on campus and planned for the campus --- the Northwest Kidney Center, LabCorp, the hotel --- *must* be located in this campus. How, under this set of circumstances, will it be possible in the future to actually mitigate the "unavoidable" traffic impacts? For the benefit of Swedish as well as the City, the MIMP should face this impact now. Now, rather than later, it is easier for Sabey and Swedish to make plans for alternative locations for some of their uses.

Conclusion

The Squire Park Community Council asks that the City Council approve a Major Institution Master Plan with the height limitations and setbacks outlined in the Report and Recommendation of the Citizens Advisory Committee.

The Community Council asks that the City Council approve a Major Institution Master Plan with the Transportation Management Plan Single Occupancy Vehicle goals and enforcement mechanisms as outlined in the Report and Recommendation of the Citizens Advisory Committee.

Submitted this 16th day of February, 2016

A handwritten signature in black ink, appearing to read "Bill Zosel", written over a horizontal line.

For the Squire Park Community Council, by Bill Zosel

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