

**Response 151:**

The MVHS IHC site plan maintains Columbia Street and State Street as downtown City thoroughfares and pedestrian routes. Lafayette Street and Cornelia Street will serve as access to routes to the main entrance of the hospital. Lafayette Street will also serve as a continuous pedestrian route though the MVHS IHC site from Broadway to Varick Street. The only disruption in pedestrian connectivity based on existing conditions to proposed conditions is Cornelia Street from Lafayette Street to Columbia Street. See Response 86.

**Comment 152: Tyler Kutty, College Student & Resident (New Hartford), Email, 12/27/18:**

One parking garage is being built, and while it is not being built by MVHS, it is still part of the plan. MARCH architects should be encouraged to look at a number of innovate parking structure [sic] that limit the negative impact on the community and can include things such as ground level retail or garage beautification efforts.

**Response 152:**

The parking garage being constructed to support the MVHS IHC and other community uses in this area of the City is being planned and designed at the direction of Oneida County and the City of Utica. MVHS and its planning and design team are coordinating with the City and the County on the design elements of the new garage. MVHS recognizes that this is not just an asset for the hospital, but for the community.

**Comment 153: Tyler Kutty, College Student & Resident (New Hartford), Email, 12/27/18:**

Perhaps the most important issue with the hospital is its use of surface level parking. While economics is the clear decider of what type of parking to create, excessive use of surface level parking will have negative effects on the revitalization efforts of Downtown. To rectify this, MVHS should look into repairing or utilizing existing parking structures such as the municipal owned garage at city hall or even the garage at Delta Hotel. If necessary, the hospital should create a revitalization plan that can address the excessive use of parking when the money becomes available to create a second parking garage to reduce the amount of surface level parking.

**Response 153:**

Oneida County and the City of Utica have agreed to build a new 1,550± space parking garage to support the needs of the hospital as well as other parking needs in this area of downtown. Once the decision was made to go downtown, MVHS reviewed potential reuse options of existing garages in comparison to development of a new garage (*i.e.*, asset life left of the buildings, cost to repair and maintain, *etc.*). This evaluation, in addition to the current utilization of the garages, drove the demand for one new garage and additional surface parking.

**Comment 154: Robert S. Derico, RA, Acting Director, DASNY, Letter, 12/27/18:**

The IHC would be constructed within a section of the city earmarked for urban renewal, and the proposed hospital facility would be a significant architectural accomplishment, potentially injecting this area of the city with a new, modern centerpiece derived from the architecture of its neighboring buildings and historical past. The design is to be complemented for its treatment of buildings lower levels, or “podium” as it is called in the DEIS. The articulation of the podium, or “street” levels, keeps the size of the building on a more human scale and is in keeping the sightlines consistent with the historical context of the original buildings.

**Response 154:**

The comment is noted.

**Comment 155: Eleanor R. Lewis, Resident (Boonville, NY), Fax, 12/27/18:**

Why would we want to lose our specialness by turning into a carbon copy of other Mohawk Valley towns? Why would we want to be known for a shiny metal monstrosity blocking access into the city instead of low-key invitation. Please think how much you take for granted all these qualities (concern for quality of life, low key

driving, low key and pleasant shopping interactions, friendly businesses, refugee haven) that I found so new and wonderful coming from elsewhere.

**Response 155:**

The Commenter's opinion is noted. However, as noted by Comment 154, "[...]the proposed hospital facility would be a significant architectural accomplishment, potentially injecting this area of the city with a new, modern centerpiece derived from the architecture of its neighboring buildings and historical past. The design is to be complemented for its treatment of buildings lower levels, or 'podium' as it is called in the DEIS. The articulation of the podium, or 'street' levels, keeps the size of the building on a more human scale and is in keeping the sightlines consistent with the historical context of the original buildings." See photographs included with Responses 47, 60, 62 and 86.

**Comment 156: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

The intrusion of the proposed nine-story, 165-foot medical institutional building (and associated uses and alterations on the Downtown Site) will stand out as a sore thumb, in marked conflict to the vision espoused for this area in the City's Master Plan and as reflected in regulations pertinent to the City's Historic Districts.

**Response 156:**

See Responses 47, 60, 62, 63, 86, 144 and Comment 154.

**Comment 157: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Beyond being simplistic and inaccurate, the evaluation of community character (Section 3.12 of the DEIS) is nothing short of a slap in the face to the Columbia-Lafayette community and the long-term vision and policies set forth in the City's plans and regulations relative to the Gateway Historic Canal District of which the Downtown Site is a part.

**Response 157:**

The existing character and community fabric of this area is overstated. As noted in Response 32 and in the photographs provided in Response 47, as well as in the Phase 1A Architectural Inventory (DEIS Appendix E), the Columbia-Lafayette neighborhood is not a vibrant, historically and culturally significant neighborhood. It is a documented blighted area, located in a HUB zone; in a former Empire Zone; designated as a potential EJ area; and in the Urban Renewal Plan Utica Downtown Development Project Area. Despite revitalization of surrounding areas over the years, there has been no proposed improvements in this area for many years.

**Comment 158: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Notwithstanding wide-scale destruction of buildings (including historic buildings), the putative use of eminent domain to take people's property, broad-based displacement of existing businesses and affordable housing, displacement of charitable facilities serving this environmental justice area, closure of several downtown streets and the intrusion into the area of a massive, nine-story, 165-foot high, modern, institutional building wholly out-of-proportion to and out-of-character with anything in the surrounding environs, the DEIS's evaluation of community character impacts effectively comes down to one paragraph, and, essentially, one line: namely, that while the magnitude of the impacts will be large, "most impacts are expected to be beneficial because [the IHC project] will better position the hospital to serve...the population of Oneida County," as well as create opportunities for secondary economic development. DEIS, Section 3.12. Stated another way, the DEIS takes the unsupported (in fact, bizarre) position that because the IHC project is a hospital, the community is benefitted, notwithstanding that the existing character of the community – including its unique historical character, its existing businesses and existing community fabric – is destroyed. See, *e.g.*, 6 NYCRR 617(c)(1)(iv) & (v)

(respectively, identifying conflict with approved community plans/goals and impairment of historic, archeological, architectural, or aesthetic resources or of existing community or neighborhood character as indicators of significant adverse impact).

**Response 158:**

See Responses 32, 47, 60, 62, 63, 86, 144, 157, 165 and 194. See also Comment 154.

**Comment 159: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Under SEQRA, however, the impact to community/neighborhood character must be evaluated based on adverse impact to the “existing community or neighborhood character” (ECL 8-0105[6], 6 NYCRR 617.2[1]), and, thus, the DEIS wholly misses the mark. See, *e.g.*, *Chinese Staff & Workers Ass’n v. City of New York*, 68 N.Y.2d 359, 366 (1986) (finding that the potential acceleration of the displacement of local residents and businesses is a secondary long-term effect on population patterns, community goals and neighborhood character that must be evaluated; discussing that such effects on the community in general must be examined in addition to looking to impacts directly on the project site); *Village of Chestnut Ridge v. Town of Ramapo*, 45 A.D.3d 74, 94 (2d Dep’t 2007) (“Community character is specifically protected by SEQRA”). Moreover, there is no exemption in SEQRA for consideration of adverse impacts to community character merely because a project involves health care. In addition to failing to adequately address these community character impacts, the DEIS fails to identify/evaluate a practicable avoidance/mitigation that would eliminate all of these impacts, but still more than adequately provide for Oneida County’s health care needs – namely, moving the IHC project to the St. Luke Campus.

**Response 159:**

Section 3.12 of the DEIS addresses the existing character of the community, which has been greatly overstated as set forth in Responses 26, 32, 47, 60, 62, 63, 86, 157, 194 and Comment 154.

Accordingly, as noted in the DEIS, the IHC facility will have a positive impact on the character of the community tying in to revitalization efforts occurring at the NEXUS Center, Harbor Point, Bagg’s Square, and the Brewery District to name a few. The IHC will facilitate a safe and walkable connection between the NEXUS Center and Downtown or the Brewery District.

With respect to that portion of the comment that 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. Even if the St. Luke’s site did satisfy MVHS’s objectives, the impacts on land with respect to construction would be similar for either location. See Responses 26, 28 and 48.

**Comment 160: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

In addition to the above, the DEIS fails to properly identify the special regulations applicable to the Downtown Site and the special policies, goals and implementation strategies pertaining to same. The DEIS states that the Downtown Site is in the Central Business District, but fails to substantively address that the Downtown Site is in the Gateway Historic Canal District to which particular Design Standards apply, as do the related policies, goals and implementation strategies set forth in the City of Utica’s Master Plan (October 5, 2011) (“City Master Plan”). (And, as noted above, the Downtown Site also includes a portion of the Downtown Genesee Street Historic District, which is listed on the State and National Register of Historic Places, as well as a host of other eligible properties.)

**Response 160:**

See Responses 26, 32, 60, 63 and 144.

**Comment 161: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

As discussed in the City Master Plan, a revitalization plan was completed in 2003 for the Gateway District. As a result of that plan, the City Common Council adopted a form-based zoning code in 2005 to regulate development in the Gateway District. “The original intent behind the form-based code was the preservation of the historic feel of the district.” City Master Plan, p. 17 (emphasis added). “The form-based code acknowledges the significant architecture that remains in the Gateway area and provides for a mix of uses compatible with the historic development.” City Master Plan, p. 63 (emphasis added). The demolition of architecturally significant buildings, as proposed in the DEIS, is the antithesis of “preservation” or being “compatible” with historic development.

**Response 161:**

See Responses 60, 62, 63 and 144.

**Comment 162: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

The City Master Plan also sets forth a discussion of general vision, as well as specific goals and policies, for downtown development, cultural/historic resources, and historic and preservation districts, all of which are not considered in the DEIS, and all of which are violated by locating the IHC on the Downtown Site.

**Response 162:**

See Responses 32 and 144.

**Comment 163: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Illustrative excerpts from the City Master Plan follow:

## Downtown Development

- City Master Plan, p. 17 – “The buildings that remain within the [Gateway] District are some of the oldest in the City and are architecturally significant. With adherence to the strict design standards [of the form-based code], new construction will echo the form and details of the older architecture.” (Emphasis added.) This section also discusses extending the boundaries of the form-based code to more of downtown in order to “preserve and enhance the architecture of downtown.”

**Response 163:**

See Responses 32, 47, 60, 62, 63 and 144. See also Comment 154.

**Comment 164: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

City Master Plan, p. 36 – “Through the master planning process, Utica residents and business leaders have described a vision for the City’s future that builds on the architectural character and diversity of downtown. For many in Utica, the success of downtown is the foundation for success within the City’s other neighborhoods. This vision is one that enhances the quality of life for existing residences as well as creates an attractive place for new residents, visitors and businesses. *Boosting historic and cultural resources located in downtown will serve to help strengthen Utica as a more exciting place for people and businesses.*” (Emphasis added.)

**Response 164:**

See Responses 60, 62, 63 and 144 and Comment 154.

**Comment 165: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

City Master Plan, pp. 37-40 – This section discusses new commercial opportunities for downtown (including retail, restaurants, and residential), stating that the City is well-positioned to capture demand for downtown living, based, in part, on the arts, history and culture.

**Response 165:**

The American Hospital Association analyzes the economic impacts of hospitals annually. In 2018, the American Hospital Association found that hospitals purchase \$903 billion in goods and services from other businesses. The goods and services hospitals purchase from other businesses create additional economic value for the community. With these “ripple effects” (see Figure 32) included, each hospital job supports about two additional jobs, and every dollar spent by a hospital supports roughly \$2.30 of additional business activity. Overall, hospitals support 16.5 million total jobs, or one of 9 jobs, in the U.S. and support almost \$3.0 trillion in economic activity (<https://www.aha.org/statistics/2018-06-06-hospitals-are-economic-drivers-their-communities-2018>).

The IHC will bring more than 3,500 employees and medical staff downtown. The new facility will also attract new medical staff, some of whom may be interested in living in downtown Utica contributing further towards the economic redevelopment of the area. See Response 144.

**Comment 166: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

City Master Plan, p. 44 – This section discusses strategies for downtown development, namely, to promote residential and mixed-use development downtown “consistent with Utica’s heritage and architecture” via, among other means, (1) utilizing public money to rehabilitate historic buildings and buildings that contribute to Utica’s historic character; and (2) developing design standards that complement and enhance predominant uses and architecture in each of the downtown neighborhoods and sub-districts.

**Response 166:**

See Responses 60, 62, 63, 86, 144 and 165 and Comment 154.

**Comment 167: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Historic Preservation – Arts/Cultural and Historic Resources

- City Master Plan, p. 51 – “The City of Utica has something many other communities around the nation want – historic character and a strong sense of authenticity. Since appearance is fundamentally linked to economic success, these urban attributes are fundamentally tied to the City’s ongoing revitalization effort. The City recognizes this and *wants to protect these very important assets.*” (Emphasis added.)

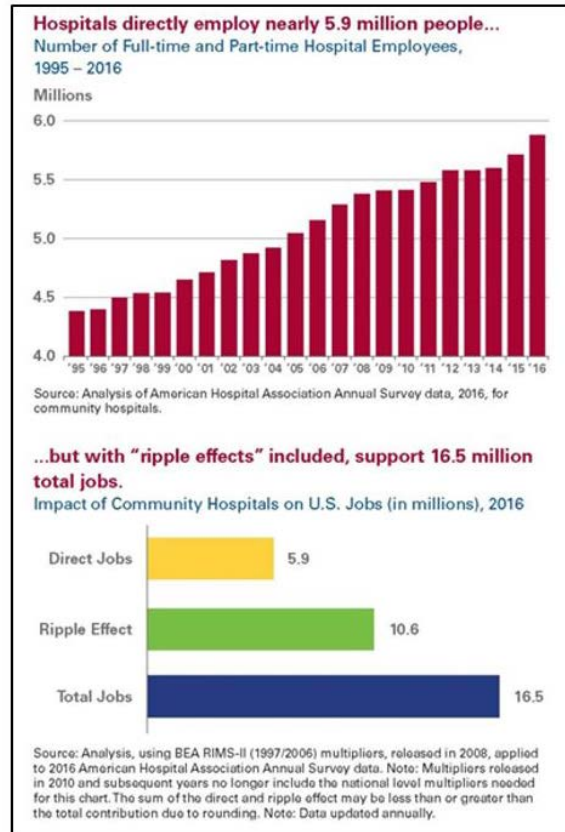


Figure 32. Hospital-Related Economics “Ripple” Effects

**Response 167:**

See Responses 32, 47, 60, 62, 63 and 144.

**Comment 168: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Historic Preservation – Arts/Cultural and Historic Resources

- City Master Plan, p. 53 – This section discusses cultural and historical assets and impact on travel/tourism, stating that “Utica’s cultural and historic assets are key features to attracting visitors to the City and enhancing the quality of life offered to its residents.” This section also notes findings from Oneida County Tourism study, stating that the study’s findings “are a compelling reason to continue to *build on the City’s recreation, arts, cultural and historic amenities.*” (Emphasis added.)

**Response 168:**

See Responses 32, 47, 60, 62, 63 and 144. The IHC will have no impact on most of the City’s cultural and historic assets. Instead, the IHC will revitalize a historically blighted and under-developed area of the City in a manner consistent with several goals and objectives of the Master Plan.

**Comment 169: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Goals and Strategies for Historic Preservation, including the Gateway District

- City Master Plan, p. 55 – Goal 4: formalize protection, and enforcement of that protection, for historic buildings, historic districts and historic neighborhoods; expand historic districts, and enforce standards applicable to them.

**Response 169:**

See Responses 32, 47, 60, 62, 63, 144, 157 and 168.

**Comment 170: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Goals and Strategies for Historic Preservation, including the Gateway District

- City Master Plan, p. 63 – This section notes the objective of the form-based zoning code for Gateway District, stating that such code acknowledges the significant architecture that remains in the Gateway area and provides for a mix of uses “*compatible with historic development.*” (Emphasis added.)

**Response 170:**

See Responses 32, 47, 60, 62, 63, 144, 157 and 168.

**Comment 171: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Goals and Strategies for Historic Preservation, including the Gateway District

- City Master Plan, pp. 65-66 – This section discusses goals for brownfield sites, including in the Gateway District: (1) Goal 1, attracting new businesses and industry; (2) Goal 2, facilitate retention and expansion of local business and individuals; (3) Goal 3, create more sites for business development in the Gateway District; (4) Goal 7, expand and capitalize on Utica’s diverse historic and cultural fabric.

**Response 171:**

Pages 65-66 of the City's Master Plan set forth Goals and Strategies for Business and Technology. The IHC satisfies several of the goals and strategies found on pages 65-66 of the Master Plan (see Response 162). The IHC will diversify the City's economy and attract new businesses, as well as attracting the retirement population to downtown Utica (Goal 1, p. 65). The IHC assembles properties to create a larger development opportunity (Goal 3, p. 65). The IHC is a not-for-profit initiative that enhances employment opportunities (Goal 5, p. 66), and will attract new, talented young professionals to the City (Goal 6, p.66). See Responses 144 and 165.

**Comment 172: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

The DEIS does not even acknowledge, let alone address, the many material conflicts that use of the Downtown Site for the IHC poses to the City Master Plan and related plans and regulations. Notably, "material conflict[s] with a community's current plans or goals as officially approved or adopted" are strong indicia of significant adverse environmental impacts that must be mitigated or avoided. 6 NYCRR 617.7(c)(1)(iv). The same is true for impairment of the character or quality of important historical, archeological, architectural or aesthetic resources. 6 NYCRR 617.7(c)(1)(v).

**Response 172:**

There is no conflict with the City Master Plan and related plans and regulations. See Responses 32, 47, 60, 62, 63, 144, 165 and 171.

**Comment 173: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Indeed, the material conflicts with the City's plans/goals, and the significant adverse impacts on historic resources and community character, resulting from use of the Downtown Site for the IHC is further underscored by commentary from the Landmarks Society of Greater Utica earlier in this process. That commentary includes the following conclusions:

- (1) large-scale, multi-block demolition of a significant segment of the downtown area...destroys the fabric, character and sense of place that defines the uniqueness of what makes Utica what it is;
- (2) the buildings that would be lost represent a lost opportunity for small-scale structures where ground floor commercial uses would complement upper floor residential uses in a walkable, urban setting, which would be in keeping with the tenets of the National Trust of Historic Places;
- (3) the IHC located at the Downtown Site would be "a huge, iconic structure surrounded by a sea of parking...[which] would be the antithesis of what makes Utica unique;" and
- (4) locating the IHC on the St. Luke Campus is far more suitable than locating it on the Downtown Site.

And, these conclusions and concerns relative to significant deleterious, irreversible impacts on historic resources (which the Applicant and its supporters have ignored) are reiterated and further discussed in the comment letter of the Landmarks Society of Greater Utica, dated December 27, 2018 (Exhibit B hereto)<sup>39</sup> (noting, inter alia, impacts to historic resources in historic district on National Register; inadequate SHPO process; violations of City Master Plan, Gateway Historic Canal District design guidelines, New York State Historic Preservation Plan; and impacts to community character and authenticity of the Erie Canal era neighborhood).

---

<sup>39</sup> The complete comment letter is provided within Appendix B to this FEIS Responsiveness Summary.

The failure of the DEIS to identify these conflicts, substantially assess them, and attempt to mitigate them renders the DEIS fatally defective.

**Response 173:**

See Responses 32, 47, 60, 62, 63, 86, 144, 165 and 171.

With respect to that portion of the comment that 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. Even if the St. Luke's site did satisfy MVHS's objectives, the impacts on land with respect to construction would be similar for either location. See Responses 26, 28 and 48.

**3.16 SOLID WASTE MANAGEMENT**

**Comment 174: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

Impacts on Solid Waste Management: The Draft EIS addresses this topic in Section 3.13. It acknowledges possible impacts during the construction phase from disposal of impacted soils and groundwater and hazardous building materials among the Construction and Demolition debris. With a decreased need to demolish buildings with unknown hazards and an historically less-impacted site, relocation the Project to the St. Luke's Campus should be considered in mitigation of this environmental impact.

**Response 174:**

The concerns raised in this comment would be the same even if the Project were relocated to St. Luke's Campus. The St. Luke's building is over 60-years old and likely contains ACM and LBP that would need to be handled accordingly during any demolition, renovation or disposal activities.

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.

**3.17 EFFECTS ON THE USE AND CONSERVATION OF ENERGY**

No comments were submitted on this topic.

**3.18 CUMULATIVE IMPACTS**

**Comment 175: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

Cumulative Impacts: The Draft EIS addresses this in Section 5, out of context with the areas of environmental concern and with little information. It dismisses the "U-District" as "speculative," when it is not, considering that a building has already been demolished in preparation and its frequent coverage in the press. The referenced CSO project only tells us what it is but has yet to be placed into context with this Project because the EIS lacks information on the routing of Project waste water, as already pointed out. Cumulative Impacts need to be addressed under each relevant area of environmental concern.

**Response 175:**

See Response 125.

Referenced CSO Control Project A9.2 constructed a stormwater relief sewer that redirects previously separated stormwater to Ballou Creek, approximately 4,200-feet to the east of the Project Site. The effect of A9.2's stormwater redirection is to remove stormwater from the City's combined sewer known as the Railroad Interceptor Sewer, thereby increasing its capacity. Wastewater from the downtown IHC Project will be routed



through the State Street Trunk Sewer, to the Railroad Interceptor Sewer. It is anticipated that wastewater from the NEXUS project would also be conveyed to the Railroad Interceptor Sewer. Capacity in both the State Street Trunk Sewer and Railroad Interceptor have been addressed in a previous response (see Response 50).

**Comment 176: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

Relocation of the Project to the St. Luke's Campus must also be considered in the EIS in mitigation of Cumulative Impacts as there are no known large-scale projects in its vicinity that could impact the Project.

**Response 176:**

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 177: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Draft EIS deals with the future of the St. Luke's and St. Elizabeth's Campuses by 'kicking the can down the road' – *i.e.* reuse of facilities to be abandoned is still being studied. Given the sizes of each campus any use change is likely to have a significant impact on their respective neighborhood, and would be impacts of the Project because the Project is causing the abandonment. The Draft EIS' vagueness is unacceptable in a community that has had to deal for over 20 years with the blight caused by the State's abandonment of hospital facilities on the Psychiatric Center Campus. One building has only recently been leveled after years of broken windows. The multistory, hulking Brigham Building still sits empty on the corner of Noyes and York Streets, dragging on the neighborhood. Simply put, there does not appear to be any market for abandoned hospital buildings, so "adaptive reuse" of these facilities sounds speculative. The EIS must propose mitigation measures that assure that Applicant's abandonment of facilities will not create new blight in South Utica and New Hartford. As mitigation, consideration should be given to requiring Applicant to post a performance bond to fund continued maintenance and/or demolition of abandoned facilities, if they are not repurposed within an appropriate specified time period.

**Response 177:**

Alienation and reuse of State property is often difficult and cannot be used as a basis to opine what will happen with respect to the future of the St. Luke's and SEMC campuses.

In regard to the St. Luke's and SEMC campuses, MVHS understands that it is in their best interest to maintain buildings under their ownership. Moreover, certain uses will remain on both campuses as detailed above (see Response 9). Accordingly, it is MVHS's intention to facilitate the adaptive reuse of vacated facilities. The DEIS (Section 8.2) identified the process by which MVHS, in conjunction with the Community Foundation, has solicited expertise to support the redevelopment of each campus. Since the publication of the DEIS, MVHS has retained the services of CHA to provide the required support. CHA has proposed the following services:

- Define adaptive reuses
- Assess market feasibility of such uses
- Complete feasibility analysis
- Complete zoning analysis and schematic plan preparation
- Perform Phase I ESAs
- Provide Preliminary conditions assessment
- Develop conceptual cost estimating

MVHS will also work with the Community Foundation and CHA to establish process in which MVHS will work with the neighborhood to re-develop the MVHS-owned campuses. MVHS believes that full scale demolition of the existing campuses is financially unfeasible, and that given the different building ages and types, adaptive reuse would be a better alternative.

These steps will minimize the impacts from vacating the St. Luke's and SEMC facilities until an appropriate reuse is identified. Once a redevelopment alternative is selected, it will likely be subject to its own environmental process which will be no less protective of the environment.

**Comment 178: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

This proposal references other projects and proposals that are either incomplete and/or have not proceeded with SEQRA:

- U-District is a point example of a reference in need of review.

**Response 178:**

See Response 125.

**Comment 179: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

It appears that this proposal is part of a larger initiative largely represented by the MV500 application that was filed in 2015 as part of a NYS State funding competition.

**Response 179:**

The MV500 application was a proposal submitted to the state by the region to get money for development in the City. It included money for items that the County Executive is proposing for the NEXUS center and sports complex enhancements. This was a competitive application for grant money that could be applied throughout the State. Oneida County did not win the award. The IHC Project was mentioned in the application as part of the growth and development occurring in the City and noted that the MV500 would complement that growth. However, the proposed IHC is a separate and independent project that is not in any way tied to the MV500 application. Nevertheless, cumulative impacts between the IHC and the NEXUS Center have been considered in the FEIS to the extent possible given the lack of any submitted NEXUS-related applications or availability of detailed information from the NEXUS project sponsor.

**Comment 180: George Mitchell, City of Utica Planning Board, Email, 12/27/18:**

**The existing structures of St. Elizabeth's Hospital:** I continue to see this as a significant potential impact as a result of the proposed project. Unlike the structures at the current St. Luke's campus, the SE campus buildings, if not addressed well, will impact city neighborhoods and arguably some of the best neighborhoods within our city limits. This should not be taken lightly, or only left to be regulated by current code restrictions. I see this as a special situation given that these current facilities are expansive and border very close to the surrounding homes and neighborhoods. Without clear plans or guidelines for use and maintenance of these facilities, the risk of blight is real and the negative impact to the neighboring homes will most assuredly diminish the quality of life in those neighborhoods and to the city as a whole. I would like to discuss how we can work with MVHS and also within our legal constraints, to guarantee an excellent outcome for these existing facilities for the betterment of all. The draft EIS does not even begin to treat this with the degree of serious impact this site can have on our community. We must insist on more here.

**Response 180:**

As stated in Response 9, the SEMC site will be converted into an outpatient extension clinic to be known as "St. Elizabeth Campus". MVHS prefers that this site maintain its current Permanent Facility Identifier (PFI) Number.

Pursuant to the CON application, the following programs and services will remain on the St. Elizabeth site, with no construction or relocation necessary:

- Sleep center services (Mohawk Valley Sleep Disorders Center)
- The College of Nursing
- The cardiac and thoracic surgery-related services (all of which are medical-only services; no surgical services will be provided at this site)
- Primary care and laboratory patient service center (PSC) services.

These programs and services are not currently in the hospital building. Specifically, programs currently located in the College of Nursing Building (*e.g.*, Sleep Lab, administrative services), and the physician offices in the Marian Medical Building will remain on the SEMC campus.

MVHS understands that it is in their best interest to maintain buildings under their ownership (at FSLH and SEMC). That interest is supported by MVHS's intention to facilitate the adaptive reuse of vacated facilities on each campus. The DEIS (Section 8.2) identified the process by which MVHS, in conjunction with the Community Foundation, has solicited expertise to support the redevelopment of each campus. Since the publication of the DEIS, MVHS has retained the services of CHA to provide the required support. See Response 177.

**Comment 181: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

The St. Luke's Campus is said to be marketable to private development, however, within the Oneida County Local Development Corporation (OCLDC) application, as of February 2018, the entire campus is not being decommissioned. Who will maintain the property to insure it is not depreciating and left to become decrepit post abandonment, or when partially abandoned.

**Response 181:**

See Responses 177 and 180.

**Comment 182: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

Is there a known plan to market and maintain the property at St. Elizabeth's? Allowing this facility to wain while vacant may impact the overall status of upper Genesee St. Who will maintain the property to insure it is not depreciating and left to become decrepit post abandonment, or when partially abandoned?

**Response 182:**

See Response 180.

**Comment 183: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

Many outpatient facilities and medical offices have located within the St. Elizabeth's area. How much of the surrounding area would be left vacant if there is a general push to move all ancillary medical business downtown?

**Response 183:**

See Response 9, which clarifies operations MVHS intends to relocate from its existing campuses. To the extent the comment relates to medical businesses not owned or operated by MVHS, it would be speculative to assume that those entities would move from their present location.

**Comment 184: Michael Galime, City of Utica Council President, Letter, 12/27/18:**

The greater Utica area will be left with three empty hospital sites. The state psychiatric facility, St. Elizabeth's, and St. Lukes. Is this scoped proposal the best use of the downtown developable commercial active property,

while leaving behind facilities that are currently in use empty, and have no scoped reuse and/or rehabilitation plan. In exchange for a few empty buildings that have commercial potential downtown we are creating multiple large empty facilities with no current commercial prospects, throughout the region.

**Response 184:**

See Responses 48, 177 and 180.

**Comment 185: Stephen N. Keblish, Jr., Resident (Utica), Email, 12/27/18:**

Decommissioning SEMC and FSLC – A known and necessary component of this project is the decommissioning of two existing hospitals. While the DEIS tries to speculate on reuse plans, it does not address at the minimum what the impacts will be to the two campuses and the surrounding area should the two main facilities become dormant, especially as it relates to their integration into and removal from existing community, energy, utility, transportation, and economic networks and systems.

**Response 185:**

See Responses 9, 177 and 180.

**Comment 186: Stephen N. Keblish, Jr., Resident (Utica), Email, 12/27/18:**

The “U” District – The DEIS makes reference to the “U” District while discussing the benefits of the project. While the actions proposed under the “U” District have not yet undergone a SEQR, it is possible from the references made that elements of this project are predicated, planned, or integral to that project. Since that plan is not approved, it is important not to let elements of that proposal be “smuggled” into this one until that plan is approved in its entirety. Since both projects may be constructed simultaneously (including the NEXUS center, which this DEIS does address), it may be necessary to evaluate the collective impacts of both projects before proceeding with or approving either.

**Response 186:**

See Response 125. The proposed IHC is a separate and independent project that is not, in any way, tied to the “U” District.

SEQRA requires that the Lead Agency review the “whole action” so that interrelated or phased decisions should not be reviewed without consideration of the consequences for the whole action. However, the IHC and the “U” District are two separate and independent projects. There is not a common reason for each segment being completed at or about the same time. The projects are under different ownership and control. The projects are not part of an overall plan and completion of one is not dependent on the other and does not commit the agency to approve the other project.

Nevertheless, cumulative impacts between the IHC and the NEXUS Center have been considered in the DEIS to the extent possible given the lack of any submitted NEXUS-related applications or availability of detailed information from the NEXUS project sponsor.

**Comment 187: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

The DEIS is woefully inadequate relative to its evaluation of cumulative impacts – namely:

1. Failure to include evaluation of impacts from the Nexus Project, and
2. Failure to evaluate impacts from the planned alteration of current use and re-use of the St. Luke's and St. Elizabeth's facilities/campuses.

SEQRA requires that the EIS consider all reasonably related short-term and long-term impacts, cumulative impacts and other associated environmental impacts. ECL 8-0109(2); 6 NYCRR 617.9(b)(5)(iii)(a). Here, the DEIS's failure to consider cumulative impacts from the afore-mentioned project plans renders the DEIS fatally defective. *See generally*, DEIS, Section 5 and 8.2; *see also Sun Co., Inc. v. City of Syracuse Industrial Dev. Agency*, 209 A.D.2d 34 (4111 Dep't 1995).

Section 5.1.1 of the DEIS gives short shrift to impacts from the Nexus Project/U District, stating that the project is currently speculative and, therefore, need not be addressed in the DEIS. This is simply untrue. Action has already been taken to make way for the Nexus Project (*i.e.*, the recent demolition of the Tartan Textile Building), and State funding for the Nexus Project is imminent. Therefore, impacts associated with the Nexus Project (including, but not limited to, traffic/transportation, waste water/storm water, noise) are cumulative impacts that must be identified and evaluated in the DEIS. *See, e.g., Save the Pine Bush v. City of Albany*, 70 N.Y.2d 193, 206-07 (1987) (finding that the failure to consider cumulative impacts of other pending projects for the subject area violated SEQRA and invalidated ordinance approving the requested zoning change).

**Response 187:**

See Responses 9, 125, 177, 180, and 186.

**Comment 188: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Likewise, the planned changes to operations at St. Luke's and St. Elizabeth's (which are discussed in DEIS Appendix A [Certificate of Need Application]) and the proposal to re-use parts of these properties for other types of community-related purposes need to be (but were not) evaluated as part of the cumulative impact analysis in the DEIS. *See* DEIS Section 8.2; *see also Sun Co., Inc.*, 209 A.D.2d at 46-49 (stating that the lead agency must consider the cumulative effect of other simultaneous or subsequent actions that are included in any long-range plan of which the action under consideration is a part; invalidating agency's condemnation of property for development of a shopping center where agency limited the EIS to the shopping center and thereby impermissibly failed to assess the environmental impact of other development projects contemplated by the agency's master development plan for the area); *Teich v. Buchheit*, 221 A.D.2d 452 (2d Dep't 1995) (finding SEQRA's anti-segmentation principle violated where agency failed to consider impacts from a proposed parking lot as part of the overall development plan for the hospital expansion; observing that such was part of the certification of need application for the hospital's long-range plans). Given that the DEIS and the Certificate of Need for this project plainly acknowledge a significant change/downsizing of operations at St. Luke's and St. Elizabeth's, as well as re-use of these campuses for other purposes, such is part of the IHC project proposal and is required to be (but was not) evaluated in the DEIS. *See also* Exhibit B hereto (Comments from the Landmarks Society of Greater Utica, noting that the St. Elizabeth Campus is eligible for listing on the National Register of Historic Places and located in Utica's Scenic & Historic Preservation District, thus requiring local review and approval by the Scenic & Historic Preservation Commission prior to any exterior alterations or demolition of buildings); Utica Zoning Code, chapter 2-29.

**Response 188:**

See Responses 9, 125, 177, 180, 185 and 186. There are no prescribed standards, but SEQRA does not require that every conceivable impact be considered. Review must be limited to impacts that are probable, not speculative. When information on future impacts is too speculative, it is proper to consider those impacts as part of a future review that would be no less protective of the environment.

**Comment 189: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

Because the DEIS fails to address these matters, the SEQRA process should be immediately suspended, and a supplemental DEIS is required, subject to full SEQRA procedures. Absent that, were the Board to accept a final

EIS without these evaluations and issue its approval for the IHC at the Downtown Site, the Board would have violated SEQRA's anti-segmentation principle. *See, e.g., Sun Co., Inc., supra; Teich, supra; see also Segal v. Town of Thompson*, 182 A.D.2d 1043 (3d Dep't 1992) (holding that SEQRA's anti-segmentation principle required an agency contemplating the establishment of a sewer district to consider the environmental impacts of any residential development made more likely by the creation of the district).

**Response 189:**

Cumulative impacts should be limited to consideration of reasonably foreseeable impacts, not speculative ones. The DEIS evaluated reasonably foreseeable cumulative impacts in Section 5. See also Responses 125, 177, 180 and 186. There has been no impermissible segmentation.

**3.19 UNAVOIDABLE ADVERSE ENVIRONMENTAL IMPACTS**

**Comment 190: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Draft EIS addresses this topic in Section 6. It relates several short term impacts arising from construction, and several long-term impacts, specifically (1) demolition of existing buildings within the project footprint (including relocation of existing businesses), (2) new traffic patterns due to permanent closure of existing roads (3) periodic noise events from emergency helicopter access/egress and (4) modified viewshed. The language chosen hides the significance of the unavoidable impacts. For example, "change in traffic patterns" neither reflects the decline in traffic LOS at key intersections, nor the destruction of important redundancy in the Street Grid as discussed at H above. The Draft EIS fails to acknowledge that the nature and significance of these impacts are tied to the site chosen, and that these short and long-term impacts could be minimized or entirely avoided by relocating the Project to the St. Luke's Campus.

**Response 190:**

The DEIS evaluates unavoidable impacts in Section 6. While the Commenter does not agree with the conclusions reached, he offers no evidence or scientific analysis to refute the conclusions. SEQRA requires the Lead Agency to balance the benefits of a project against its unavoidable environmental risks, but it does not require the Lead Agency to act in any particular matter. *See Coalition against Lincoln West, Inc. v. New York*, 94 AD2d 483 (1st Dept. 1983). Rather SEQRA leaves the Lead Agency with room for a reasonable exercise of discretion. *Id.*

**Comment 191: Thomas S. West, West Law Firm (on behalf of Brett Truett & NoHospitalDowntown), Letter, 12/27/18:**

The significant unavoidable, unmitigable adverse impacts that the DEIS actually does acknowledges could be readily avoided by selecting an alternative location, namely, the St. Luke Campus (which is owned by the Applicant).

**Response 191:**

See Responses 26, 28 and 48.

St. Luke's does not meet the goals and objectives of MVHS. The Applicant's preferred site for a new integrated healthcare campus was, and still is, in downtown Utica.

**3.20 IRREVERSIBLE AND IRRETRIEVABLE COMMITMENT OF RESOURCES**

**Comment 192: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

Irreversible and Irretrievable Commitment of Resources: The Draft EIS addresses this topic in Section 7. The wording used attempts to minimize the significance of what will be lost. The EIS needs to acknowledge that a grid of public infrastructure (streets, sidewalks, sewers, utilities) that can support the kind of private, taxpaying, incremental redevelopment of Utica that is contemplated by the City's official plans will be irretrievably lost. The new Police Garage will be taken. Numerous existing businesses with their associated jobs, income and the

personal wealth of their owners will be lost. Utica will lose perhaps its best site (as part of the Central Business District) for business startups and growth, especially at a time that the immediately adjoining areas (Baggs Sq. and Varick St.) are becoming filled. The property and sales taxes generated here will be lost. While the Draft EIS in its next section paints a pie-in-the-sky picture of a future filled with economic development, reality is that the hospital and its parking facilities will take over the very places where economic development would occur, and destroy the personal wealth of the very entrepreneurs positioned to make it happen, the ones in business there now, as history of urban renewal projects in Utica has shown.

The EIS should also make the same analysis for the St. Luke's Campus. It would undoubtedly conclude that relocating the Project to that site would minimize irreversible and irretrievable commitment of resources.

**Response 192:**

See Responses 4, 26, 28, 32, 47, 48, 60, 62, 63, 76, 86, 144 and 194.

While the main purpose of identifying and mitigating impacts is to limit or control adverse impacts, it is relevant to also identify likely beneficial effects of the proposed action. These considerations will be used by decision-makers in balancing positive and negative effects in the Findings Statement. Accordingly, inclusion of positive impacts to "minimize" negative impacts is not only proper, but required. Although the Commenter disagrees, his conclusions are his opinions. As noted previously, this area has been targeted for economic development for almost 30-years, but the area is still identified as a HUB zone; is in a former Empire Zone; is designated as a potential EJ area; and in the Urban Renewal Plan Utica Downtown Development Project Area. Despite efforts to redevelop this area and despite revitalization projects in Bagg's Square, Harbor Point and Varick Street, there has been little development in this area for 20+ years.

**3.21 GROWTH INDUCING ASPECTS**

**Comment 193: Linda K. Paciello, Ph.D., Resident (New Hartford), Letter, 12/18/18:**

The tax situation has been minimized greatly. There is mention of all the new businesses that having the hospital in this area will create. I disagree. There has been no increase in businesses around the current three hospitals.

Furthermore, exactly on what land or buildings to they think these new buildings will be located?

How many jobs will be lost when you consolidate three buildings into one facility?

**Response 193:**

This is a purely economic impact rather than an environmental impact. See *Bell Atlantic Mobile of Rochester L.P. v. Town of Irondequoit*, 848 F. Supp. 2d 391, 400 (WDNY 2012) (speculative environmental loss such as a concern for property values is not an environmental factor under SEQRA); *Nash Metalware Co. v. Council of the City of New York*, 14 Misc.3d 1211(A); 2006 N.Y. Misc. LEXIS 3940 (Sup. Ct. NY Co. 2006) (potential impacts from relocation of businesses not relevant when owner is vacating under terms to which it consents).

The Project is only consolidating two hospitals into one facility. This will reduce full time employment by approximately 184. On average, MVHS turns over about 650 positions per year and MVHS believes that the majority of these jobs will be reduced through attrition, thereby minimizing any potential impact. In addition, development of the MOB, together with secondary growth associated with the Project will further minimize the reduction in employment.

In addition, see Responses 194 and 195.

**Comment 194: Frank Montecalvo, Attorney at Law, Letter, 12/26/18:**

The Draft EIS addresses this topic in Section 8 with a lot of forward looking rosy assumptions including tax figures based on smoke-and-mirrors. There is practically no substantive evidence, much less than a reasoned elaboration, to back up the claims.

As requested during Scoping (Draft EIS p. 1038/3527), this section of the EIS should include consideration of “negative growth” with associated adverse impacts (the spread of blight and the wasting of community resources).

Currently available information suggests that the Project, when completed, will exacerbate the region’s negative population trends through the destruction of jobs. Hospital jobs will be reduced by at least 184 (Draft EIS pp 589-90/3527, if the Applicant’s numbers are believed), due to the reduction in authorized hospital beds from 571 to 373 (see the NYS Department of Health’s Needs Analysis). Most non-hospital jobs (with no attempt to even count them in the Draft EIS) associated with the approximately 40 entities currently within the Downtown hospital site will disappear based upon the 90%+ closure rate experienced by Rome, NY businesses previously in the footprint of its Ft. Stanwix urban renewal project. The Project’s occupation of 25 Central Business District Acres, primarily for parking, not only will remove this acreage from private development but also drive up the cost of remaining CBD property by restricting supply. That will discourage new startups and the creation of new jobs. Meanwhile the City of Utica will be burdened with providing municipal services to new facilities that do not generate taxes, raising taxes for everyone else and making Utica less attractive for investment.

Simply put, the Project will replace an urban neighborhood that contributes to its upkeep with suburban sprawl that will not. The EIS needs to not only address these concerns but also acknowledge that they could be minimized by placing the new facility on the St. Luke’s Campus.

#### **Response 194:**

As noted in the DEIS, the area is already blighted. See Responses 26 and 32.

It should also be noted that following the transmission of the option agreements, MVHS actively negotiated with many of the property owners to address concerns regarding the appraised value, relocation costs, timing of relocation, and environmental indemnity. Although compliance with the Federal Uniform Relocation Assistance and Real Property Acquisition Act is not required for this Project, MVHS agreed to pay relocation expenses to a number of property owners on a case-by-case basis based on the level of assistance needed to cover actual, reasonable and necessary moving expenses. Since most of the properties were not specifically constructed for the current use and due to the low-quality space at issue, the impacted businesses should be able to find similar replacement property in the surrounding area. Moreover, construction of the MOB and other secondary growth opportunities will minimize any potential impacts from the reduction in employees. Accordingly, there is no basis for the comment that there will be a 90% closure rate of the existing businesses.

Based on the City’s assessment rolls, the properties to be acquired for the IHC pay a little over \$115,000 to the City in real property taxes annually. Some of the properties are already exempt or in arrears on their tax payments. Others are vacant or dilapidated resulting in low assessments for the entire area. Moreover, there has been no new construction or significant expansions in the Project footprint for more than 20-years. The Project area has been depressed for years and has not been redeveloped despite programs such as the Urban Renewal Plan, the Gateway Canal Overlay District, the 2011 Master Plan, and development in nearby areas of Bagg’s Square, Harbor Point, and Varick Street.

Although the hospital and the parking garage would be tax exempt, the medical office building would be fully taxable. Medical office space near hospital centers typically sells for \$100 to \$150 per square foot. Accordingly, assuming that the Project adds 80,000 square feet of taxable medical office space, the Project is projected to add \$8,000,000 to \$12,000,000 in assessed value to the tax rolls. The City’s 2019 property tax rate was 27.091643 per \$1,000 in assessed value. As a result, the IHC would likely result in the payment of \$216,733 to \$325,099 annually in real property taxes by the physicians’ office building, and approximately \$106,500 in additional annual sales tax revenues during construction and approximately \$191,500 in additional annual sales tax revenues following construction.



Table 3. Estimated Revenues

Estimated Revenues	Description		Amount/year
<b>Medical Office Building</b>	80,000 GSF	\$8M to \$12 M AV \$27.091643/\$1,000	\$216,733 to \$325,099
<b>Taxable Sales – Construction Period (3 Yrs)</b>	\$15 M to \$17 M over 3 years	Midpoint: \$16 M used, which generates \$320,000 to City of Utica over 3 Yrs.	\$106,667
<b>Taxable Sales – 3,500 employees downtown Utica (post-construction)</b>	3,500 employees X \$15/day in taxable spending X 365 days = \$19,162,500. 50% assumed to be net increase in taxable sales within City.	\$9,581,250 in annualized new spending within Utica X 2% generates \$191,625 in sales tax for Utica.	\$191,625

Accordingly, the City will receive approximately \$100,000 to \$200,000 more annually in real property taxes and between \$106,667 and \$191,625 more annually in sales taxes following construction and operation of the Integrated Healthcare Campus and there is no basis for the claim that City taxpayers will be burdened paying for additional services.

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 as detailed above and would actually contribute to sprawl, which is the expansion of human populations away from central urban areas into low-density, monofunctional and usually car-dependent communities. Development of IHC in Downtown Utica is the antithesis of sprawl and instead represents smart growth, which concentrates growth in compact walkable urban centers. See Responses 28, 48, 195, 196, 197 and 234.

**Comment 195: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:**

A downtown hospital is antithetical to the stated economic development goals of this Board. The Draft EIS hypothesizes that the proposed downtown location "will help to build a vibrant community through spatial efficiency, creative placemaking, historic preservation, and pedestrian-focused infrastructure." See Draft EIS at pg. 130. It also opines that the downtown location "will strengthen demand for residential living and new commercial developments." See Draft EIS at pg. 130.

**Response 195:**

According to the American Hospital Association<sup>40</sup>, in 2016, America’s hospitals treated 143 million people in their emergency departments, provided 605 million outpatient visits, performed over 27 million surgeries and delivered nearly 4 million babies. Every year, hospitals provide vital health care services like these to hundreds of millions of people in thousands of communities. However, the importance of hospitals to their communities extends far beyond health care.

The health care sector has traditionally been an economic mainstay, providing stability and job growth in communities. According to the American Hospital Association and the Bureau of Labor Statistics, Current Employment Statistics Highlights (December 2017), health care added more than 35,000 jobs per month in 2016.

Hospital care is an important component of the health care sector. Hospitals employ nearly 5.9 million people; are one of the top sources of private-sector jobs; and purchase \$903 billion in goods and services from other businesses.

<sup>40</sup> <https://www.aha.org/statistics/2018-06-06-hospitals-are-economic-drivers-their-communities-2018>



The goods and services hospitals purchase from other businesses create additional economic value for the community. With these “ripple effects” included, each hospital job supports about two additional jobs, and every dollar spent by a hospital supports roughly \$2.30 of additional business activity. Overall, hospitals support 16.5 million total jobs, or one of 9 jobs, in the U.S. and support almost \$3.0 trillion in economic activity.

The IHC will create a safer environment for people to live and enjoy recreational activities; linking existing and planned bike and pedestrian routes throughout downtown and the Harbor Point District via the health campus. The Project will also facilitate an improved transportation network, including easy access from multiple directions, and parking co-utilization for the health campus, the AUD, central business district and adjacent businesses.

The IHC will bring 3,500 MVHS employees into the City each day. Given the location of the facility within a 5-minute walk of the urban center (see Response 86), the influx of these employees will result in additional business for many restaurants and retail shops and will create a demand for new restaurant and retail uses. In addition, the IHC will significantly enhance medical staff recruitment efforts. Working for a large, state of the art healthcare system holds a great appeal for physicians and mid-level providers as they will have access to the best facilities and equipment. It is quite likely that some of these individuals will choose to reside in the City near the facility thereby strengthening the demand for residential living, new restaurants and other retail/commercial developments. See also Response 165.

**Comment 196: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:**

Hospitals are not like typical downtown attractions such as music venues or athletic arenas. Music venues attract city residents and visitors, and invite them to spend time downtown for their event, but also for a meal or shopping before or after their event. An arena invites visitors to spend an afternoon or a day sampling local attractions, in addition to attending a particular event. A hospital is vastly different. People do not choose to spend time in hospitals in the same sense they choose to spend time in traditional downtown locales. People go to hospitals for employment or treatment. Hospitals are closed-universe facilities, similar to casinos. And similar to casinos, once at a hospital, one does not typically leave the premises. Food is available on premises. Security guards ensure patient safety. Shopping is the last thing on the mind of a surgical patient or a visiting loved one. Patients are not free to explore the local neighborhood. Hospital employees want to head home and see their families after a shift, not linger around downtown. As a result, business owners are unlikely to open new businesses adjacent to the proposed hospital location.

**Response 196:**

See Response 165.

**Comment 197: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:**

Hospitals may cause people to enter a building, but that alone does not guarantee the economic development of the surrounding neighborhood. Because hospitals are closed universes, they do not breathe new life into downtowns. Instead they are walled off from the neighborhood, occupying what could be vibrant mixed-use space. Instead of demolishing 25 acres of downtown to build a medical fortress, this Board should advocate for programs to reinvigorate existing downtown businesses, attract new mixed-use development, and stay true to the principles expressed in the Plan. The area surrounding Johns Hopkins Hospital in Baltimore is a cautionary tale against relying on medical centers for economic revitalization.

**Response 197:**

See Responses 32, 60, 86, 165 and 144.

Economic impact reports prepared by Johns Hopkins demonstrate that through the “multiplier effect,” in 2014, spending by Johns Hopkins, its affiliates, its employees, vendors and contractors, students and visitors, indirectly generated \$1.2 billion in economic output and created 6,468 full time-equivalent (FTE) jobs in Baltimore.<sup>41</sup>

**Comment 198: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:**

Critically, the Draft EIS proposes to take 25 acres of downtown land off of the tax rolls, without adequate replacement. See Draft EIS at 114. Projections for increased adjacent property tax values and other secondary tax dollars are based in part on the incorrect theory that the downtown hospital location will generate a vibrant mixed-use downtown, which it will not. Instead, hospitals are likely to depress the market property values of the immediate surrounding area. In fact, developers who favor the Project may simply hope to buy those still-depressed surrounding properties at further-depressed rates in a few years, for their own profit. Instead of writing off thousands of dollars of property taxes in perpetuity, the Board should seriously consider another location for the Project and advocate for programs to energize the existing businesses and infrastructure downtown, keeping those properties on the tax rolls.

**Response 198:**

See Responses 32, 47, 165, 171, 194 and 195.

**Comment 199: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:**

In addition, the proposed hospital will require major infrastructure construction (such as the central utility plant) and it will place demands on services such as water and sewer service that will be borne by other taxpayers. The hospital will consume large quantities of resources without paying taxes, thereby putting a strain on the city's finances. The Draft EIS does not adequately address the additional demands on services created by the hospital.

**Response 199:**

The proposed Project will support infrastructure upgrades (water, sewer, gas and electric) at no additional cost to the taxpayers. These upgrades will provide for future development in the area and save the City of Utica from making such investments.

From a facilities perspective, the consolidation of two aging facilities (100 and 60 years) will provide a more energy-efficient environment, which meets and exceeds current day best practices and building codes. A reduction of greenhouse gases, water conservation and other sustainable measures will be incorporated to reduce the overall amount of resources used by MVHS.

Although MVHS is exempt from taxation, it is not exempt from paying for resources, such as water, sewer, gas and electric. As a result, the new facility will not put a strain on the City's finances. Moreover, the physicians' office building proposed as part of the Project will be completely taxable. As a result, the Project will not put a strain on the City's finances.

---

<sup>41</sup> <http://web.jhu.edu/administration/gca/projects/publications-and-reports/economic-impact-report/EIR%20Documents/EIR%202014/Baltimore%20City%20Exec%20Summary%20EIR%202014.pdf>; <http://web.jhu.edu/administration/gca/projects/publications-and-reports/economic-impact-report/index.html>

Finally, the services (fire/police) required by the IHC will not be appreciably different than the services presently required by SEMC. Accordingly, these existing services will simply be provided in the new location, and as a result, it will not put a strain on the City's finances.

See Responses 123, 124, 127 and 128.

**Comment 200: Gregory D. Eriksen, Bousquet Holstein, PLLC (on behalf of Angela Elefante), Letter, 12/26/18:**

For guidance, we urge the Board to look no further than the downtowns of other Upstate cities. Hospitals are not located in the successful downtown economic districts of cities such as Syracuse, Rochester, and Saratoga Springs. The downtown economic districts of these cities remain mixed-use areas for work, entertainment, restaurants, and living space. Hospitals in these cities tend to be located on the outskirts of the city, or in neighborhoods near universities or medical schools.

**Response 200:**

The Commenter offers an opinion. See also:

<https://buffalonews.com/2018/01/28/growing-medical-campus-steering-downtown-culture/>

<http://www.innovationtrail.org/post/hospital-invests-not-only-new-buildings-neighborhood>

<http://www.rochester.edu/newscenter/wp-content/uploads/2018/06/NYS-Economic-Impact-UR-Affiliates-June-2018.pdf>

**Comment 201: Robert S. Derico, RA, Acting Director, DASNY, Letter, 12/27/18:**

DASNY also recommends that MVHS expand upon the DEIS's discussion of the economic- and growth-inducing impacts that are anticipated from the Proposed Project in the final EIS. To this end, the DEIS notes that MVHS, along with the Mohawk Valley Economic Development Growth Enterprises Corporation ("Mohawk Valley EDGE"), performed a qualitative and quantitative analysis in August 2017 of the potential economic- and growth-inducing impacts which could result from the IHC development project (DEIS page 113). It would be beneficial if the data obtained from that analysis were included within the body of the final EIS or appended as an appendix or attachment.

The DEIS discussion of growth inducing aspects arising from the IHC development also could be more robustly described, emphasizing the increase of the workforce during construction, the potential development after completion of the Proposed Project, and the economic impact on existing merchants, shops, and restaurants in this area of Utica, as well as in abutting districts, such as the Brewery District.

Additionally, in the final EIS, the analysis in the DEIS could expand upon the impact to the greater Oneida County workforce as an outgrowth of the proposed IHC development. The magnitude of this multi-year construction project could include a significant amount of job growth for the immediate project location (Utica) and the greater Utica/Oneida County/Mohawk Valley area.

**Response 201:**

This issue was addressed in Section 8.1 of the DEIS. See also Responses 165 and 195.

According to the American Hospital Association, the goods and services hospitals purchase from other businesses create additional economic value for the community. With these "ripple effects" included, each hospital job supports about two additional jobs, and every dollar spent by a hospital supports roughly \$2.30 of additional business activity.

Moreover, the Project is expected to create approximately 1,050 jobs. Goods and services purchased by construction workers will create additional economic value for the community. An additional post-siting

analysis was conducted by Turner Construction to estimate construction phase local tax benefits (*i.e.*, “traveling manpower” tax generation from construction workers [hotels and restaurants]). It is estimated that construction workers will spend \$15,000,000 to \$17,000,000 in hotels, restaurants and other purchases over the course of the construction period. Based on Oneida County’s tax structure: 8.75% sales tax (4% to NYS; 4.75% to Oneida County) and an additional 2% County tax on hotel stays, the County gets 6.75% on all hotel and 4.75% on restaurant, gas, food and other sales. This equates to approximately \$811,000 in estimated “traveling manpower” local taxes generated during the construction phase (Turner 2018).

**Comment 202: Robert S. Derico, RA, Acting Director, DASNY, Letter, 12/27/18:**

The proposed location of the IHC in a designated Federal “Historically Underutilized Business” (“HUB”) Zone, could ignite the transformation of a now depressed, formerly thriving portion of the city. While the DEIS references the creation of “the potential for secondary economic development opportunities” a more robust and specific description and analysis of the potential residual growth stemming from the development of this architecturally significant, half-a-billion-dollar construction and urban development project could help define the overall resurgence of this HUB area of the City of Utica.

**Response 202:**

Yes, the IHC footprint is located within a federally-designated HUB Zone. The IHC footprint is also in a former Empire Zone; is designated as a potential EJ area; and in the Urban Renewal Plan Utica Downtown Development Project Area. See Responses 26, 32, 194 and 195.

### 3.22 MISCELLANEOUS COMMENTS

**Comment 203: David Bonacci, AIA, Bonacci Architects, Letter, 12/4/18:**

Having reviewed the Draft Environmental Impact Statement prepared for the project, we remain convinced of the overall positive impact of the proposed Healthcare Campus and hereby state our continued enthusiastic support. As a business owner and resident of downtown Utica, I anxiously await and welcome this addition to our city and our region.

**Response 203:**

The comment is noted.

**Comment 204: Alicia Dicks, President & CEO, Community Foundation of Herkimer and Oneida Counties, Public Hearing, 12/6/18:**

MVHS downtown will meet regional health care needs and support and enhance urban connectivity of place making through innovative design.

**Response 204:**

The comment is noted.

**Comment 205: Alicia Dicks, President & CEO, Community Foundation of Herkimer and Oneida Counties, Public Hearing, 12/6/18:**

The draft document before you is an important part of the required state's environmental quality review process and we have reviewed it, and in light of the potential issues identified some months ago in the project's scoping document, it is our assessment that the draft EIS thoroughly addresses potential impact and mitigation measures that are required by law.

**Response 205:**

The comment is noted.