

3.12 UTILITIES

Comment 122: Richard Bause, Resident (Utica), Public Hearing, 12/6/18:

One is that you have a lot of environmental issues, you have a lot of old infrastructure.

Response 122:

See Responses 123 and 124.

Comment 123: Linda K. Paciello, Ph.D., Resident (New Hartford), Letter, 12/18/18:

The infrastructure that has to be replaced is massive. Is Utica going to fund new sewer and water piping? What will be the monetary impact to the taxpayers as well as the physical impact upon the current continuing residents of that area, while they try to undertake replacing all the necessary piping?

Response 123:

Sanitary sewer, storm sewer, and water utilities will be replaced and relocated, as needed, to remove them from the footprint of the hospital campus. Potential impacts from these activities, including mitigation to reduce or eliminate impacts were evaluated in the DEIS (Section 3.1, 3.2, and 3.9). Upgrades to those utilities, owned by the City of Utica and the Mohawk Valley Water Authority, will be undertaken and funded by the Project Sponsor (MVHS) as part of the overall IHC Project. Electric and natural gas infrastructure will also be replaced and re-routed in support of the Project. Those upgrades will also be funded by MVHS. These infrastructure improvements will also support future economic revitalization efforts.

Similar to other infrastructure upgrade or replacement projects, this work will likely have temporary impacts to residents, pedestrians, and motorists. Those temporary impacts, as identified in the DEIS, will be mitigated by notifications, temporary services, or detours as needed.

Comment 124: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

Impact on Utilities: The Draft EIS addresses this topic in Section 3.9. It acknowledges that existing sanitary sewers, water lines, storm sewers would be removed and replaced with new pipes and arrangements, impacts would occur from this work, and that some of this work would be in public rights of way just off-site.

The Draft EIS fails to acknowledge that the existing facilities are a grid that developed to serve a small-scale incremental type of development; that there is an increasing demand for this type of environment for redevelopment in Utica (*e.g.*, recent Baggs. Sq. redevelopment); that such redevelopment is of the type intended to be fostered by the Gateway Historic Canal District rules and the Utica Master Plan; and that destroying this grid would be the waste of a community resource needed to foster redevelopment.

Response 124:

The water and sewer grid that the Commenter mentioned would be improved and not “disturbed.” The planned improvements to the water, storm sewer and sanitary sewer infrastructure will replace this existing, antiquated arrangement with new infrastructure that is better designed and constructed to more efficiently serve development at the Project Site. The planned infrastructure improvements will result in a positive impact to the environment, because newly constructed infrastructure will result in less potable water loss due to leaks, less infiltration of ground water into sanitary sewers, and less exfiltration of sewage that can find its way into storm sewers, and ultimately the Mohawk River. The improved infrastructure will also be better able to serve the surrounding development discussed by the Commenter. Water and sewer can continue in a grid pattern around the IHC. See Responses 123 and 125.

Comment 125: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The Draft EIS fails to address Cumulative Impacts from the “U-District” on utilities.

Response 125:Water

The design of water usage estimates at the IHC has advanced further since the submission of the DEIS. Water demand, which is based on the maximum flow anticipated to be required by the IHC during the busiest times, do not occur consistently over the full 24-hours in a single day, and consist of both domestic uses and cooling tower uses. Peak (maximum) water demand is anticipated to be approximately 484 gpm for domestic uses and 168 gpm for cooling tower uses, totaling 652 gpm. Daily water usage is anticipated to be in the range of 243,360 gallons for domestic uses, and seasonally an additional 146,880 gallons per day are anticipated to be used for cooling tower use, for a total of 390,240 gallons per day.

In addition to the IHC, cumulative impacts of the proposed NEXUS center have been estimated. To date, no design information is available for NEXUS, so the water usage at the existing AUD was analyzed for comparison. Peak hour water usage (metered) from the AUD during a Comets hockey game in February of 2017 was used as the basis of NEXUS estimates. AUD peak hour volume was converted to an average rate of 77 gpm. This peak hour average rate was reduced by a factor equal to AUD capacity (3,800 fans) compared to estimated NEXUS tournament maximum occupancy (500 fans), or 10.1 gpm. A peaking factor of 2.5 was applied to this average rate to account for peaks during the peak hour, which results in a peak rate of approximately 25 gpm. This estimated peak hour rate was then inflated by a factor of 4 to account for ice chillers, and to give an overly-conservative peak demand of 100 gpm. For daily water use, AUD water usage patterns based on a 12-hour usage period and peaking factor of 6.5 were simulated, resulting in a daily use of approximately 11,000 gallons per day.

The cumulative capacity needs (IHC and NEXUS) were reviewed with the MVHWA, which confirmed that the existing system capacity can serve both the anticipated IHC, and estimated NEXUS peak demands and daily totals, as identified above (R. Goodney, MVWA email dated 1/22/19).

Sewer

See Responses 50 and 51. Wastewater from the IHC Project will discharge to an improved existing 24" diameter sewer in Columbia Street that flows west to State Street, where it discharges to the existing 4-foot x 4-foot State Street Trunk Sewer. From there, it flows approximately 1,300 feet north to its discharge at the Railroad Interceptor Sewer. The existing 4-foot x 4-foot State Street Trunk Sewer has been modeled, and the results of the hydraulic model indicate there is capacity for the additional flow from the IHC and other projects. In addition, the City has undertaken multiple CSO Control projects (A1 through A4, A8.1 and A9.2, as described in the City's Long Term Control Plan) over the last 6 years that have resulted in excess capacity in the Railroad Interceptor Sewer, which is where wastewater from the NEXUS project will be conveyed.

Electric & Natural Gas

National Grid has confirmed that they can provide electric and gas services to both the MVHS IHC and the NEXUS Center projects with certain improvements, which will be paid for by MVHS and the Upper Mohawk Valley Memorial Auditorium Authority, respectively (see Response 118).

Stormwater

See Response 55.

Comment 126: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The Draft EIS fails to acknowledge that the above impacts [on utilities] could be largely avoided by relocation of the Project to the St. Luke's Campus where the public grid would not be disturbed.

Response 126:

The comment focuses on the St. Luke's Campus as an alternative for the Project as proposed, and an analysis of that potential site was conducted. However, utilizing the St. Luke's Campus as the Project Site would not achieve the Project's goals and would entail significant additional costs to upgrade as detailed above. See Responses 26, 28 and 48. Moreover, as noted, the only impact to the utility grid is a positive impact from infrastructure upgrades that would be paid for as part of the Project. See Responses 123 and 124.

Comment 127: Michael Galime, City of Utica Council President, Letter, 12/27/18:

The current water delivery to the Central Business District is adequate for the current structures within the proposed footprint. The current water delivery is not adequate for the proposed structure. There is no financial plan to route appropriately sized mains to the proposed site, nor is there a physical construction plan to route the appropriately sized mains to the site from the current inlets from the MVWA Hinckley Reservoir feeder pipes. These issues must be addressed and remediated if this project is approved for development in the selected location.

Response 127:

The Project-related utility improvements, as outlined in the DEIS, will be the financial responsibility of the Project. Water demands for the IHC Project were clarified in Responses 49 and 125. As summarized in the DEIS (Section 3.9), MVHS has coordinated its Project needs with the Mohawk Valley Water Authority (MVWA). In correspondence dated August 8, 2018 (see DEIS Appendix J), the MVWA indicated that they can meet the water demands of the Project "[...]with existing water system delivery capacity and storage reserves. There will be no adverse impact on current capacity or service levels to others. Final Campus configuration will require abandonment and rerouting of some water mains. Furthermore, fire quantity demands can be supported in terms of water storage capacity however, the required flow rates and pressures may require booster pumping dependent upon the final demand."

Comment 128: Michael Galime, City of Utica Council President, Letter, 12/27/18:

The current budget for the hospital proposal does not include water, sewer, gas delivery, or overall infrastructure cost. Who will be expected to pay for these additions to the project if there are overruns or unanticipated issues crop up.

Response 128:

The Project-related utility improvements will be the financial responsibility of the Project Sponsor and are included in the Project Sponsor's budget. The improvements will enhance utilities for this Project and future projects in the vicinity.

Comment 129: Michael Galime, City of Utica Council President, Letter, 12/27/18:

Infrastructure Cost. The following are not currently specified within the 480 million dollars of proposed cost.

- Storm Water Mitigation
- Water Delivery
- Natural Gas Delivery
- Power Delivery

There is a potential negative impact where these costs will fall outside the specified scope, and MVHS will look to the City, County, and State for additional funding.

Response 129:

As outlined in the DEIS, the Project-related utility improvements will be the financial responsibility of the Project Sponsor and are included in the Project budget. See Response 128.

3.13 NOISE AND ODOR**Comment 130: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Draft EIS addresses this topic in Section 3.10. Impacts are expected to be primarily related to the construction phase. The Draft EIS fails to acknowledge that relocating the Project to the St. Luke's Campus would minimize these impacts, particularly to off-site receptors, owing to the Campus' more-open surroundings, the decreased need to demolish buildings and reroute public infrastructure, and the likelihood that such impacts would be better monitored by an on-site Applicant.

Response 130:

Impacts related to noise and odor during construction of the IHC would be common regardless of Project location. The DEIS demonstrates that these impacts are temporary, can be adequately monitored and will be adequately mitigated at the Downtown Site.

To the extent that the comment focuses on the St. Luke's Campus as an alternative for the Project as proposed, an analysis of that potential site was conducted. However, utilizing the St. Luke's Campus as the Project Site would not achieve the Project's goals and would entail significant additional costs to upgrade as detailed above. See Responses 26, 28 and 48.

3.14 HUMAN HEALTH**Comment 131: Richard Bause, Resident (Utica), Public Hearing, 12/6/18:**

People haven't really looked at what happens when you have the auditorium totally full for a hockey game, you're going to put a sports complex over to the other side in that particular area. What happens if you have a mass casualty at the same time, where is everybody going to congregate?

Response 131:

See Response 134.

Comment 132: Kevin Revere, Director of Emergency Services, Oneida County, Public Hearing, 12/6/18:

I would like to thank the planning board and O'Brien and Gere, we've spoken in June and discussed the CSX Railroad tracks and the concern that people had brought up regarding that, as I did also, I done my own examination, but some professionals from O'Brien & Gere and others took a look at the concerns that had been raised regarding the proximity to the proposed hospital to the railroad tracks, and as I suspected, their conclusion was what I concluded also that there really is no concern regarding that. I think you used the term in the report O'Brien & Gere did that it's negligible, the fear of an accident happening close to, I would put it less than that because they did a thorough job.

Response 132:

The comment is noted.

Comment 133: Stephen Keblish, Resident (Municipality Unspecified), Public Hearing, 12/6/18:

The county's emergency management plan cites hazardous materials in transit as moderate to high hazard, the highest ranking that any potential hazard may have in Oneida County or estimated, at least, and that the hazards that occur most often include the transport of hazardous materials. The mitigation of those kind of risks need to be finalized and a new comprehensive emergency management plan that would project plans and

contingencies in case still were to happen within a hospital and not merely just waiting to be a concern that one would have for a transit accident.

Response 133:

See Comment 132 and Response 134.

Comment 134: Linda K. Paciello, Ph.D., Resident (New Hartford), Letter, 12/18/18:

Building within a red zone surrounding the railroad is not recommended. If there were an emergency, how will you quickly evacuate patients from such a tall structure and where will you evacuate to?

Response 134:

An analysis of potential rail-related impacts including the likelihood of occurrence was provided in the DEIS (see DEIS Section 3.11.4). As noted in the DEIS, railroads are commonly in proximity to structures such as hospitals. In addition, the SEQRA regulations provide that the analysis of catastrophic impacts “would likely occur in the review of such actions as an oil supertanker port, a liquid propane gas/liquid natural gas facility, or the siting of a hazardous waste treatment facility. It does not apply in the review of such actions as shopping malls, residential subdivisions or office facilities.” (6 NYCRR 617.9(b)(6))

On September 16, 2016, the Federal Department of Health and Human Services published a final rule (42 CFR Parts 403, 416, 418, *et al*) regarding “[Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#).” This final rule established national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers, including MVHS facilities, to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It also provided planning assistance to providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

Facilities, including those operated by MVHS, are required to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan. The plans are updated annually, and include elements for training, testing and drills. Both St. Luke’s and SEMC operate under these federally-required emergency plans. An example plan table of contents is provided as Appendix E to this FEIS Responsiveness Summary. An emergency plan that meets the federal requirements will be on file for the Project.

In regard to the IHC, the all-hazards risk assessment will be used to identify the essential components to be integrated into the facility emergency plan. An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters. This approach is specific to the location of the provider or supplier and considers the types of hazards most likely to occur in their areas. These may include: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food.

In support of NYSDOH’s CON process, MVHS is required to submit environmental documents prior to the NYSDOH’s approval to occupy the new facility. The emergency preparedness plan is one of those required documents, which includes evacuation planning as an element of the plan. During this process, MVHS is also required to provide evidence of staff and provider training and education.

It should also be noted that, unlike many other business-occupying facilities, hospitals practice a “shelter-in-place” strategy, which includes horizontal evacuation as a first step in the evacuation process. In the rare occasion that there is a disaster that requires a complete facility evacuation, MVHS would coordinate with its mutual aid agreement agencies, regulatory agencies and FEMA agencies as outlined in the MVHS plan and under the direction of the authority having jurisdiction.

Comment 135: Linda K. Paciello, Ph.D., Resident (New Hartford), Letter, 12/18/18:

When the old buildings are taken down there is sure to be asbestos and lead. The air quality for the people who live in that area is surely going to be affected.

Response 135:

As indicated by the Project Sponsor (MVHS) in the DEIS (Section 3.4), “Due to the age of existing buildings within the project footprint, it is likely that building materials will contain hazardous materials such as asbestos-containing materials (ACMs) and lead-based paint (LBP), which would need to be identified and managed prior to initiation of demolition activities.”

MVHS would be required to obtain demolition permits for existing buildings to be removed within the Project footprint. As required by existing regulations, a hazardous building materials survey will be conducted to identify the potential presence of hazardous materials such as ACM and LBP in buildings to be demolished. Based on the survey and as indicated by the Project Sponsor in the DEIS, the New York State Department of Labor’s Code Rule 56 requires that all work that disturbs ACM be done by trained workers following special procedures and engineering controls (including air monitoring) to prevent the spread of asbestos into the air and ensure ACM has been properly removed.

The United States Environmental Protection Agency (USEPA) and the State of New York maintain regulations that address identification, handling, monitoring and proper disposal of identified and/or presumed hazardous materials. These procedures will be adhered to throughout the duration of the Project to reduce potential exposure to workers and the public.

ACM, if identified, will be removed prior to or during demolition activities by a licensed asbestos abatement contractor and disposed of in an approved landfill. Third party air monitoring will be conducted throughout the Project, as required by regulation. LBP is not typically removed from buildings prior to demolition. Therefore, construction debris will be laboratory tested prior to removing it from the Project Site to determine the appropriate disposal landfill. If other hazardous materials are observed that will be impacted during demolition activities, they will be handled and disposed of in accordance with appropriate regulatory requirements.

Comment 136: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

Impact on Human Health: The Draft EIS addresses this topic in Section 3.11. The Draft EIS acknowledges that impacts to health could result during the demolition and construction phases through exposures to impacted soils and groundwater and hazardous materials, such as asbestos from old buildings.

Response 136:

See Responses 135 and 142.

Comment 137: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The Draft EIS touts the health purposes of the Project without reference to site, and attempts to address the “red zone” railroad problem.

Response 137:

The Commenter’s comment was addressed in the DEIS (Section 3.11.4). The DEIS assessment was prepared in consultation with the County’s Department of Emergency Services (see Comment 132 and Response 134).

Comment 138: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The Draft EIS fails to consider that the purposes of the State’s Grant – which is intended to improve human health – are undermined by the Project’s placement on the Downtown Site, as opposed to the St. Luke’s Campus, because: (a) it dis-integrates the system of care by placing 2 miles between the new hospital beds and the

rehab/nursing facility, (b) removes the anchor institution from the existent *de facto* medical district near the Utica/New Hartford line, (c) gives the Applicant an additional medical campus to manage; and, apparently, per the Applicant's own numbers, (d) undermines Applicant's financial stability by increasing the number of staff per hospital bed.

Response 138:

This comment does not raise any environmental impacts, but rather expresses an unsubstantiated opinion that the purposes of the State's grant are undermined by the downtown location. However, the NYSDOH has already considered these issues when it reviewed MVHS's grant application and awarded the grant to MVHS based on its application to construct the IHC at the proposed Downtown Site. In addition, NYSDOH also reviewed and approved MVHS's CON to construct the new facility in downtown Utica. See Responses 1 and 30.

Comment 139: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

With regard to the "red zone" reference is made to my prior Scoping comments on this topic (Draft EIS p. 1036/3537). Although the Draft EIS attempts to address concerns raised during Scoping about the potential of having to evacuate the Project were a train derailment to occur involving hazardous substances on the CSX Railroad Tracks which pass about 900 feet north of the project site, the Draft EIS still fails to assess the feasibility of evacuating what would become Greater Utica's only hospital and fails to substantiate any feasibility with an Evacuation Plan. This should have been a "fatal flaw" of the Downtown Site.

WARNING: The City of Utica, County of Oneida and other involved agencies are hereby placed on notice that if they approve of this Project on the Downtown Site, they are knowingly and unnecessarily placing human lives at risk both due to gridlock and the red zone because the St. Luke's Campus does not carry such risks.

Response 139:

See Comment 132 and Response 134.

Comment 140: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:

The Draft EIS does not adequately address certain potentially serious environmental concerns regarding the downtown site. The proposed location is within approximately a half mile of railroad tracks over which trains carrying petroleum products and toxic chemicals travel. It is our understanding that the hospital is located within an evacuation zone, known as a 'Red Zone'. Sometimes, trains derail. This past June, a train carrying oil derailed in northwestern Iowa, resulting in the discharge of 230,000 gallons of crude oil into surrounding floodwaters. A derailment of a train carrying oil or chemicals within walking distance of a hospital is an invitation to an unmitigated public health catastrophe.

Notably, the Draft EIS does not include an evacuation plan for the hospital, and instead of discussing how MVHS would respond to such an emergency, the section discussing the railroad minimizes the severity of the risk and focuses on the low "likelihood that the catastrophic impact would occur." See Draft EIS Pg. 91. Instead of detailing the tangible steps that would be taken in the event of a spill, the Draft EIS merely provides a list of the agencies and organizations that would be pressed into duty to respond. See Draft EIS at pgs. 100-102. It is irresponsible to place some of Utica's most vulnerable residents within feet of a potential oil or chemical spill. It is irresponsible to do so while dismissing the likelihood of a catastrophe and while expending little effort on a plan to respond to such an emergency. While the odds of a derailment may be small, the consequences would be severe. This issue was raised throughout the scoping process, and it is minimized by the Draft EIS. Notably, the St. Luke's campus location is not within the Red Zone.

Response 140:

See Comment 132 and Responses 26, 28, 48 and 134.

Comment 141: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:

The Draft EIS does not adequately address the environmental concerns that exist underground at the proposed downtown site. The Sanborn Maps, which the Draft EIS acknowledges (see Draft EIS at pgs. 92-94), denote the presence of several gas tanks. It is our understanding that these maps also detail underground concerns such as gas lines and water lines, some of which are very old and damaged. The Draft EIS does not clarify whether and how underground gas and water lines will be restored or replaced.

Response 141:

The DEIS (Section 3.9) outlines proposed utility improvements, which will be necessary to support the Project. These improvements include extension and relocation of existing utilities, including replacement of some older infrastructure. Based on the significant history of development within the Project area, it is likely that old abandoned infrastructure will also be encountered. Abandoned infrastructure encountered during construction, will be verified with the owner, and abandoned, replaced, or relocated as appropriate. As stated in the DEIS (Section 3.11), other regulated materials encountered during construction phase activities will be managed, transported and disposed in accordance with applicable regulations. See Response 123.

Comment 142: Robert S. Derico, RA, Acting Director, Dormitory Authority of the State of New York (DASNY), Letter, 12/27/18:

DASNY reiterates its comment that complete Environmental Site Assessments (“ESAs”) should be undertaken for all properties included within the project limits of the proposed IHC. As previously noted in DASNY’s Scoping Comments, the historic uses within this former industrial section of the city may have included substances now known to be health hazards, potentially leaving behind toxic residue. Once site control is obtained, any outstanding ESA’s should be completed promptly. This will aid in any needed mitigation of construction-related impacts anticipated from soil erosion, site clearing and grading and excavation activities, etc.

Response 142:

It is not completely accurate to state that this area of downtown Utica is a “former industrial section” of the City. Certainly, along the Old Erie Canal (Oriskany Street corridor), there were large industrial parcels within the City, specifically the former textile factories, but these sites are situated both east and west of the proposed IHC location. Historically, this area has been a mix of commercial, retail, residential, and light industrial.

The DEIS (Section 3.11) also summarized and appended information and data (see DEIS Appendix H), which was relied upon to assess the potential impacts from prior and existing land uses. This information included a preliminary due diligence report, which provided data relative to properties within and proximal to the Project footprint. In addition, prior Phase I ESAs were summarized and appended to the DEIS for 401-407, and 409 Columbia Street. The Project Sponsor, MVHS, indicated in the DEIS that it will perform ongoing due diligence assessments for existing facilities to be acquired for the IHC Project.

The presence of Historic Fill Material (HFM) is anticipated and existing soils will be removed from 0 to 2-foot depths in all areas that will remain green (*i.e.*, grass or landscaped areas) and replaced with clean, imported material. Removal of older structures and impacted soils will also improve the quality of surface water runoff under future build conditions.

Based on the urban setting, age of existing structures, prior land uses and review of the DEIS data, which identified known “Recognized Environmental Conditions” (RECs), the Project Applicant, MVHS, concluded that construction of the Project (including demolition and site disturbance activities) will likely encounter ACM, LBP, and other regulated substances (in soils and/or groundwater), which will require management in conformance with applicable state and federal regulations.

To mitigate potential impacts, the DEIS identified the following mitigation measures:

- Performance of due diligence evaluations (hazardous material surveys) to identify the potential presence of ACM, LBP and other regulated materials, which could be encountered during construction phase activities
- Compliance with state and federal regulations regarding the handling, transportation and disposal of ACM, LBP, and other regulated materials encountered during construction phase activities
- Preparation and implementation of a Construction Health and Safety Plan (CHASP) to protect construction workers and the community from exposure to potentially impacted materials
- Spill response measures, training and reporting
- Compliance with City Code requirements

Comment 143: Joseph Cerini, Citation Services, Email, 12/27/18:

I see the environmental review for downtown is not complete with testing and analysis that was still underway as of 2 weeks ago. Any consideration of environmental impact should be available before any approvals. I see no results of the collection and analysis of soil and water samples. Based on the results, testing and monitoring could go on for an extended amount of time, and in the end we may end up with razed buildings that need installation of sub-slab depressurization systems that would add detrimental cost to any project.

Response 143:

See Response 142. During hazardous materials surveys and demolition of buildings, the presence of contaminated soils or groundwater, as previously stated, will be mitigated through sampling, stockpiling, and disposal methods commonly utilized for development projects. The Project budget accounts for these types of expenses.

3.15 COMMUNITY CHARACTER

Comment 144: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:

The project involves the demolition and redevelopment of approximately 25 acres of Utica's Central Business District and it contradicts the principles and goals for downtown economic development set forth by this Board in its Neighborhood-Based Master Plan (the "Plan"). The Plan states that "Utica's downtown needs to become an interesting, safe and easy place to move around" for both vehicles and pedestrians. See Master Plan at pg. 36. To this end, the Plan identifies various retail opportunities, restaurant opportunities, and housing opportunities. See Master Plan at pgs. 36-40. The Board clearly envisions downtown Utica as a mixed-use area where retail, entertainment, and housing converge. The Board also identifies the importance of promoting culture and the arts downtown. See Master Plan at pg. 41. Downtown as idealized by the Board is a mixed-use gathering place for shopping and entertainment, as well as a living space. It is a place where Uticans choose to spend time and interact with each other.

Response 144:

See Response 32 with respect to demolition and redevelopment of approximately 25 acres of Utica's Central Business District.

By its own terms, the City of Utica's Master Plan was not meant to dictate land use, but rather was designed to be flexible. Its purpose "is to provide policy direction and recommendations to guide the City and its partners in the formulation of development strategies, economic incentives, and land use controls that collectively will foster development supportive of, and complementary to, re-establishing Utica as a regional hub, while simultaneously strengthening the economic and social fabric of the City's neighborhoods."

According to the City's Master Plan, the City's urban landscape is characterized by vacant or significantly under-utilized industrial buildings and many of its neighborhoods are either deteriorating or continuing to decline. The Master Plan identifies eight (8) goals for Downtown Development and the proposed Project is consistent with six (6) of them: (1) provide safe, comfortable and efficient multi-modal connectivity; (3) Identify ways to encourage creative partnerships and collaborations working to support a dynamic downtown with an entrepreneurial spirit; (4) ensure a safe downtown environment; (5) recognize downtown as a community gathering place; (6) foster an environment for economic vitality downtown; and (7) use downtown to express the pride of Utica residents. The secondary economic growth spurred by the Project is consistent with the remaining goals: (2) provide a framework, guidelines, and action plan for the arts that will contribute to creating a culturally dynamic downtown; and (8) promote residential and mixed-use development downtown that is consistent with Utica's heritage and architecture.

For example, the Master Plan identifies several implementation strategies under each of these goals that will be fulfilled by the IHC. For example, implementation strategies under Goal 1 "provide safe, comfortable and efficient multi-modal connectivity" includes a public parking strategy to accommodate future public and private development/redevelopment and to upgrade existing infrastructure (p. 43). The IHC will satisfy this goal and have a positive impact on the surrounding area by:

- Existing infrastructure upgrades (water, sewer, gas and electric) that will provide for future development.
- Linking existing and planned bike and pedestrian routes throughout downtown and the Harbor Point District via the health campus.
- An improved transportation network, including easy access from multiple directions.
- Parking co-utilization for the health campus, the AUD, central business district and adjacent businesses based on the time of day. Hospitals may have a high demand for parking during the weekday but lower demand in evenings and weekends when public events are most often held.

The IHC will satisfy goals 5 and 7 by providing long term sustainability to MVHS and healthcare in the community. Not only will a new facility provide structural longevity that the current facilities cannot offer, but it will become a community center for healthcare that will continue long into the future. The ability to attract new and younger providers will help to ensure that the healthcare needs of the community will continue to be met and grow as needs change into the future. The new facility will also create a culture of teamwork and patient-centered care that will attract staff that seeks these values in their work which will help to ensure this culture is maintained well into the future. The entire system working toward these goals will create a healthier community and provide better outcomes – resulting in more community pride.

Strategies under Goal 6 foster an environment for economic vitality downtown include giving downtown locations the highest priority when siting facilities which have significant employment or destination potential; attracting investment and talent to downtown; and making a strong, visible connection between the AUD and the commercial core (p. 44). The IHC will satisfy each of these strategies as well.

Specifically, the IHC will provide the opportunity for growth as the needs of the community change and will promote development of the surrounding area. It is a unique opportunity to provide access to a state-of-the-art healthcare facility, while also spurring economic development and playing a pivotal role in enhancing the downtown revitalization efforts, including supporting the exciting energy at Bagg's Square, Harbor Point and Varick Street. The IHC will also create future healthcare and development opportunities to anticipate needs in education, research and applied sciences (also satisfying Goal 3).

In fact, nothing enlivens a city more than the presence of its community members and visitors. Downtown housing, commercial, food, retail, education and entertainment venues are positioned to greatly benefit from the influx of more than 3,500 MVHS employees and medical staff at the new IHC. The new campus will create a safer environment for people to work, live and enjoy recreational activities. It could also bring other businesses such as grocery stores and farmers markets to the area. The increased ability to participate in recreational activities

along with improved access to healthier foods will provide a healthier, safer community for our safety net population (also satisfying Goals 3, 5 and 7).

Comment 145: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

Consistency with Community Character and Plans: The Draft EIS addresses this topic in Section 3.12. Its approach is to ignore the word “Plans.” Reference is made to my prior Scoping comments on this topic (Draft EIS p. 1036-7/3537) since they were disregarded.

The Project is inconsistent with the Gateway Historic Canal District’s plan and building-form rules (see *e.g.*, Draft EIS p. 373/3527), which were Council-approved in 2005. The Draft EIS fails to disclose that the Downtown Site lies within the said District (an area bounded by Genesee, State and Columbia Streets and the CSX Tracks).

Response 145:

See Response 60.

Comment 146: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The Project is inconsistent with the Utica Master Plan, approved by the Council in 2011 and updated in 2016. This and the Canal District plan envision mixed uses and “walkability” Downtown, not a Medical Campus of a few massive buildings surrounded by acres of parking.

Response 146:

See Responses 86 and 144.

Comment 147: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

Per 6 NYCRR 617.7(c)(1)(iv), the material conflicts above are per se a substantive and significant adverse environmental impact that either must be mitigated or avoided. The DEIS fails to propose either. Relocation of the Project to the St. Luke’s Campus would avoid these inconsistencies.

Response 147:

The Project is consistent with the City’s Master Plan and with the Urban Renewal Plan and relocation is unnecessary. See Response 144.

To the extent that the comment focuses on the St. Luke’s Campus as an alternative for the Project as proposed, and an analysis of that potential site was conducted. However, utilizing the St. Luke’s Campus as the Project Site would not achieve the Project’s goals and would entail significant additional costs to upgrade as detailed above. See Responses 26, 28 and 48.

Comment 148: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:

The current occupants and uses of the Downtown Site reflect almost 200 years of official City of Utica decision-making (ranging from zoning and street layout to lot sizes). Applicant’s proposal to replace the Columbia-Lafayette neighborhood with a campus of medical buildings, parking facilities, and discontinued streets is inconsistent with these prior decisions. The Gateway Historic Canal District (which covers the Downtown Site) has a plan and design requirements that were adopted in 2005. The Utica Master Plan of 2011 and its 2016 Update, were officially adopted to guide future development within the City. None of these call for a transformative change to the Columbia-Lafayette Neighborhood. Neither the Applicant, nor its consultants, nor the elected/non-elected persons/officials who want the hospital Downtown (see K., *infra*³⁸) have the legal authority on their own to change Utica’s official plans, ordinances, *etc.*

³⁸ The complete comment letter is included in Appendix B to this FEIS Responsiveness Summary.

The Applicant needs to explain why the existing laws and plans *etc.* were not seen as a “fatal flaw” that would require rejection of the Downtown Site, otherwise its “fatal flaw” analysis appears arbitrary.

Response 148:

See Responses 32, 60 and 144.

Comment 149: Steven Grant, President, LSGU, Letter, 12/27/18:

Demolition of NRHP listed and eligible buildings violates the goals of the adopted Utica Master Plan, the Gateway Historic Canal District design guidelines, NYS Historic Preservation Plan, and compromise the community character and authenticity of this legacy Erie Canal era neighborhood.

Response 149:

See Responses 32, 47, 60, 63, 144 and 157.

Comment 150: Tyler Kutty, College Student & Resident (New Hartford), Email, 12/27/18:

The hospital does little to preserve the historic character the neighborhood it is in. Some properties, such as those within the footprint of the hospital, will need to be demolished. Others, like 401 and 500 Columbia St. and 300 Lafayette St., are being demolished to create a parking lot, and 301 Columbia St. is being demolished to create a vacant lot. All of these lots hold some historical character that is important for the community, such as 300 Lafayette St.’s history as the former trolley depot and the only remaining history of the trolley [sic] lines. All of these lots have potential for future use as offices, retail, food malls, or apartments if they were to remain standing. Their demolition could be representative as the hospitals plan to start off on a new slate and not preserve incorporate itself into the fabric of the current neighborhood. If the hospital chose to locate the proposed medical office building into an existing building like 401 Columbia or 600 State St, it could save some the buildings, preserve some historic character, and potentially reduce the cost to MVHS.

Response 150:

The Project Site designated to support the IHC was determined based on several factors including access, vehicular circulation, hospital arrival and drop-off, parking, logistics and service functions. Within the established Project Site, existing buildings were evaluated for reuse potential and historic preservation. As the Project design evolved, MVHS identified a reuse opportunity for the existing MME space, which is part of the Downtown Utica Historic District and MVHS plans to repurpose the building to house the new hospital’s CUP.

MVHS understands that preservation of downtown Utica’s rich history is important. In addition to the reuse potential of existing buildings, MVHS’s team of designers, engineers and urban planners reviewed the potential to preserve and/or incorporate key architectural elements. For those listed and/or eligible buildings that cannot be re-purposed for use in connection with the new hospital, MVHS is evaluating which important architectural features or design elements can be incorporated into the design of the new healthcare campus.

See Responses 32, 47, 60, 62 and 63.

Comment 151: Tyler Kutty, College Student & Resident (New Hartford), Email, 12/27/18:

Through the demolition of historic resources and the closing of cross streets, the new MVHS campus creates a superblock and disassociates itself from Downtown and Varick St. With the current existence of superblocks at Kennedy Plaza, the Delta Hotel, and Hanna Park, the creation of another superblock will cement the feel of this area as a suburban setting, not as an extension of Downtown or Varick St. These superblocks are both physical and psychological barriers to pedestrians and development, limiting the walkability of Downtown and the viability of future development in their neighborhood.