



**Public and Agency
Comments and Public
Hearing Transcript**



Bonacci





December 4, 2018

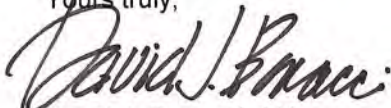
Mr. Brian Thomas, Commissioner
Dept. of Urban & Economic Development
City of Utica
1 Kennedy Plaza
Utica, New York 13502

Re: MVHS Proposed Regional Integrated Healthcare Campus

Dear Mr. Thomas:

We respectfully request that this letter be included in the record of public comments for the above referenced project. 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.

Yours truly,



David J. Bonacci, AIA

c: Mayor Palmieri
Anthony Picente, Jr.

formerly FULIGNI•FRAGOLA/ARCHITECTS p/l/c

5710 commons park drive, east syracuse, new york 13057 • V 315-437-2636 • F 315-463-8038
110 fulton street, utica, new york 13501 • V 315-797-8666 • F 315-735-3605
e-mail: studio@bonacci-architects.com



Paciello



Utica City Planning Board
1 Kennedy Plaza
Utica, NY 13502



Gentlemen:

Although it was stated that public comments can be made about the new hospital, will any decisions change? Although there are many of us who have previously voiced our opinions and it has not made any difference, I will again voice mine. First and foremost, I am not opposed to a new hospital. The plans are impressive and definitely will benefit our health care. However, I believe that it is not in the best interest of the people of this area to locate this facility in downtown Utica.

I have read through the impact study and there are many areas of grave concern.

1. With this new proposed plan, there will be streets that will be cut up and streets lost to the public. It is difficult to navigate that area of the city now and this will certainly impede it more. I was born and raised in Utica and have seen the different road changes. Recently, they opened up Lincoln Ave after being closed to Burrstone Road for many, many years in order to help movement but then closed off making a left turn from Sunset Ave. onto Court St. unless you exit from the North-South Arterial.
2. 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?
3. Concern about the lighting was mentioned. The lights from the hospital, parking lots, helipad, etc. will certainly create a very large section of light. How will this affect the other residents of the area? Where the hospital is currently located does not affect the other residents of the area.
4. 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 do they think these new businesses will be located? In the late 1960's urban renewal took down a great portion of buildings in downtown Utica in order to revitalize downtown. It did not fare well then and I believe it will not fare well now. Many small businesses come and go. Has there really been a major gain in businesses? Claims have been made that there will be increased traffic in the area and tax money will be generated. That claim would suggest that the population of the area would increase. If you study the census numbers that again is not true. As an aside, the OD published a picture in their paper on 12/9/18 showing the 22 acres taken down in 1958 for the first urban renewal. Certainly if this had been successful, it wouldn't be necessary to do it again.

5. Parking will be difficult. It is difficult now to find a parking space and I think this difficulty will only increase. In the past there was a paid parking garage for St. Elizabeth's hospital. It did not fare well because the population in this area does not have the means to pay.
6. Building within a red zone surrounding the railroad is not recommended. This potential hazard has been minimized with the statement, "We've never had a problem." Well there is a first time for everything. If there were an emergency, how will you quickly evacuate patients from such a tall structure and where will you evacuate to?
7. This new hospital will be landlocked. Currently, Faxton and St. Elizabeth's hospitals are landlocked. Faxton has purchased many houses and taken them down to create parking. St. Elizabeth's created parking using a beautiful front lawn. This was needed in spite of having a parking garage. What will happen when more space is needed? More eminent domain? They can successfully build on the current St. Luke's site without being landlocked. The original St. Luke's hospital on Whitesboro St. was replaced because they ran out of space.
8. How many jobs will be lost when you consolidate three buildings into one facility? What is the number of employees who will be let go?
9. 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. Although, this will be short term, for some it might be all they need to develop severe illnesses in the future.

10. What will be the cost to the taxpayers to replace the businesses that are being displaced? What are the amounts of money lost in tax revenue? To keep businesses and hopefully encourage new business, incentives are being offered whereby they will not pay taxes for five years then slowly increase to where they will pay full property taxes at ten years. Again, this is tax revenue lost in the short term in the hope of gaining in the long term but there is no guarantee that they will stay.

In conclusion, I think it would be in the best interests of our health care for this new facility to be built at the current St. Luke's site. This new site is within five miles from the current site. The stipulation that the new hospital has to be built in Utica is just all about politics. What would happen if the hospital asked if they could change this stipulation? Even the point system that was used in the evaluation of all three sites, are within 7 points of each other. That, in my opinion, appears to be very minor with the pluses and minuses cancelling each other. The politicians cannot seem to think past \$300 million dollars. That money is a short term gain.

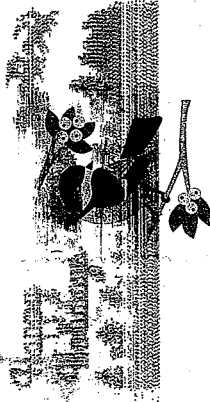
Linda K. Paciello, Ph.D.

A handwritten signature in cursive script that reads "Linda K. Paciello, Ph.D." The signature is written in dark ink and is positioned below the typed name.

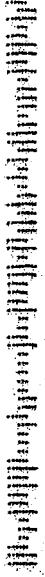
L. Paciello
6 Croft Road
New Hartford, NY 13413

Utica City Planning Board
1 Kennedy Plaza
Utica, NY 13502

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MVHS



December 20, 2018

Statement submission by the Mohawk Valley Health System Board of Directors for inclusion in the Draft Environmental Impact Statement for the State Environmental Quality Review related to the new MVHS Integrated Healthcare Campus.

As the Board of Directors for the Mohawk Valley Health System (MVHS), a not-for-profit entity, we are charged with serving the healthcare needs of the public. Our mission, to provide excellence in healthcare for our communities, is what guides us in all decisions, including the location of the new, regional healthcare campus.

Our decision, to locate the new healthcare campus in Downtown Utica was made after extensive research and studies were performed. Criteria analyzed in these studies included access to the site by the populations we serve, environmental impacts and infrastructure requirements. An initial study was performed by Elan Planning, Design, & Landscape Architecture, PLLC (Elan) and O'Brien & Gere Engineers, Inc. (OBG), which prepared a comprehensive site evaluation of 10+ sites within Oneida County that could support a replacement facility. That report, issued on June 12, 2015, recommended the downtown Utica location.

Subsequently, Hammes Company, who we began to engage in December 2014, provided a second opinion on the site recommendation of the initial study. After performing a comprehensive review of the report, Hammes confirmed the recommendation of the downtown site as the best option for MVHS to pursue.

The New York State legislation that allocated \$300 million for the project requires that the new facility be located within Oneida County's largest population center. The downtown Utica site meets this condition. MVHS was awarded the \$300 million Health Care Facility Transformation Grant in April 2017 by the New York State Department of Health (NYSDOH) and the downtown location was crucial to MVHS receiving that grant. Without this grant MVHS would not be able to financially support building a new healthcare campus.

On July 23, 2015, the MVHS Board of Directors unanimously approved the downtown location for the new, regional healthcare campus. The healthcare needs of our community are our priority and at the center of all we do. We chose downtown Utica after an extensive a review of all the information presented to us and our belief that the downtown Utica site would best serve the healthcare needs of our community for many years into the future.

Mohawk Valley Health System Board of Directors



NAACP



From: [Brian Thomas](#)
To: [Steve Eckler](#); "[kbennett@bsk.com](#)"
Cc: [Chris Lawrence](#)
Subject: FW: [EXTERNAL] MVHS Project
Date: Thursday, December 27, 2018 9:02:59 AM

City of Utica, New York
Department of Urban & Economic Development
Brian Thomas, AICP - Commissioner
1 Kennedy Plaza
Utica, New York 13502
(315) 792-0181 phone
(315) 797-6607 fax

From: Venice Ervin [mailto:vervin@mvcaa.com]
Sent: Wednesday, December 26, 2018 7:13 PM
To: Brian Thomas <bthomas@cityofutica.com>
Subject: [EXTERNAL] MVHS Project

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Mr. Thomas,

I met with other residents from the Utica community to hear and see the proposed plan for the hospital. I know that it is a great opportunity for residents in the Mohawk Valley, to receive excellent health care at this state of the art hospital. Building the hospital downtown makes a lot of sense and falls in line with cities nationwide that are making hospitals excessible to residents in downtown areas. Utica is a great city that needs to become greater to keep our college graduates interested in the jobs that we continue to make available, with the different projects slated to be built in our city.

I look forward to our community growing in stature in NY State, as we move forward with the construction of the hospital within City Limits of our great area.

Venice A. ErviN
President
Utica/Oneida County Branch NAACP



Montecalvo

Frank Montecalvo
Attorney at Law
202 Comenale Crescent
New York Mills, New York 13417
Telephone 315-570-3535
frankmontecalvo@roadrunner.com

December 26, 2018

City of Utica Planning Board
1 Kennedy Plaza
Utica, NY 13502

Attention: Mr. Brian Thomas, Commissioner
City of Utica, Department of Urban & Economic Development

Ref: Draft Environmental Impact Statement (EIS), Mohawk Valley Health System (MVHS, the Applicant) Proposed Downtown Utica Hospital (the Project)

Dear City of Utica Planning Board:

This letter responds to the Utica Planning Board's call for public comments on the above-referenced document. Mine are attached, divided into four parts:

- Part I The Site Selection Process.
- Part II Relevant Environmental Concerns.
- Part III Matrix St. Luke's Campus vs Downtown (using regulatory environmental criteria)
- Part IV The SEQRA Process & Conclusion

As detailed within, the Draft EIS contains incorrect and misleading information, omits relevant information, and dismisses or fails to develop certain topics. While its flaws are many and in need of correction, its Fatal Flaw is that it does not consider re-siting the Project to the St. Luke's Campus as avoidance or mitigation of the many significant environmental impacts that are evident. Simply, the Draft EIS is incomplete and does not provide a rational basis for the Planning Board or any Involved Agency to make the findings required by the State Environmental Quality Review Act (SEQRA) that adverse environmental impacts are avoided or mitigated to the maximum extent practicable.

Thank you for your attention to these matters.

Very truly yours,



Frank Montecalvo

Attachment: Montecalvo Comments
Via HAND DELIVERY and E-Mail bthomas@cityofutica.com
CC: Distribution List (Not attached)

Part I. The Site Selection Process:

This issue is addressed in the Draft EIS in Section 2 and Appendix D.

A. The Study vs. a Summary:

The Applicant was requested numerous times to disclose the **Site Selection Study** it relied upon in choosing the Downtown site. Instead, the Draft EIS supplies only a "Summary Memorandum" of the site selection process (and only in draft form). This appears at Appendix D to the Draft EIS.

The Applicant needs to submit the actual study its Board relied upon rather than a summary, so the Public and relevant authorities do not have to speculate on what was left out.

B. The Need for a New Site:

When Applicant [announced](#) in September, 2015, that it had chosen to build the Project at the Downtown site, it also stated that "*In the event the downtown site proves not to be financially viable, we will move on to our second site option at the St. Luke's Campus, which the board feels will also serve the community well.*" This is an admission that the Project is feasible at the St. Luke's Campus in New Hartford.

Since an applicant under SEQRA cannot be made to consider sites it does not own (see 6 NYCRR 617.9(b)(5)(v) ('g')), **the Draft EIS needs to explain why the Applicant felt compelled to do so.**

C. The Lack of Public Engagement:

Applicant's Project depends upon a grant provided under [Public Health Law \(PBH\) Section 2825-b](#). The grant application will be judged on "the extent to which the applicant has engaged the community affected by the proposed capital project and the manner in which community engagement has shaped such capital project." ([PBH 2825-b](#) (4)(f)). **The Applicant never at any time engaged the Public on the proposed location of the Project.** In fact, there is evidence that local officials deliberately kept the discussion of facility location away from the Public (See [word-searchable e-mail 'dump'](#) or [images](#), 9/1/15 e-mail, Anthony Brindisi to Steven DiMeo and Anthony Picente: "*I don't want public opinion derailing this.*") Had the Applicant engaged the Public at the site selection stage, Applicant would have been able to develop appropriate siting criteria to address the Public Interest (e.g., convenience of the Public to access current medical providers and the new facility, loss of businesses and taxable properties, disruption to traffic patterns, need to construct new municipal facilities and public infrastructure, changes to community character, facility location relative to transportation of hazardous substances, etc.).

Given [PBH 2825-b\(4\)\(f\)](#), if the Applicant continues to pursue a site other than St. Luke's Campus, it needs to reopen the site selection process for Public Input and to develop appropriate criteria for choosing a site that protects the Public Interest.

D. Inconsistent Screening of Sites:

The Summary Memorandum states that a Geographic Information System analysis was initially used to “identify parcels 50 acres and larger that could potentially host a new combined facility”. Of the 12 sites subsequently considered for “fatal flaws,” an exception to the above rule appears to have been made for the Downtown Site because it is neither a “parcel” (actually being about 90 parcels as shown on County ownership maps) nor is it 50 acres (actually being from 17 to 34 acres depending upon how the site is defined). Since the other 11 sites (e.g., 5 of them are golf courses) more closely match the 50-acre-parcel rule, the Downtown site is dissimilar to the others.

The Applicant needs to explain why an exception was made to its 50-acre-parcel site-screening rule to put the Downtown Site on the list of sites to be considered, otherwise its placement on the list appears arbitrary.

E. Fatal Flaw Analysis – Land Use History:

According to the Summary Memorandum, the 12 sites were screened for “fatal flaws” – “factors that could impact the development potential of the site.” The Downtown Site is currently occupied by some 40 entities including Private Businesses, Not-For-Profits, and a Municipal Police Garage. It is also occupied by streets that would have to close to accommodate the Project. The Site has been in use for nearly 200 years. The length and level of use of the Downtown Site (detailed in Appendix E of the Draft EIS), which could be expected to complicate any redevelopment, make it markedly dissimilar to the other sites which are mostly outside the urban core.

The Applicant needs to explain why the current and past history of uses were not considered a “fatal flaw” that would warrant rejection of the Downtown Site, otherwise its “fatal flaw” analysis appears arbitrary.

F. Fatal Flaw Analysis – Existing Plans and Rules

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*) have the legal authority on their own to change Utica’s official plans, ordinances, etc.

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.

G. Fatal Flaw Analysis – Objectives of PBH 2825-b:

The Applicant currently operates two hospitals (St. Elizabeth's and St. Luke's) and a number of other facilities in the Utica area. The largest facility is St. Luke's Hospital in New Hartford with 370 inpatient beds (inclusive of 24 physical medicine and rehabilitation beds co-located in a separate building on the St. Luke's Campus with a 202 bed nursing home). Applicant proposes to use the grant provided under [PBH 2825-b](#) to consolidate and reduce beds from its 201-bed St. Elizabeth's Campus (SEMC) with those from St. Luke's into a new facility that would have 373 beds (excluding the 24 physical medicine and rehabilitation beds, which would remain in their current location at St. Luke's) (see Draft EIS p173/3527). In spite of the consolidation of hospital beds from two facilities, the Applicant proposes to maintain some functions at both the St. Elizabeth's and St. Luke's Campuses.

The St. Luke's Campus qualifies for funding under PBH 2825-b because, being on Utica's western boundary, it is located in Oneida County's "largest population center," the wording of the law deliberately not restricting funds to the City of Utica. As noted under B., above, Applicant acknowledged that the Project is feasible and *would* be built on the St. Luke's Campus if it could not be done Downtown. If the new facility were to be constructed at the St. Luke's Campus instead of Downtown, it would represent an increase of only 27 hospital beds (about 7%) on that site. In this regard it is also noted that the St. Luke's Home on-site has already *reduced* its long term care beds by 40 (Draft EIS p653/3527). While long term care beds may not be the same as hospital beds, it suggests that even with the addition of beds transferred from SEMC, the overall use of the St. Luke's Campus with a combined hospital facility would be less intense than it had been in the past.

The Project is supposed to be judged upon the extent to which it "will contribute to the integration of health care services and long term sustainability of the applicant..." ([PBH 2825-b](#) (4)(a)). Focusing on (4)(a)'s "sustainability" clause, creating an additional campus Downtown for the Applicant to build and maintain intuitively seems to contradict this goal. Intuition, however, appears substantiated by Applicant's own numbers which reveal that, in spite of a projected reduction of 184 employees, there will be an almost 33% INCREASE in the number of employees PER BED from about 4.75 before consolidation to at least 6.3 after consolidation. (See the number of beds cited above and Applicant's pre and post consolidation employee estimates at Draft EIS pp589-90/3527).

Focusing on the "integration of health care services" clause of PBH2825-b(4)(a), placing an additional 2 miles between a new hospital Downtown and Applicant's 24 bed rehabilitation and 202 bed skilled nursing facilities remaining at St. Luke's seems contrary to both the "integration" required by (4)(a) and [PBH 2825-b](#)'s general purpose to "consolidate multiple licensed health care facilities..."

The Project is also to be judged on "the extent that the proposed capital project furthers the development of primary care and other outpatient services..." PBH 2825-b (4)(d). The presence of St. Luke's Hospital has spawned a *de facto* medical district of providers in the Utica Business Park and along Burrstone and French Roads (e.g. Slocum-Dixon Medical Group, Omni Surgical Center, Mohawk Valley Endoscopy Center). Removal of the anchor institution, St. Luke's Hospital, to Downtown Utica will result in less convenience for the medical providers and their

patients, reduce opportunities for collaboration, and appears contrary to the intent of PBH 2825-b (4)(d).

Since it acknowledges the feasibility of putting the Project on the St. Luke's Campus and its plan to retain at least some services both there and at SEMC, the Applicant needs to explain why the purpose and provisions of [PBH 2825-b](#) were not seen as a "fatal flaw" to the Downtown Site (and to any site other than St. Luke's Campus), otherwise its "fatal flaw" analysis appears to be arbitrary.

H. Arbitrary/Subjective Criteria and Ranking Scheme:

After most of the sites were eliminated due to "fatal flaws" the Summary Memorandum indicates that the remaining three (St. Luke's, Downtown, and the Psych Center) were scored based on points assigned for certain criteria. As noted under C, above, the Applicant made no effort to determine criteria to protect the Public Interest. **The criteria that were chosen appear arbitrary/subjective.** For example, proximity to the Thruway and Oriskany Blvd. is deemed important, but proximity to the Parkway/Pleasant/Burrstone corridor that would collect traffic from Corn Hill, South East Utica, and northeastern Town of New Hartford; and French Rd./Champlin Ave. that would collect traffic from South Utica and New Hartford Village, is not. Distance to employees (using zipcode "centroids" rather than actual distances) is deemed important, but distance to actual patients is not, and distance to medical providers is not.

The scoring appears equally arbitrary/subjective. Two points are assigned to Downtown for having a "Potential microgrid opportunity," while St. Luke's received no points for actually having a microgrid (the Co-Gen Facility). Why were 4 points not deducted from Downtown for the 2500 foot gas line referenced on Draft EIS p. 94/3527? Why was a point not added to St. Luke's for not encroaching on a potential federal wetland when the Draft EIS' "Capacity Analysis" (p. 1596/3527) demonstrates project elements could be arranged on-site so as not to encroach on the wetland? As previously indicated, the criteria have not been related to the purpose, objectives and goals of [PBH 2825-b](#). In so far as the environmental criteria are concerned, they appear selective, subjectively scored and inadequately explained and have not been related to the legal requirements of SEQRA (as detailed under Part III, *infra*) to avoid/minimize environmental impacts or of other provisions of the Environmental Conservation Law. Applicant's choice of St. Luke's rather than the 2nd-ranked Psych Center as its "second option" suggests that even Applicant believes that the scoring process was arbitrary and subjective.

In light of the above, the criteria and scoring provisions of the site selection process appear to have been arbitrarily chosen and calculated to achieve a predetermined result, making them unreliable for decision-making.

I. Capacity Analysis: A "conceptual capacity analysis" was performed on the top three sites to, essentially, position the elements of the Project on those sites. Interestingly, the analysts chose to distinguish an "urban site" (with a 10 acre requirement) from a "suburban site" (with a 45 acre requirement) without explaining why an urban configuration of elements could not be employed on a suburban site to conserve space, avoid environmental impacts, and allow for future growth. Although an answer to the question "What is the cost premium of the recommended site?" is

promised, it appears no where. (Draft EIS p. 39/3527, and Appendix D). **Again, the selection of data and conclusions presented appear to be arbitrary and unreliable for decision-making.**

J. The Site Selection Process' failure to incorporate 6 NYCRR 617.7(c)(1) criteria makes the Draft EIS incomplete and insufficient to support SEQR findings.

All levels of government that will fund and/or approve aspects of the Project are obliged to make a SEQR finding that the project will avoid or minimize adverse environmental impacts to the maximum extent practicable (etc.). All draft environmental impact statements must contain "a description and evaluation of the range of reasonable alternatives to the action that are feasible, considering the objectives and capabilities of the project sponsor. . . The range of alternatives may also include, as appropriate, alternative: (a) sites . . ." (6 NYCRR [617.9\(b\)\(5\)\(v\)\(a\)](#)).

While an applicant cannot be made to consider sites it does not own or have under option as an alternative (see 6 NYCRR [617.9\(b\)\(5\)\(v\)](#) ('g')) (i.e., the Applicant here could not have been made to consider Downtown as an alternative), where an applicant, as the Applicant here, admits that it owns a site that meets all its objectives and capabilities, a government agency could not honestly make its SEQR finding if it appeared that the owned-site might better avoid/mitigate adverse environmental impacts.

The State has promulgated a non-exhaustive list of such adverse environmental impacts in [6 NYCRR Part 617.7](#) (c)(1). The **Site Selection Process failed to incorporate these criteria** into the analysis of site alternatives to permit the determination of which sites best minimized or avoided adverse environmental impacts (see Part III *infra*)

Failure to include this analysis is fatal to going forward on the Downtown choice because at this point the record is incomplete for the purposes of supporting a SEQR finding. The EIS needs to supply this information and be able to support a conclusion that the Downtown Site better minimizes/avoids environmental impacts.

K. Undue Influence:

Various e-mails (see [e-mail 'dump'](#) or [images](#)) exchanged in January and February 2015 (about the time that the [PBH 2825-b](#) funding was announced) among County Executive Anthony Picente; former State Senator, County Executive and current counsel to MVHS Raymond Meier; Lawrence Gilroy, Co-chairman of the Mohawk Valley Regional Economic Development Council (MVREDC); Mohawk Valley EDGE (MVEDGE) President Steven DiMeo and Assemblyman Anthony Brindisi; reveal that this group of individuals, who are effectively the local "gate-keepers" controlling Applicant's access to the State's Grant apparatus, wanted the Project to be located Downtown for urban renewal purposes and that they would try to steer the process to that end.

Relevant to this is the 2/3/2015 e-mail from Mr. DiMeo to Mr. Brindisi wherein Mr. DiMeo stated:

" ... My whole thought process in bringing Elan on board is to make sure that we guide siting decision in favor of downtown..." [emphasis supplied].

MVEDGE hired Elan to do the site selection study, and the Summary Memorandum was provided by MVEDGE, Elan, and O'Brien & Gere (OBG, also author of the Draft EIS).

Also relevant is the 11/5/2015 e-mail from Mr. Brindisi to Mr. DiMeo, wherein Mr. Brindisi stated:

"... I feel like walking away from this whole thing and telling the community and hospital if you don't want this thing downtown then good luck at St Luke's and don't come see me for one ounce of state support ..."

Against the backdrop of a Summary Memorandum that shows an inconsistent and somewhat arbitrary process, the still-secret status of the siting study, and Applicant's voluntary designation of St. Luke's Campus as its 'second option,' **the e-mails suggest that the site selection process may have been tainted by undue influence and that the conclusions and recommendations of the site selection process, to the extent reported in the Draft EIS, reflect this influence and must be discounted accordingly.**

L. Conclusions regarding Site Selection:

The Applicant is unable to proceed on the Downtown Site in light of its ownership of a satisfactory site at St. Luke's Campus, and the lack of data in the EIS to support a conclusion that the Downtown Site better avoids/minimizes adverse impacts than the St. Luke's Campus – which is unlikely given the analysis in Part III below.

Applicant's choice of its St. Luke's Campus as a "second option" is supportable on the existing record because it already owns the site and cannot be made to consider sites it neither owns nor has options upon. If the Applicant wants to proceed with the Project on the St. Luke's Campus, it would accordingly have to revise its designs and the EIS.

(continued)

II. Relevant Environmental Concerns

A. Impact on Land: This topic is addressed in Draft EIS Section 3.1. Exposure to impacted soils due to past urban use is recognized to be a concern. The EIS needs to acknowledge that this **concern could be mitigated by Relocation of the Project to the St. Luke's Campus** due to the relative lack of prior development there.

B. Impact on Surface Water: This topic is addressed in Draft EIS Sections 3.2 (Surface Water) and 3.9 (Utilities). Section 3.2. acknowledges that segments of the Mohawk River and Barge Canal down gradient from the Downtown site have impaired water quality, that runoff from the site could impact surface water, and that certain measures can be employed to mitigate these impacts. The following issues remain to be addressed, however:

1.) Section 3.9 states that the new facility is expected to generate 187,000 gallons per day (gpd) of waste water; however, it also states that facility average water demand will be 500 gallons per minute (gpm), which equals 720,000 gpd. The 533,000 gpd difference between what is going into and what is coming out of the facility is unaccounted for, suggesting that the facility could potentially generate as much as 720,000 gpd (500 gpm) of waste water. Since that amount would be greater than the 360 gpm design flow that the local Publicly Owned Treatment Works (POTW) indicated it could accept (Draft EIS p3525/3527), **there is a potential violation of the Clean Water Act that needs to be resolved.**

2.) Assuming that the POTW has sufficient capacity to handle the wastewater from the facility, it is not clear from the Draft EIS that all the wastewater will reach the POTW due to the combined sewers and Combined Sewer Overflows (CSOs) that exist in the City of Utica. As noted above, the facility will be a significant new source of waste water in Utica. The route that the waste water will take from the facility to its ultimate disposition in the environment needs to be identified and traced. The illustration of the sanitary sewers proposed to serve the facility (Draft EIS p98/3527) does not show the ultimate disposition point. If the facility's wastewater at any point flows past a CSO, some of it could end up in the River or Canal untreated, further impairing water quality, possibly causing a violation of the Clean Water Act, and/or leading to a reclassification of the CSO as an illegal Sanitary Sewer Overflow (SSO), which would lead to an environmental enforcement action against the City of Utica. **The EIS needs to clarify where the wastewater will wind up and whether it would exacerbate water quality impairment.**

3.) Given the recent demolition of the Tartan Textile Building to make way for the Nexus Sports Center, the sports-and-entertainment "U District" envisioned for the area next to the Auditorium and across Oriskany Boulevard from the Project site is no longer speculation. **The potential generation of waste water and runoff from the U District needs to be examined with all the above as a Cumulative Impact.**

4.) **The Draft EIS fails to consider relocation of the Project to the St. Luke's Campus as mitigation.** (a) The number of patient beds will be close to those currently/historically on site, suggesting that the Project environmentally would be the replacement of an existing facility on site with no new impacts other than construction/demolition. (b) The

federal wetland on-site naturally buffers surface water impacts. (c) Redirection of all sanitary waste flows through the Sauquoit Creek Pump Station will mean that no untreated waste will reach the River/Canal once current Consent Order work is completed. (d) There are no pending large projects near by that would cause cumulative impacts.

C. Impact on Groundwater: This topic is addressed in Draft EIS Section 3.3. The presence of impacted groundwater from prior industrial uses is mentioned as a concern. The EIS needs to acknowledge that this **concern could be mitigated by Relocation of the Project to the St. Luke's Campus**, due to the lack of prior industrial uses there.

D. Impact on Flooding: This topic is inadequately addressed in Draft EIS Section 3.2.

1.) On July 1, 2017, [significant flooding](#) (causing abandonment of cars, risk to human life, and property damage) occurred on a newly reconstructed and re-opened section of the North-South Arterial and adjacent Lincoln Avenue in an area labeled "area of minimal flood hazard" on the federal map. Per media reports State DOT officials claimed that their drains worked properly but indicated there was insufficient capacity in the storm sewers or receiving stream to prevent the flooding from occurring. This flooding occurred approximately one half-mile from and at a higher elevation than the Project site. The Draft EIS mentions this event (p 57/3527) but fails to elaborate on it in spite of the concern being identified during Scoping. The Project description indicates that some existing storm sewers will be removed, some will be used, and others will be constructed. However, **the Draft EIS fails to reveal whether the Project will depend upon any of the systems that were overwhelmed by the 7/1/17 storm. That information should be put in the final EIS.**

2.) The Draft EIS acknowledges that full build out of the Project has the potential to increase stormwater runoff and exacerbate downgradient flooding during storms (p. 60/3527) but dismisses the issue with a statement that the Project will result in more pervious surfaces than now (implying less runoff). The Project's acres of new, unbroken pavement are expected to have a different water retention characteristic and likely will be less able to retain/slow/infiltrate runoff than the existing patchwork of old/broken pavement, sidewalks, roofs, yards, etc. Whether or not flooding will actually occur cannot be known without calculations using surface characteristics, areas, and design storms. **The EIS should use the rainfall pattern of the 7/1/17 storm to produce a hydrograph of the runoff, and use same to determine if the storm sewers and streams serving the Project site have the capacity to carry away the storm water to the Mohawk River/Canal without creating urban flooding.**

3.) Runoff from the proposed "**U-District**" adjacent to the **Downtown site must be addressed** as a cumulative impact.

4.) The Draft EIS fails to consider **relocation of the Project to the St. Luke's Campus as mitigation**. (a) The number of patient beds will be close to if not within those currently/historically on site, suggesting that the Project environmentally would be the replacement of an existing facility on site with no new impacts other than construction/demolition. (b) The wetland on-site is a natural flooding buffer. (c) The 7/1/17

storm caused no flooding at or near the St. Luke's Campus. (d) There are no pending large projects near by that would cause cumulative impacts.

E. Impact on Air: This topic is addressed by the Draft EIS in Section 3.4.

1.) **Fugitive emissions from regulated materials and impacted soils** is acknowledged as a potential concern during construction (Draft EIS p. 67/3527). **Relocation of the Project** to the St. Luke's Campus should be considered to mitigate this concern due to the lack of prior industrial uses at that location.

2.) The Draft EIS acknowledges that the Project's road closures could increase emissions from **mobile sources** (p. 64/3527). **Relocation of the Project to the St. Luke's Campus** should be considered to mitigate this concern because road closures would be unnecessary at the St. Luke's Site.

F. Impact on Aesthetic Resources including Lighting: This topic is addressed by the Draft EIS in Section 3.5. It acknowledges the types of buildings currently on the Downtown site, that they will be replaced with more modern looking structures, and that the new structures will be consistent with the appearance of the renovated Utica Aud and what is planned at Harbor Point. However, the determination of appropriate aesthetics at the Downtown site has been standardized by the **Gateway Historic Canal District Design Standards** adopted in 2005. Although the Applicant acknowledged the existence of these standards in its CON application (i.e., noting a height limitation of 7 stories/70 feet on Draft EIS p. 373/3527), the Draft EIS failed to apply the standards. At 9 stories, the **Project exceeds the acknowledged height standard** making it an aesthetic impact requiring mitigation. This could be accomplished by:

1.) **Redesigning** the Project to conform to Gateway Historic Canal District Design Standards, or

2.) **Relocating** the Project to the St. Luke's Campus where the standards do not apply and the building form is consistent with what is already on-site.

Another short-coming of the Draft EIS is the failure of its artist renderings to show the Project **in context with surrounding buildings from important vantage points**. Utica has a distinctive and unique skyline perhaps best appreciated driving south on Route 12 Arterial or east on Oriskany Boulevard. The Arterial/Oriskany Boulevard interchange is an important Gateway to Downtown. Travelling east on Oriskany Blvd. as one emerges from under the interchange, the skyline of Utica is revealed, 'up close and personal' on the right with prominent architectural examples such as the Adirondack Bank Building, Grace Church, State Office Building, new Bank of Utica clocktower, City Hall's 'Tower of Hope,' and M&T Bank's "Gold Dome" alternately coming into view. These buildings are also viewable as one travels south on Rt. 12 over the interchange. From either vantage point, the Project's massive, lengthy, 9-story "slab," out-of-scale with the neighborhood and street-grid, and placed across Cornelia St., will block these views.



(From Google Maps. Eastbound Oriskany Blvd emerging from interchange. This viewshed is better appreciated in-person from different points while driving, without Google Map's distorted perspective).



(From Google Maps. Southbound Rt 12 passing over interchange. This viewshed is better appreciated in-person from different points while driving, without Google Map's distorted perspective).

G. Impact on Historic and Archeological Resources: This topic is addressed by the Draft EIS in Section 3.6 as well as in Appendices E and H. The Draft EIS acknowledges and extensively documents the **existence of sites of Historic or Archeological significance within the Downtown site** which may be disturbed/destroyed/adversely affected by the Project, including sites on the National Registry, sites eligible for the National Registry, sites listed in the Downtown

Genesee St. Historic District, and sites related to operation of the Erie/Chenango Canals. The Draft EIS **postpones definition of mitigation** measures pending further study, consultation with, and action by OPRHP to prescribe measures to mitigate impacts to known and unknown historic properties; but anticipates such measures to include further assessments/testing of properties, etc. (which might be characterized as documenting what is there and saving some artifacts before structures are destroyed). The Draft EIS needs to acknowledge that **impacts to Historic and Archeological Resources may be avoided by relocating the Project to the St. Luke's Campus.**

H. Impact to Transportation: This topic is addressed by the Draft EIS in Section 3.7. It acknowledges various potential construction and operational traffic impacts, describes current streets, presents current and anticipated traffic Levels of Service (LOS) for various intersections, and proposes forms of mitigation.

1.) As detailed in the Draft EIS (pp 90-91/3527) the Project will cause a deterioration in LOS for several intersections (i.e., the Project will cause unacceptable traffic delays at certain intersections for certain movements according to the ratings). Although changes to signals etc. are proposed as mitigation, no evidence is presented to demonstrate that these will decrease the delays or otherwise improve LOS. Therefore, **there is an unavoidable adverse impact to traffic.**

2.) **What the traffic analysis methodology, and the minutiae it generated, failed to capture – and what the EIS must acknowledge – is the broader concept of a Street Grid -- that the Project will destroy a portion of the Grid, and that this could have unintended and unpredictable social, economic, health and environmental consequences.**

Like the honey-comb structure of a hive serves the purposes of bees, street grids are a tried-and-true method of organizing the urban environment for human efficiency, which go back millennia. The *raison-d'etre* of cities is to permit humans to be in close proximity to and interact with each other. Street grids promote that interaction by organizing human movements into predictable patterns and giving persons access to each other. Disrupting the grid disorients travel, creates barriers to movement, and has the effect of increasing the distance between people -- undermining the purpose of city existence. Places once easily accessible become hard to reach, lessening their usefulness. A two block trip becomes four – or more. An easily missed turn becomes an opportunity lost when a customer can no longer simply go around the block. More energy than necessary is expended, and more pollution is created.

The Draft EIS (pp.83-4/3527) recognizes that Lafayette and Columbia Sts. are urban major collector streets which connect places outside the study area. The EIS needs to acknowledge that they both run generally east-west and are parallel and redundant to each other as part of a grid. Redundancy is a benefit of the grid best appreciated when a street is temporarily blocked, but one can go around the blockage by moving over one block. This is a common occurrence on Columbia St. by delivery trucks, easily managed by using Lafayette St. instead. When the hospital permanently closes blocks of Lafayette St., the redundancy will be lost.

Cornelia St. runs roughly north-south, roughly parallel and redundant to Broadway. Both give access from Court St. to Whitesboro St. and the Baggs Square W. neighborhood near the Auditorium. The Project will close a portion of Cornelia St., limiting access from Court St. to Baggs Sq. W. to only via Broadway.

Temporary blockages due to deliveries, stalled trucks, fires, burst water mains, cultural and sporting events, etc., **are a common fact of City life. They are unpredictable** and not accounted for in the traffic studies. What is predictable is that the **Project's street closures will make it more difficult for people, and City authorities, to deal with them.** The EIS must acknowledge that the Project's street closures will turn what are now minor inconveniences into potential gridlock. **Disruption of the street grid is, per se, an unmitigatable adverse impact to transportation.**

3.) The Draft EIS fails to address the Cumulative Impacts of the Project with the NYSDOT's Route 5S work. After the State closes the Washington and Seneca Sts. crossings of Oriskany Blvd., and the Project closes Cornelia, how would one access Baggs Sq. W from Court St. if Broadway were to become temporarily blocked?

4.) The **Parking** demand appears overstated and the ITE methodology not explained, not readily available to the public, and likely misapplied given gross differences between the Project and hospitals elsewhere, cited during Scoping (Draft EIS pp1032-3/3527). How does the proposed parking compare with Applicant's current use (which should be conservative given scale-back in Applicant's operations)?

5.) **The EIS must recognize that the traffic impacts identified above would be avoided by Relocating the Project to the St. Luke's Campus** where (a) the negligible increase in bed-capacity on site would produce a negligible increases in traffic and parking demand (b) no public street would have to be closed and (c) there is nothing pending to suggest a Cumulative Impact to traffic.

I. Impact on Energy: The Draft EIS addresses this topic in Sections 3.8 and 4. The Draft EIS acknowledges that to service the Project, existing electric and natural gas infrastructure will be relocated out of the IHC footprint, into public rights-of-way (p.93/3527). It also acknowledges that to meet demand and minimize disturbances to existing customers, an 80 psi, 6-inch diameter gas main would be installed and extended approximately 2,500 lf to the site from National Grid's existing 80 psi supply main, and that extension of the gas main may require crossing underneath an existing railroad. (p.94/3527). The Draft EIS indicated that construction would be in accordance with applicable codes to minimize impacts.

1.) In spite of being raised twice during Scoping (pp. 1035 &1438/3527), the Draft EIS fails to disclose and **needs to acknowledge the impact of the Project on the Co-Generation Facility recently constructed on the St. Luke's Campus that is shared between St. Luke's facilities and Utica College.** The Hospital is the only customer for hot water and steam, and the largest customer for electricity. The facility's use numbers make it appear that this community resource, which contributes to the resiliency and efficiency of the energy system, would have to close if the hospital were to be moved to the Downtown site.

2.) Placing the Project Downtown deprives Applicant of the energy-efficiency of the Co-Gen facility and undercuts Applicant's sustainability.

3.) The Draft EIS fails to discuss Cumulative Impacts to Energy from anticipated "U-District" projects.

4.) Given the acknowledged impacts to off-site locations, public rights of way, potential "U-District" Cumulative Impacts, and the Co-Gen questions, the EIS needs to discuss whether such impacts could be avoided or lessened by relocating the Project to the St. Luke's Campus given the Co-Gen facility being on said campus and no "U-District" nearby.

J. 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.

1.) 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.**

2.) The Draft EIS fails to address Cumulative Impacts from the "U-District" on utilities.

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

K. Impact on Noise and Odor: 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.

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

1.) **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 *defacto* 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. (See Part I above)

2.) The Draft EIS makes clear that placement of the Project Downtown places it in a traffic area where delays will be exacerbated by the Project's own traffic and street closures. Additionally, because the streets to be closed are part of a grid, common blockages which now cause inconvenience could post-Project cause gridlock, making hospital access difficult and life threatening. (See Section H above).

3.) 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.

M. 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.

1.) **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).

2.) **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.

3.) **The Project's street closures are inconsistent with Utica's Street Plan**, compiled incrementally over Utica's history by City ordinances.

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.

N. 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.**

O. Environmental Justice: The Draft EIS acknowledges the need to address Environmental Justice in Section 1.2.3 and in several other places, mentions several times that the Downtown Site is potentially an Environmental Justice area, but then **fails to offer anything about the issue.** The **Draft EIS fails to assess the Project's impacts on the protected population or otherwise deal with those impacts.** In this regard it is noted that the Project will displace from the neighborhood, if not destroy, about 40 business and other entities where people are working. No attempt has been made to assess the number or holders of those jobs, their circumstances, or whether they are members of the protected population. The Project will also displace or impact several charitable institutions that serve the protected population, such as the Salvation Army and Compassion Coalition. Jobs and services clearly are going to be lost to the neighborhood. **The EIS must acknowledge that Environmental Justice impacts may be completely avoided by relocation of the Project to the St. Luke's Campus, which is not in an E-J neighborhood.**

P. 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.

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.

Q. Creation of a Demand for Other Actions that Could Impact the Environment: This topic is only partially touched upon in the Draft EIS in Section 8.2 "Adaptive Reuse of FSLH and SEMC," and is otherwise ignored.

1.) The Project will take the new Utica Police Garage, disrupting the Utica Police Campus which also includes the Police Station, Utica City Court, and associated parking. No plan for the garage's functions has been announced, and the impact on the functioning of the other portions of the Campus is unassessed. The change in the map of the Utica Police Campus suggests that it will be 'squeezed out' by the surrounding Medical Campus, and create a need to build a new Police Campus (Garage, Station and City Court) elsewhere.

2.) The Project will take the facilities of some 40 business and other entities, and likely force others out of the neighborhood due to construction disruptions. If these entities continue their existence elsewhere they likely will go to the suburbs (Empire Bath has already moved to Marcy, and Brandeis will be moving to Whitesboro). Forcing businesses out of the City creates sprawl, increasing the demand for public infrastructure and services, making the public more dependent on the automobile, and wasting energy.

3.) 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.

4.) Relocation of the Project to the St. Luke's Campus should be considered in mitigation of potential demands for other actions because: (a) there would be no need to disrupt the Utica Police Campus, (b) there would be no need to displace businesses and others, and (c) some of the St. Luke's facilities could continue to be used to serve the Applicant (e.g., the Medical Office Building and the Co-Gen Facility).

R. Smart Growth Policy ([Environmental Conservation Law Article 6](#)): The Draft EIS makes some references to the State's Smart Growth Policy (pp. 48, 49, 1591/3527) regarding the Site Selection Process, but otherwise ignores the subject. The Draft EIS claims that the Downtown Site would be viewed more favorably if state funds are pursued and that re-purposing urban parcels is a sustainable initiative. The Draft EIS assigns extra "points" to the Downtown Site as being "smart growth." However, the Draft EIS' treatment of the topic is absurd -- like a box to be checked -- without any apparent understanding that the purpose of the law is to minimize sprawl. The Project exacerbates sprawl by: (1) ripping out (wasting) an urban grid infrastructure and replacing it with a suburban-style campus with acres of parking (a low level use); (2) wasting Applicant's existing suburban campus, unnecessarily dispersing Applicant's facilities; and (3) pushing out 40 entities currently occupying the Downtown Site, and likely driving many of them to the suburbs or lesser developed areas. Simply, the Draft EIS turns the State's Smart Growth Policy on its head. **The EIS needs to acknowledge that relocating the Project to the St. Luke's Campus would be more consistent with Smart Growth principles because it avoids the three negatives listed above.**

S. Unavoidable Adverse Environmental Impacts: 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.**

T. 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.

U. Growth Inducing Aspects: 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 pp589-90/3527, 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.

V. Conclusion re Environmental Concerns

Significant environmental concerns are either ignored, understated, or masked by a focus on minutiae.

(continued)

| Part III Matrix St. Luke's Campus vs Downtown (using regulatory environmental criteria) <i>(Limited to these two sites because Applicant cannot be made to consider a site it does not own/have under option – see 6 NYCRR 617.9(b)(5)(v) ('g'))</i> | | | | |
|--|---|---|--|---|
| Criteria | St. Luke's Campus | | Downtown Utica | |
| <p>6 NYCRR 617.7 (c)(1) ... <i>"These criteria are considered indicators of significant adverse impacts on the environment"...</i> because the proposal . . .</p> <p><i>[Criteria under 6 NYCRR 617.7 (c) (1) that do not appear to be applicable to either site are not listed]</i></p> | | | | |
| <p>6 NYCRR 617.7 (c)(1)(i) ... <i>causes "a substantial adverse change in existing air quality, ground or surface water quality or quantity, traffic or noise levels; a substantial increase in solid waste production; a substantial increase in potential for erosion, flooding, leaching or drainage problems."</i></p> | <p>Level of site use would only marginally increase (increase of only 27 hospital beds on-site) therefore no substantial changes.</p> | 0 | <p>→ Surface water pollution (see Part II B above) (1) → Unacceptable traffic levels (see Part II.H.1 above) - (1) → Destruction of street grid (see Part II.H.2 above) - (1) → Possible flooding (see Part II D above) (1)</p> | 4 |
| <p>6 NYCRR 617.7(c)(1)(iv) ... <i>creates a "material conflict with the community's current plans or goals as officially approved or adopted,"</i></p> | <p>No Conflict.</p> | 0 | <p>→ Conflicts with Gateway Historic Canal District rules, Utica Master Plan, and street ordinances. (see Part II M above) (1)</p> | 1 |
| <p>6 NYCRR 617.7(c)(1)(v) ... <i>impairs the "character or quality of important historical, archeological, architectural, or aesthetic resources or of existing community or neighborhood character"</i></p> | <p>No Impairment.</p> | 0 | <p>→ Impacts to historical, archeological, architectural resources are extensively documented in Draft EIS (see Part II G above) (1) → Destroys viewshed from important gateway to Downtown (see Part II F above) (1)</p> | 2 |

| Criteria Matrix (cont'd) p2 | St. Luke's Campus | | Downtown Utica | |
|--|---|----------|---|----------|
| <p>6 NYCRR 617.7(c)(1) (vi) ...would cause "a major change in the use of either the quantity or type of energy"</p> | <p>Keeps Microgrid</p> <p>Increase of 27 beds not expected to cause major changes.</p> | <p>0</p> | <p>→ Loss of Co-Gen facility (Microgrid) at St. Luke's (see Part II I (1) above) (1)</p> <p>→ Major change in neighborhood gas use requiring new gas line (see Part II I above)(1)</p> | <p>2</p> |
| <p>6 NYCRR 617.7 (c)(1) (vii) . . . would create "a hazard to human health"</p> | <p>Demolition minimized therefore impacts minimized</p> <p>Not congested area, no gridlock</p> <p>No "Red Zone"</p> | <p>0</p> | <p>→ Exposes the public to hazardous building materials and impacted soils and groundwater during demolition/construction (see Part II C, E above) (1)</p> <p>→ Places Project in traffic area that will become subject to delays and gridlock (see Part II L(2) above) (1)</p> <p>→ Permanent "Red Zone" risk (as described Part II L.(3) above) (1)</p> | <p>3</p> |
| <p>6 NYCRR 617.7(c)(1)(viii) ... would cause "a substantial change in the use, or intensity of use, of land . . . or in its capacity to support existing uses"</p> | <p>No substantial change in land use, intensity, or capacity.</p> | <p>0</p> | <p>Site would go from mixed commercial (retail and services), charitable and residential uses to healthcare + parking; existing uses will be removed. (1)</p> | <p>1</p> |

| Criteria Matrix (cont'd) p3 | St. Luke's Campus | | Downtown Utica | |
|--|--------------------------------------|----------|---|-----------|
| 6 NYCRR 617.7(c)(1)(ix) ... would encourage or attract "a large number of people to a place or places for more than a few days, compared to the number of people who would come to such place absent the action" | No material change in level of use. | 0 | Project would bring hundreds of hospital beds with supporting staff 24 hrs/day 7 days/wk. (1) | 1 |
| 6 NYCRR 617.7(c)(1)(x) ... would create "a material demand for other actions that would result in one of the . . . consequences" listed in 6 NYCRR 617.7. | → Abandonment of SEMC facilities (1) | 1 | → Abandonment of SEMC facilities (1) → Abandonment of St. Luke's facilities (1) → Dis-ruption/location of Utica Police Campus (1) → Displacement of existing occupants of Downtown site (1) (see part II Q above) | 4 |
| Environmental Conservation Law (ENV) Article 6 (Smart Growth) | Consistent | | Inconsistent with purpose of ENV Art 6 (see Part II R above)(1) | 1 |
| Total Number of Adverse Environmental Impacts | | 1 | | 19 |

Summary Conclusion on Matrix:

Numerous adverse environmental impacts as identified by State regulation or law will be avoided or minimized by simply relocating the Project to the St. Luke's Campus.

(continued)

Part IV. The SEQRA Process & Conclusion:

The SEQRA process is set forth in [ENV Article 8](#) and its implementing regulations, [6 NYCRR Part 617](#) (State Environmental Quality Review, SEQR). As described in the [SEQR Handbook](#) (p.3) :

“SEQR establishes a process to systematically consider environmental factors early in the planning stages of actions that are directly undertaken, funded or approved by local, regional and state agencies. By incorporating environmental review early in the planning stages, projects can be modified as needed to avoid adverse impacts on the environment.”

The availability of State funds for the Project was announced in early 2015, the site for the Project was announced in September, 2015, and we just got around to SEQR in 2018 when the Oneida County Industrial Development Agency made a Positive Declaration. Does that sound like “incorporating environmental review early in the planning stages” so that “projects can be modified as needed to avoid adverse impacts on the environment?” Why was SEQR not part of the planning of the Project from the very beginning, including the choice of the site? As noted under Part I Section I, the site of a project is an appropriate consideration under SEQR, and the State promulgated a non-exhaustive list of those actions considered to have significant adverse impacts (6 NYCRR 617.7(c)(1)). This could have been used to help screen or rank the sites – but it was not.

People may disagree with how the regulations were applied or sites ranked in Part III above, however, the process only took a few hours. This Project deserved at least that level of attention being paid to the environmental consequences of site selection. Most people would probably intuitively conclude that trying to shoehorn a hospital with acres of parking into the middle of a Central Business District that was built for another era, another style of development, and a different purpose would be more disruptive to the environment than locating the hospital on a site that had enough room and had been specifically designed for that use. It is no surprise that the choice of site is still a controversial topic after three years.

For a major project such as this, [ENV 8-0109](#) requires preparation of an EIS. The regulations make clear that a government agency cannot undertake, fund or approve of an action until it has complied with the provisions of SEQR (see 6 NYCRR 617.3 (a)). But that is, in deed, what happened at least as far back as Summer 2016 when Oneida County put county employees, and Utica put city employees (the Planning Board’s Staff), to the task of engaging in regular meetings with MVHS to help plan for the Project at the Downtown Site, because government employee time is money.

If the applicability of SEQR and need for an EIS was not apparent to the local authorities at that point in time, then it should have been apparent when the County approved funding for MVEDGE to provide property appraisal services for MVHS aiding the pursuit of the Downtown Site. The County should have stopped further action and opened the SEQR process then, but it did not. Nothing was done about SEQR until there was an “application” that triggered a review – but, as noted above, the law wants the environment taken into consideration “early in the planning stages” so that “projects can be modified as needed to avoid adverse impacts on the environment.” Here, the County and City had employees planning this project without the

environmental information required by law. It is a shame that so much time and money was spent on a flawed process.

Like the Site Selection Process appears to have been tainted by undue influence, the entire EIS appears tainted as well. People who have personally invested their time toward securing the Project for Downtown will have difficulty focusing on another site – an impossibility for those where the alternate site is in another jurisdiction.

At this point in time the Planning Board is faced with (1) an EIS that cannot support a SEQR finding because St. Luke's appears to be the environmentally superior site and (2) having to give up jurisdiction because it has no legal authority in New Hartford.

The EIS must be rejected as inadequate, and the process reopened for a new Lead Agency to produce a revised Draft EIS that addresses all the open issues identified herein.



Elefante



BOUSQUET HOLSTEIN PLLC

110 WEST FAYETTE STREET • ONE LINCOLN CENTER • SUITE 1000 • SYRACUSE, NEW YORK 13202 • PH: 315.422.1500 • FX: 315.422.3549*

December 26, 2018

Via Fedex Overnight Delivery

City of Utica Planning Board
c/o Department of Urban & Economic Development
Attn: Mr. Brian Thomas, Commissioner
1 Kennedy Plaza
Utica, New York 13502

**Re: Mohawk Valley Health System – Integrated Health Campus
Draft Environmental Impact Statement**

Dear Members of the City of Utica Planning Board:

This office represents Angela Elefante in connection with the above-referenced proposed MVHS Downtown Hospital (the "Project"). This letter is sent pursuant to the Planning Board's invitation for written comments regarding the draft Environmental Impact Statement (the "Draft EIS") dated November 15, 2018 relative to the Project.

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.

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.

- LAURENCE G. BOUSQUET
- PHILIP S. BOUSQUET
- CECELIA R. S. CANNON
- CHRISTINE WOODCOCK DETTOR
- JEAN S. EVERETT ++
- AARON D. FRISHMAN *
- DAVID A. HOLSTEIN *****
- SUSAN R. KATZOFF
- EMILEE K. LAWSON HATCH +++
- SHARON A. MCAULIFFE
- L. MICHA ORDWAY, JR.
- STEVEN A. PAQUETTE
- J.P. PARASCHOS
- PAUL M. PREDMORE
- JAMES L. SONNEBORN
- RYAN S. SUSER
- THOMAS E. TAYLOR **
- JOHN L. VALENTINO
- ROBERT K. WEILER
- JOSHUA S. WERBECK

OF COUNSEL:

- VIRGINIA A. HOVEMAN
- KAVITHA JANARDHAN ****
- GARY J. LAVINE **
- BRYN LOVEJOY-GRIINELL
- SIDNEY L. MANES
- JANA K. McDONALD †
- ANNA V. PUTINTSEVA
- CATERINA A. RAMIERI
- HARRISON V. WILLIAMS, JR.
- EVA K. WOJTALEWSKI *****

ASSOCIATES:

- CAMERON T. BERNARD *****
- REBECCA R. COHEN ***
- GEORGIA G. CRINNIN
- GREGORY D. ERIKSEN
- COLLEEN M. GIBBONS
- GWEN Z. GOU
- NATALIE P. HEMPSON-ELLIOTT
- CASEY A. JOHNSON
- IRENE K. KABUNDUH
- JULIA J. MARTIN
- AIDAN C. MITCHELL-EATON
- KEVIN M. SAYLES
- MICHAEL W. TYSZKO

- ALSO ADMITTED TO CO BAR *
- ALSO ADMITTED TO DC BAR **
- ALSO ADMITTED TO MA ***
- ALSO ADMITTED TO IL BAR *****
- ALSO ADMITTED TO FL BAR *****
- ALSO ADMITTED TO CA BAR *****
- ALSO ADMITTED TO DC, FL & NJ BAR †
- ALSO ADMITTED TO DC, MA & PA BAR ++
- ALSO ADMITTED TO CO & MA BAR +++
- NOT FOR SERVICE OF PROCESS *



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.

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.

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. 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.

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.

To this end, we believe that an alternate location is preferable. In the analysis relied upon by the Draft EIS, the St. Luke's Hospital campus scored the same or better than the downtown location in terms of size, utilities, zoning approvals and impact fees, and environmental considerations. *See* Draft EIS at pgs. 28-32. Moreover, if one of the goals of the Project is truly to consolidate Utica's medical facilities, the St. Luke's location is the only location that physically places the new facility in proximity to Utica's existing healthcare infrastructure. Among other things, any patient travel between St. Luke's and the new facility will be logistically easy, as will any sort of resource-sharing that may be necessary between the two facilities. In addition, it is our understanding that the St. Luke's campus already has sufficient electrical capabilities to service the proposed new hospital. Locating the new hospital at St. Luke's would therefore eliminate the need to construct the central utility plant that has been proposed as part of the downtown location.

Finally, 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.¹ 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

¹ Associated Press, *230,000 Gallons of Crude Released into Floodwaters After Train Derailment, Railroad Says* Des Moines Register, June 23, 2018, <https://www.desmoinesregister.com/story/news/2018/06/23/iowa-train-derailment-bnsf-crude-oil-railroad-says-230-000-gallons-leaked/728423002/> (last visited December 18, 2018).



"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. Next, 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.

For these reasons and for all the reasons that others opposing the Scoping Document and the Draft EIS have put forward, we urge that the Board reject the Draft EIS as written and urge that the Draft EIS be revised to include a full analysis of the St. Luke's campus location, with an eye toward relocating the proposed new hospital to the St. Luke's campus.

Very truly yours,

BOUSQUET HOLSTEIN PLLC

Gregory D. Eriksen

GDE/mtg



Galime



Michael P. Galime, Council President -Utica
2617 Crestway Utica, NY 13501
Tel 3155254224
mgalime@cityofutica.com

DECEMBER 27, 2018

Brian Thomas

Fred Matrulli

CC: Utica Planning Board – Lead Agency, MVHS Scoping

1 Kennedy Plaza Utica, NY 13502

Brian, Fred, Planning Board,

Please see the attached. Included are a list of issues which have not been addressed in the DEIS, or the original scoping document response, and if not remediated this project will move forward without a known probability of positive outcome for both MVHS or the surrounding community. Please let this serve as a cover letter for the DEIS input.

As stated in a previous scoping response, the planning board should ensure that this project is treated as a private development project, that has received a government grant for partial funding, and that the project be reviewed in its entirety.

Thank you, and please see the comments attached in this document.

Regards,

A handwritten signature in black ink, appearing to read "Michael Galime", with a stylized flourish at the end.

Michael Galime

COUNCIL PRESIDENT, CITY OF UTICA

December 2018 DEIS Comment Input:

The following have not been addressed in the project filings, nor have been addressed in the impact study. The following issues will be either involved with or caused by the approval of the MVHS proposal.

- City of Utica
 - The City of Utica has no formal plan to relocate the police maintenance facility. The cost for this relocation is not specified in the project filings.
 - This proposal, if acted upon, will displace the main police headquarters, which there is no financial plan to relocate.
 - The City of Utica has no formal financial plan to reconstruct the City street grid for ingress and egress to the proposed campus.
 - The City of Utica has no formal financial plan to increase public safety requirements, nor are the new requirements listed within the scoping studies.
 - These issues must be addressed and remediated if this project is approved for development in the selected location.
- MVWA
 - 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.
- National Grid/Power Authority
 - The current power and electrical subway feeding the Central Business District is adequate for the existing structures yet is aging and **not currently** prepped for expansion.
 - The current power and electrical delivery **is not adequate** for the proposed hospital structure. This is listed in the scoping filings, however, there is no financial or physical construction plan to remediate.
 - The current natural gas delivery is not adequate for the proposed structure. There is no financial or physical construction plan to remediate.
 - These issues must be addressed and remediated if this project is approved for development in the selected location.
- Site Preparation
 - The project filings require a parking garage, as well as previously listed additions to assemble the site. The proposed garage is seemingly separated from this SEQRA process, and it appears is not being studied, as required.
 - **Under SEQRA 617.2 this may be Segmentation**
 - If this is deemed Segmentation, but the State CON from the department of health requires the Parking Garage, this review must include all involved

- actions. Either the Parking Garage proposal must perform SEQRA, or it must be included in this review.
- **Overall Site Assemblage**
 - The site is not complete.
 - As part of the site assemblage private land owners have been told they must sell to MVHS. This impact study does not address the needs to assemble the site fully or remediate the environmental impacts imposed on the current land owners and businesses.
 - Currently involved agencies (NYS ESD) are directing funding to specific entities (RCIL) for relocation, and other entities for reconstruction (Empire Bath Building owners), while other private land and business owners are being left to fend for themselves, based on potential option payout agreements. There is a complete lack of site assemblage support. The involvement of other agencies, such as the Community Foundation, to hire coordinators, is not sufficient, and creates **another unlisted involved agency under SEQRA, and more obfuscation for property owners attempting to find resolve within the proposal.**
 - As stated multiple times, the site assemblage is not complete, and MVHS has not demonstrated that it is committed to aiding in relocation and/or business continuance plans for the affected properties.
 - The current site assemblage plan resembles the efforts used when transitioning government inactive land into private sector, while this project is transitioning private active business property into a single entity campus for a not-for-profit private large business.
 - **The funding currently routed to RCIL and the owners of the previous Empire Bath building is both segmentation and preferential treatment through use of secondary taxpayer funded initiatives, in order to clear issues for the current open SEQRA study.**
 - None of this is addressed.
 - The referenced “Site Study”
 - The site study did not include any financial implications for Utica, NY as a municipality, or the municipal energy and water delivery entities.
 - The site study did not include the current businesses and property owners in the Utica locations.
 - The site study treated all locations and pre-prepared assembled sites. Although there is a claimed need to build the hospital in the proposed location to garner the 300-million-dollar grant, this cannot be used as an to ignore that the site study did not include a clear state of the City of Utica.
 - The only guarantee that the site parcels may be assembled is via Eminent Domain. Under SEQRA Eminent Domain is not guaranteed to remediate the impact to the affected businesses and property owners or the City of Utica. Eminent Domain will only remediate the issue of assembling the site for MVHS, who is not part of the current environment of the proposed site, and only a benefactor of the process.
 - The site study point system may have arrived at an inadequate conclusion due to the exclusion of key environment factors, which could render the proposed budget for the

- compilation of this project inadequate. This must be studied, and MVHS must respond with adequate remediation for the above-mentioned issues, and any new issues that may be found.
- This should not rule out the current site, but the planning board (lead agency) must insure the real cost and impact of the current site use is stated, and insure that MVHS can complete, prior to approval.
 - 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.
 - The MVHS proposal review should not be based on other incomplete government proposals which present similar issues in site assemblage and private property acquisition.
 - 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.
 - If this project is approved, it is imperative that the planning board, acting as lead agency, prove that this proposal can be completed within the scope of the current filings.
 - The ability for private businesses who both lease and own property to move ahead successfully, if this proposal is approved, has not been addressed.
 - The proposal has proceeded as a land transition plan for vacant unused property. This land was not vacant and unused at the time of original public promotion of this proposal, nor at the time of filing, this February, 2018.
 - Private business requires capital funds to relocate and continue operating if relocation is necessary.
 - Prior to the approval of this proposed action, private land owners are being advised by involved agencies to incur costs ahead of MVHS agreements to purchase. This is both irresponsible, and in conflict with the current SEQRA review.
 - SEQRA has no effective ability to address the pressure on private businesses to leave their current sites and/or negotiate with MVHS. The planning board should be requiring this.
 - This current proposal does not address how businesses can move forward without incurring debt and/or capital expenses solely related to this project, or how to build out new facilities while operating in the current state. The advisement to move ahead prematurely – prior to completing negotiations with MVHS - is allowing MVHS to escape the responsibility that SEQRA should deem required in remediating the strategic and financial this proposal has presented.
 - These issues must be addressed and remediated if this project is approved for development in the selected location.

PREVIOUS COMMENTS – 2018 SCOPING DOCUMENT – FOR REISSUE WITH DECEMBER DEIS REPSONSE

Potential Adverse Impacts, MVHS Hospital Proposal – input for EIS.

New Hartford & South/West Utica Vicinity

Power Plant Cogeneration Facility

What will be the impact of MVHS leaving the cogeneration power plant facility behind? Will the operator continue to run the plant, and how will this effect the power delivery and rates for Utica College?

How will this effect the overall grid for the area?

Medical Office and Outpatient Facility Locations

Many outpatient facilities and medical offices have located and/or been built within the St. Luke's facility vicinity. This includes the Omni Surgical Center, as well as many offices within the business park. Will these locations need to relocate, and if so, will this cause unplanned financial burden on the overall medical community?

Cost of Facility Reuse

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.

South Utica Genesee St Vicinity

Facility Reuse

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?

Medical Office and Outpatient Facility Locations

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?

Downtown Utica Vicinity

Unrealized Potential Cost

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.

Facility Placement Impact

A blanket statement has been made that there is a need to place medical care within reach of people in socio-economically stressed scenarios. The current proposal and scoping document proposes the construction of an acute care facility with surgical and emergency services. Placing a facility of this type

in the urban core of the greater Utica area may create a situation that the care that is most needed by the population discussed as “in need,” in the MVHS proposal and state legislation, will not be able to receive the clinical and chronic care at the proposed facility.

It is very possible and should be studied that spending 1 billion dollars rearranging the region around a single facility of this design is not addressing the actual needs of this community.

This consideration should be studied regardless of the chosen location.

Traffic and Congestion

The City of Utica is becoming more congested as the municipal center grows. There is more potential for access issues in an urban center. In 2017 Route 12 was closed due to accidents and weather events multiple times, causing Genesee St and Route 5 to become gridlocked. The potential impact of locating our proposed single emergency care facility in this situation must be considered.

Heliport

The heliport specified in the filings is not a helipad. Can a helicopter land within this proximity to buildings, on a ground level, safely? How will people be transported into the facility, considering its placement adjacent to the proposed facility.

Impact of Increased Power Grid Use

The new facility is no longer going to produce its own power. There may be an impact to overall rates and delivery. Has this been studied? This should be included into the overall potential environmental impact.

Financial Impact to City of Utica

The financial impact to the City of Utica is not understood at this point. There are unknown and unspecified costs regarding infrastructure, facility relocations, parking garage costs, and the introduction of a large tax abatement. A long term (5 year, 10 year, and 15 year) outlook should be analyzed and considered. Above and beyond property tax, there will be a loss in sales tax, and increase in services, that should be studied and considered adverse, due to the impact to the City.

All accountable costs, revenue loss, revenue gains, and expenses must be considered.

Financial Impact to City of Utica School District

If the downtown location is chosen, the Utica School District will be losing tax revenue funding.

Financial Impact to County

If the downtown location is chosen, the Oneida County will be losing tax revenue funding.

Financial Impact to City of Utica Library

If the downtown location is chosen, the Utica Library will be losing tax revenue funding.

Impact of loss of Central Business District

The direct cost to the City of Utica in aiding MVHS to build a downtown facility may be greater than the cost to reinvigorate the current tax paying business district through use of the same street scape and façade improvements proven to work on Genesee St and repairing and reutilizing our current parking structures for Hotel and Auditorium needs.

The indirect cost of spending money to reduce the ability to generate tax revenue will spread the direct costs of the MVHS aid from the City and County across the remaining tax paying entities left in the City of Utica, while resulting in a permanent tax abated installation.

Future Expansion: Landlocking

The current proposal calls for a reduced size single location consolidation of our medical delivery system. This is being placed in the center of the City of Utica, landlocking the facility for all future development, while surrounded by privately owned property. This will limit future expansion and should be considered an adverse effect.

Affected Property Owners and Businesses

At this time there have been adverse negative effects imposed on the central business district. MVEdge has stated multiple times that the district could have kept moving forward during the #MVHSDowntown campaign, however, in the case of the new Enterprise Car location, the city, property owners, and Enterprise were all sent correspondence from MVEdge to not develop their property because it will be taken.

This correspondence was prior to the filing of the project with the OCLDC.

Moving forward how will the affected businesses be dealt with. There has not been, to date, clear discussion based on this. The central business district is home to many tax paying businesses as well as not-for-profit community support businesses. The current filings from the OCLDC are stating that PILOT agreements and possible relocation costs will be dependent on job creation.

The potential negative impact is that these businesses themselves are placed in a position of stagnancy and financial impact that they would have otherwise not had to deal with if this proposal was not floated for multiple years prior to its filing.

Infrastructure Cost

The following are not currently specified within the 480million 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.

Regional Land Use and Availability

Empty hospital site issue

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.

Land Availability

Downtown Utica property is becoming a premium. Reducing the available land will increase cost and sellable value, creating a situation where current business and property owners may either not be able to expand in place, or be priced out of their current options. This should be considered part of the scoping of adverse effects.

MVHS Ability to Complete

Financial Plan

At this point the scoping document and proposed project filed with the Oneida County Local Development Corporation does not demonstrate the financial ability to complete the proposed project. There is a potential situation where MVHS may not be able to fund the project fully and may turn to tax payer funding to bail out overruns.

Cost Overrun Planning

The current statement from MVHS CEO Scott Perra, when asked how the project will be dealt with if over budget, was that the project will not go over budget. This is not an adequate answer for a project of any scale.

Overall Facility Impact

The proposed purpose of the facility filed with the OCLDC and scoped within the SEQRA filings is to improve the overall delivery of health care needs in the greater Utica area.

This proposal is consolidating current facilities into one, keeping operational care the same in most areas, and reducing it in others (pediatrics), for example.

Regardless of the chosen location, there is potential negative impact that the proposed facility will not achieve proposed and pitched improvements and not increase our healthcare delivery overall, while at the same time reducing the size of the overall capabilities within the area.



LSGU



Landmarks Society Of Greater Utica

1124 State Street / Utica, NY 13502 / 315.732.7376 / www.uticalandmarks.org

December 27, 2018

VIA HAND DELIVERY AND E-MAIL

Mr. Fred Matrulli, Chairman- City of Utica Planning Board
c/o Department of Urban & Economic Development
1 Kennedy Plaza
Utica, New York 13502

RE: MVHS proposed IHC- Request for SEQRA DEIS public comment period extension

Dear Mr. Matrulli:

The Landmarks Society of Greater Utica (LSGU) supports an extension of the MVHS proposed IHC SEQRA DEIS public comment period by 60 days. We believe this is necessary given the complexity of the many interrelated issues being reviewed, the incomplete and inaccurate information currently included in the November 15 DEIS, and the need to distinguish between speculative conjecture on MVHS's part and fact. There are significant contradictions present in the submitted project which intends to demolish all buildings in the proposed campus footprint including 2 National Register of Historic Places (NRHP) listed properties-301 & 401 Columbia St.- and 9 NRHP eligible properties. The current US Secretary of the Interior guidelines discourage demolition only as a last resort after all other options have been exhausted. Since the St. Luke's campus is a viable 2nd site, as determined by MVHS, another option to explore exists. Three properties are also in the expanded NRHP listed Downtown Genesee Street Historic District which represents an obstacle to removal as demolition in the district is also restricted. NYSHPO requires investigation and documentation of the above mentioned historically & culturally significant properties, which in many cases has not yet commenced, and is required as part of the SEQRA process. Such demolitions also violate 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.

DASNY requires additional clarification from MVHS as to what functions are remaining at the various campuses and how this would promote a consolidation/integration of the health care system. The NRHP eligible St. Elizabeth campus, which MVHS is proposing to repurpose, is located in Utica's Scenic & Historic Preservation District and subject to review/approval of any exterior alterations or proposed demolition.

Given the amount of information, 3500+ pages, with which a reviewer would need to become familiar, the truncated time frame of the minimal designated comment period during Thanksgiving and Christmas, and incomplete cart-before-the-horse MVHS submissions, we do not believe that sufficient time has been allotted for stakeholders to fully process the information. An opportunity for meaningful public input has not been provided for this very important project which will have an irreversible, long term, and far reaching impact on Utica and the Mohawk Valley. Please do not hesitate to contact me at LSGU should you require additional information.

Thank you for your careful consideration and deliberation regarding this matter.

Sincerely,

Steven Grant, President and the Board of Trustees of the Landmarks Society of Greater Utica

Cc: Thomas S. West- The West Firm



Caruso



To: Brian Thomas, Commissioner, City of Utica Department of Urban & Economic Development

From: Joseph P. Caruso, member, City of Utica Planning Board

Re: Downtown Utica DEIS

Date: December 27, 2018

I hereby submit my observations and questions in response to the MVHS Downtown Hospital Draft Environmental Impact Study (DEIS).

- 1) **Creating a more Walkable Utica/Downtown:** While I appreciate the planning process for the hospital *building* itself (“*from the inside-out*”, the building taking shape according to the needs of the individual departments within), The *campus* plan for the hospital as presented lacks street level tenants/amenities sufficient to create a more walkable Utica/Downtown. Specifically, the **Columbia/Lafayette east/west corridor** of the proposed hospital campus, linking Genesee Street and West Utica – and more specifically, the two blocks between Broadway and State Street - are not sufficiently “walkable” as there is little or no walker experience/interaction along the way. Presently, the campus corridor is proposed to be occupied by the hospital building and parking lots and parking garage. Even the ca. 1960s Kennedy Parking garage was constructed with a Columbia Street retail wing fronting the north side Columbia Street level of the garage, but this space is slated for demolition and to be replaced by a parking lot.
Possible solution: Locating some services (pharmacy, coffee shop, café, bank/credit union office, etc.) on the street level of the hospital building might ameliorate the situation described here. If this is not possible in the hospital building itself (due to the aforementioned “inside-out” building planning process), then perhaps these same proposed services can be located a) on the opposing sides of the street from the hospital, or b) on the street level of the parking garage, effectively breaking up the mass of parking.
Summary: I believe that the hospital campus can become a vital link in the connectivity of Utica neighborhoods if this issue is addressed.

- 2) **Helipad:** I am concerned that the emergency air transport plan is for construction of a street-level helipad rather than a rooftop heliport. While I am aware for the stated reasons for this (cost among them), I’m concerned for the interaction with pedestrian traffic, and the noise/distractions caused by aircraft landing and taking off, and would prefer to see a rooftop (heliport) solution. If the hospital building roof is not a practicable solution, then what about a) locating a heliport on the parking garage or b) locating a helipad slightly off-site, in a more pedestrian-remote space, as I have read has been done in other cities?

- 3) **Cost to taxpayers:** I would like to know what percentage of **actual city property tax revenue** is represented by the property in the proposed hospital footprint, and how the City of Utica plans to offset the loss.

Thank you for providing this opportunity for input. I look forward to your response. JPC.



Mitchell

From: [Brian Thomas](#)
To: [Steve Eckler](#); "kbennett@bsk.com"
Cc: [Chris Lawrence](#); [Kathryn Hartnett](#)
Subject: FW: [EXTERNAL] Re: MVHS SEQR
Date: Friday, December 28, 2018 9:22:29 AM

Steve-

A comment from one of our Planning Board members

Brian

City of Utica, New York
Department of Urban & Economic Development
Brian Thomas, AICP - Commissioner
1 Kennedy Plaza
Utica, New York 13502
(315) 792-0181 phone
(315) 797-6607 fax

From: George Mitchell [mailto:gmitchell@thefgi.com]
Sent: Thursday, December 27, 2018 8:54 PM
To: Brian Thomas <bthomas@cityofutica.com>
Subject: [EXTERNAL] Re: MVHS SEQR

WARNING — This email originated from an external source
Do not click links or attachments unless you recognize the sender and know the content is safe

Hi Brian,

As a member of the City of Utica Planning Board (the Lead Agency for the subject SEQR), and a Citizen of the city, I would like to submit the following comments related to the environmental impact due to the MVHS proposed hospital project:

1. **The Helicopter Pad:** While this pad is designed in accordance with applicable standards, the proposed design will have a continued impact to the surrounding area each time a medical helicopter transport approach's the ground level pad, by stirring up significant dust, diesel fumes from exhaust, and emit noise levels well beyond the ambient noise in the immediate area. Additionally, one can imagine the site of a landing helicopter close to the surrounding roads, including the main North/South

Arterial will become a distraction to the vehicle traffic. It should also be considered that as events at and around the Auditorium continue to expand, helicopter landings at ground level will become a negative impact to those “quality of life” events. I believe these significant impacts can be largely mitigated if the landing pad were to be relocated at the roof-top of the main hospital building. In fact, this solution would also reduce the overall footprint of the project, thereby further the overall project impact. While I can imagine that my proposed solution will increase the cost of the project by requiring a elevator shaft from the roof to the various building floors, It’s also true that many urban hospitals incorporate this very same solution for the very same reasons I describe here. Additionally, this solution will allow the current space allocated for a ground pad to be used for future expansion to the campus as needs change. I do not believe that cost should be the only consideration for this alternate approach, when there are significant trade-offs to the environmental quality of the project as I’ve pointed-out here. This project must work for MVHS, the citizens of our city and county and also for all of the other tenets of our Downtown area. I would very much like to see this impact mitigated in the final EIS and before approval of the EIS.

- 2. The existing structures of St. Elizabeth’s Hospital:** You and I briefly touched on this topic some time ago, but 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.

Brian, I submit that this project is, and should be meant to better our entire community. I believe that it will, but only if all of these important impacts are addressed with the consideration of the community weighted more heavily over project costs. We will have only one opportunity to do this project "right".

I hope that above will be treated seriously and addressed in a timely fashion. I will be very concerned about these as I consider my role in accepting the final EIS.

Sincerely,
George Mitchell



Cerini

Citation Services
Joseph Cerini
418-430 Lafayette St
Utica, NY 13502
telephone 315-797-2319
Citationgraphics@aol.com

mail PO Box 4205
Utica, NY 13504

Dec 27, 2018

Utica Planning Board – bthomas@cityofutica.com

City of Utica Planning Board
1 Kennedy Plaza
Utica, NY, 13502
Attention: Mr. Brian Thomas, Commissioner
City of Utica, Department of Urban & Economic Development



Ref: Draft Scoping Document, MVHS Proposed Downtown Hospital

Dear City of Utica Planning Board:

This letter is in response to the Utica Planning Board's request for public comment. 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 building that need installation of sub-slab depressurization systems that would add detrimental cost to any project.

The DEIS includes a traffic study, however it was conducted in July 1918 during one of the quietest months in downtown Utica. This is the height of the vacation season, ie no hockey, and limited use of the auditorium. Also, a concern is the expansion of the Auditorium and the planned Nexus, U District. Traffic concerns haven't been addressed with Oneida County Executive Anthony Picenti touting up to 1 million visitors to downtown Utica.

Another concern is the emergency helipad. While stating that the helipad will be designed to FAA specifications, helicopter flight landings pads are designed with glide paths, landing into the wind, and have a minimum of 2000 feet and standard 4000 ft. path. In FAA literature, if there is a hazard that penetrates that zone it will be removed or properly marked. Into the wind in Utica is usually west to east, coming in over Genesee St. So either more building need to be taken down or flashing beacons for downtown Utica. No where in the DEIS is there mention of form FAA 7460-1 filed.

The downtown site was pushed on MVHS.

Thank You

Joseph Cerini

A handwritten signature in black ink, appearing to read "Joseph Cerini".

hospital heliport document included

Hospital Heliports

**Safety, Regulatory and Liability Issues
Hospitals Must Know & Consider**

Provided by the
National EMS Pilots Association



Disclaimer

- This presentation is intended to provide architects, contractors, hospital administrators, hospital staff, risk managers, safety officers, insurance underwriters, air medical providers and aviators with important information and guidelines that must be considered when having a heliport which will be utilized for transporting patients either to or from a hospital by helicopter. This presentation should not be considered or used as a substitute for actual Federal Aviation Administration (FAA) and or Department of Transportation (DOT) regulations in regards to heliport design, construction or aviation operations. This presentation should be used for education and information only and when regulatory issues or questions arise regarding heliports or aviation operations consult your local FAA Flight Standards District Office (FSDO) and State DOT Aeronautics Department representatives. Due to the constant changing and updating of Federal, State & Local regulations and Advisory Circulars referenced within this presentation you should always check the FAA's online data base to insure that you are using the most up to date and current regulations and advisory circulars available. If you need assistance in finding information or have questions regarding hospital heliport construction, air medical helicopter operations, safety standards, emergency action plans or transport criteria as they pertain to the air medical industry please feel free to contact NEMSPA and we will be more than happy to help you find the answers to your questions.

Questions

- All questions or comments in regards to this presentation and the information presented here in should be referred to the author;

– Rex Alexander

rex.alexander@omniflight.com

Objectives

- Learn what agencies are involved
- Know what regulations apply
- Identify what forms must be filed
- Identify best practices
- Understand location importance
- Understand basic design & safety principles
- Recognize & address liability issues
- Understand training and education needs

Best Practices

- To help identify some of the best practices in the industry, you will see the symbol below on specific slides. These are not necessarily regulatory requirements but rather practices that have been proven to improve safety and enhance operations.



Agencies, Organizations and Individuals that need to be Involved and Consulted

- **Federal Aviation Administration (FAA)**
- **Department Of Transportation (DOT)**
- **National Fire Protection Association (NFPA)**
- **Occupational Safety and Health Association (OSHA)**
- **State & Local Fire Marshalls**
- **State Air Medical Associations**
- **Pilots from your Local Air Medical Providers**
- **Insurance Underwriters**
- **Risk Management & Safety Departments**
- **Local Zoning Commissions**
- **City Councils**
- **Neighborhood Associations**

Who To Contact

- Any time a heliport is to be constructed, updated, changed, moved or closed you should always advise your State DOT and Regional FAA offices as soon as possible and insure that the appropriate paperwork is completed and filed.
- State Department of Transportation
 - Aeronautics Section
<http://www.fhwa.dot.gov/webstate.htm>
 - FAA Flight Standards District Office
In your area go to:
http://www.faa.gov/about/office_org/field_offices/fsdo/



Hire a Consultant!

Best
Practices

- All too often organizations contract with architectural and building firms that have never built or designed a heliport. Due to the many special idiosyncrasies, specific regulations and the multiple agencies involved this approach has resulted in significant delays, unsafe conditions and extremely high cost overruns.
- When going out for contract to design and build a heliport, project managers should always insist that whomever is awarded the contract hire a qualified heliport consultant for the project.

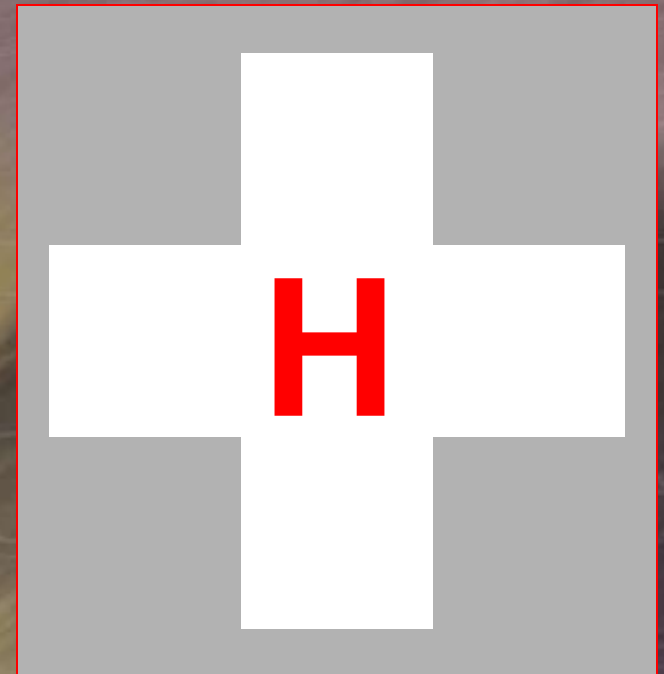
Permanent Sites

The Federal Aviation Administration (FAA), Department Of Transportation (DOT), as well as many insurance underwriters and industry safety experts highly recommend that all hospitals construct a Permanent, Licensed heliport on their property to enhance safety, reduce liability and expedite transport.

**Regulated by the
FAA & DOT**

Heliport Design Guide

AC 150/5390-2B



Federal Aviation Regulations 157

- FAR 157.1 Applicability

- C) The intermittent use of a site that is not an established airport which is used or intend to be used for less than one year and at which flight operations will be conducted only under VFR. For the purposes of this part, intermittent use of a site means:

- 1) The site is used or is intended to be used for no more than 3 days in any one week; and
 - 2) No more than 10 operations will be conducted in any one day at that site.
 - This indicates that any site used for more than one year, and or more than three days a week, and or with more than 10 operations (landings + takeoffs) per any given day for anything other than VFR flight, can not be considered intermittent and therefore should be licensed. Check with your State DOT Aeronautics Dept. for the requirements in your area.

Before You Begin

- **Federal Aviation Regulation: FAR Part 157**
 - Requires notification to the appropriate FAA Airport District/Field Office or Regional Office at least **90 days before** construction, alteration, deactivation, or the date of the proposed change in use.
 - FAA Notification includes
 1. A completed **FAA Form 7480-1**
 2. A heliport layout diagram
 3. A heliport location map
 - Penalty for failure to provide notice; persons who fail to give notice are subject to civil penalty under 49 CFR 46301.
 - **References:**
 - **AC 150/5390-2B Section 104**
 - **FAR Part 157**

Completion

Best
Practices

- **NOTICE OF COMPLETION**

- Within 15 days after completion of any airport project covered by this part, the proponent of such project shall notify the FAA Airport District Office or Regional Office by submission of FAA Form 5010-5 or by letter. A copy of FAA Form 5010-5 will be provided with the FAA determination. Insure that FAA Form 5010-5 has been signed by the hospital administration prior to submission.
- * *By completing and submitting this form to the FAA you are allowing your information to be disseminated to the public and to be included in aviation GPS data bases utilized for navigation.*

– **Reference: FAR Part 157.9**

Definitions

- **Heliport**. The area of land, water or a structure used or intended to be used for the landing and takeoff of helicopters, together with appurtenant buildings and facilities.
 - **Hospital Heliport**. A heliport limited to serving helicopters engaged in air ambulance, or other hospital related functions.
 - **Medical Emergency Site**. An unprepared site at or near the scene of an accident or similar medial emergency on which a helicopter may land to pick up a patient in order to provide emergency medical transport.
 - **Note: A designated helicopter landing area located at a hospital or medical facility is a heliport and not a medical emergency site.*
- **References: AC 150/5390-2B chapter 1**

Decision #1

ROOFTOP



OR

GROUND BASED



Some Pros and Cons

Rooftop Heliport

| PROS | CONS |
|----------------------------|--------------------------------|
| *SAFETY | *SAFETY |
| More Privacy | Higher Complexity |
| No Foot or Vehicle Traffic | Longer Construction Time |
| Better Security | Higher Cost |
| Less Obstructions | More Difficult to Install Fuel |

Ground Heliport

| PROS | CONS |
|---------------------------|-----------------------------|
| *SAFETY | *SAFETY |
| Simpler Design | More Obstructions |
| Shorter Construction Time | More Foot & Vehicle Traffic |
| Lower Cost | Less Private |
| Easier to install Fuel | Harder to Secure |

*How safety is ultimately influenced will be predicated on the decisions an institution makes during planning and construction and the safety protocols they set in place for future operations.

Heliport Location

- Where a heliport is located in relationship to the hospital is critical to safe & effective operations.
 - At least two unobstructed flight paths into and out of the designated landing area are critical for safe operations.
 - Insure maximum clearance for helicopter operations. Do not locate the heliport too close to the hospital or other structures.
 - Whenever possible do not locate a heliport too far from the hospital. Long walking distances or distances requiring ambulance transport may negatively affect patient outcomes.
 - Do not allow a heliport to be surrounded by vertical hazards such as buildings, power lines, trees or parking garages.
 - Dependent on urban environment or future construction a rooftop heliport may be the better option for safe operations.

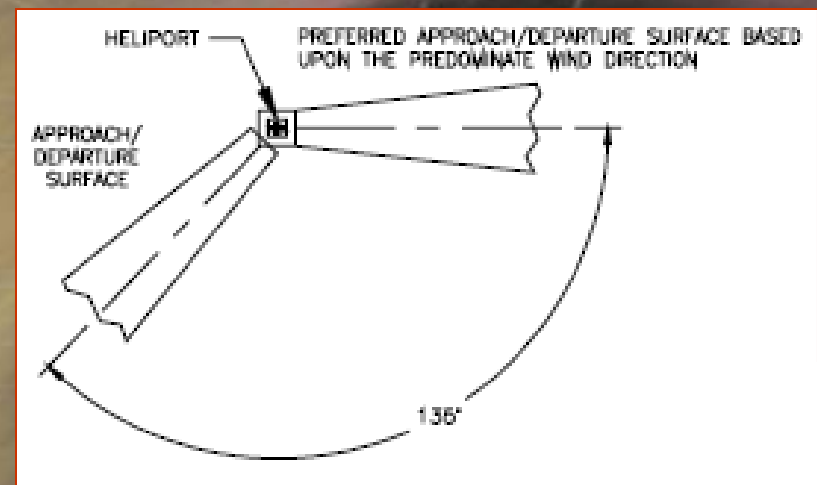
References: AC 150/5390-2B chapter 4, sections 401, 402, 403, table 4-1, Figure 4-1 & Figure 4-2

Approach / Departure Paths

- Approach/Departure paths should be such that downwind operations are avoided and crosswind operations are kept to a minimum. To accomplish this, a heliport should have more than one approach/departure path.
- The preferred flight approach/departure path should, to the extent feasible, be aligned with the predominate prevailing winds.
- Other approach/departure paths should be based on the assessment of the prevailing winds or when this information is not available the separation between such flight paths and the preferred flight path should be at least 135 degrees.

– **References:**

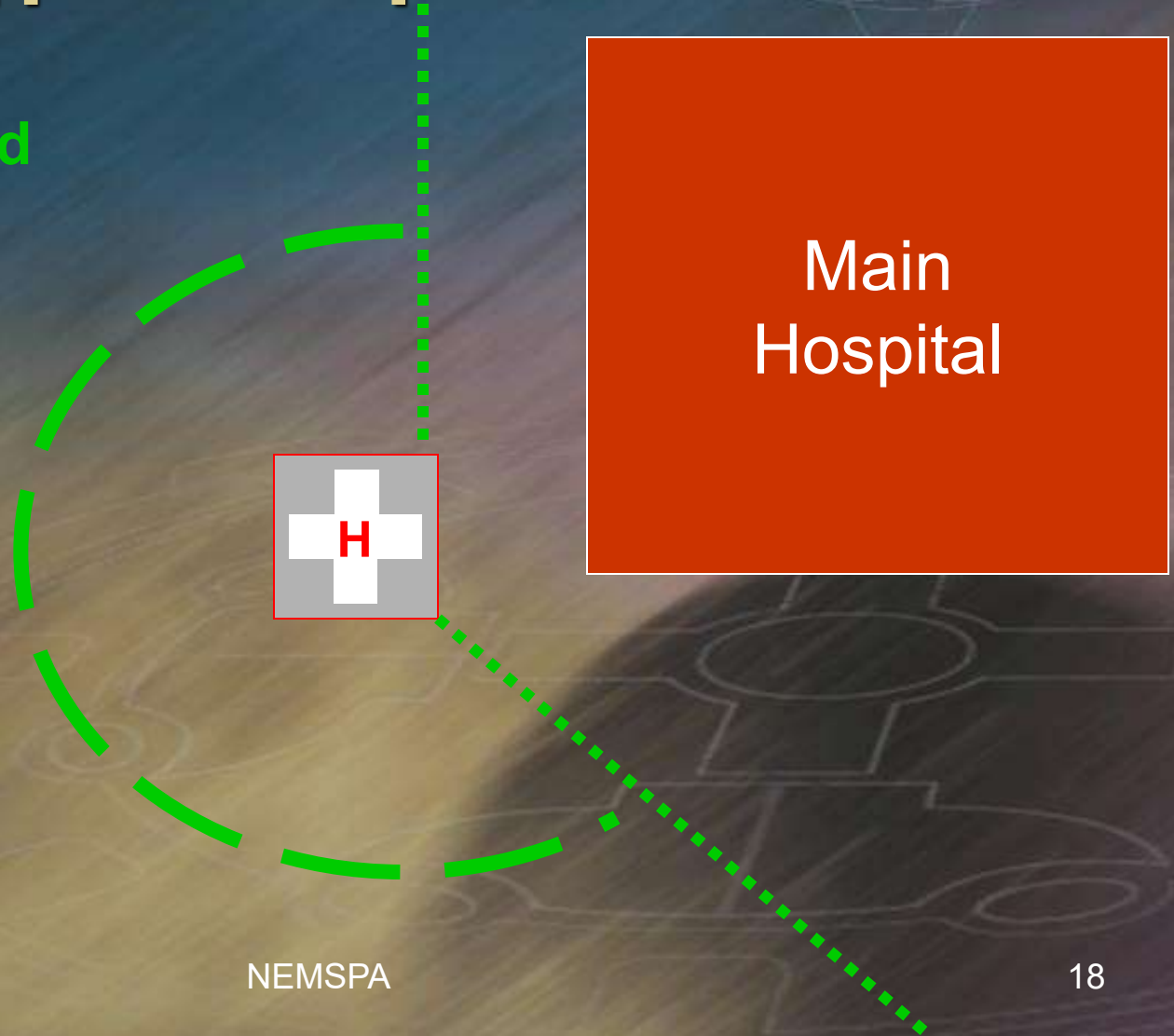
**AC 150/5390-2B chapter 4
section 404a & figure 4-6**



Planning for Growth

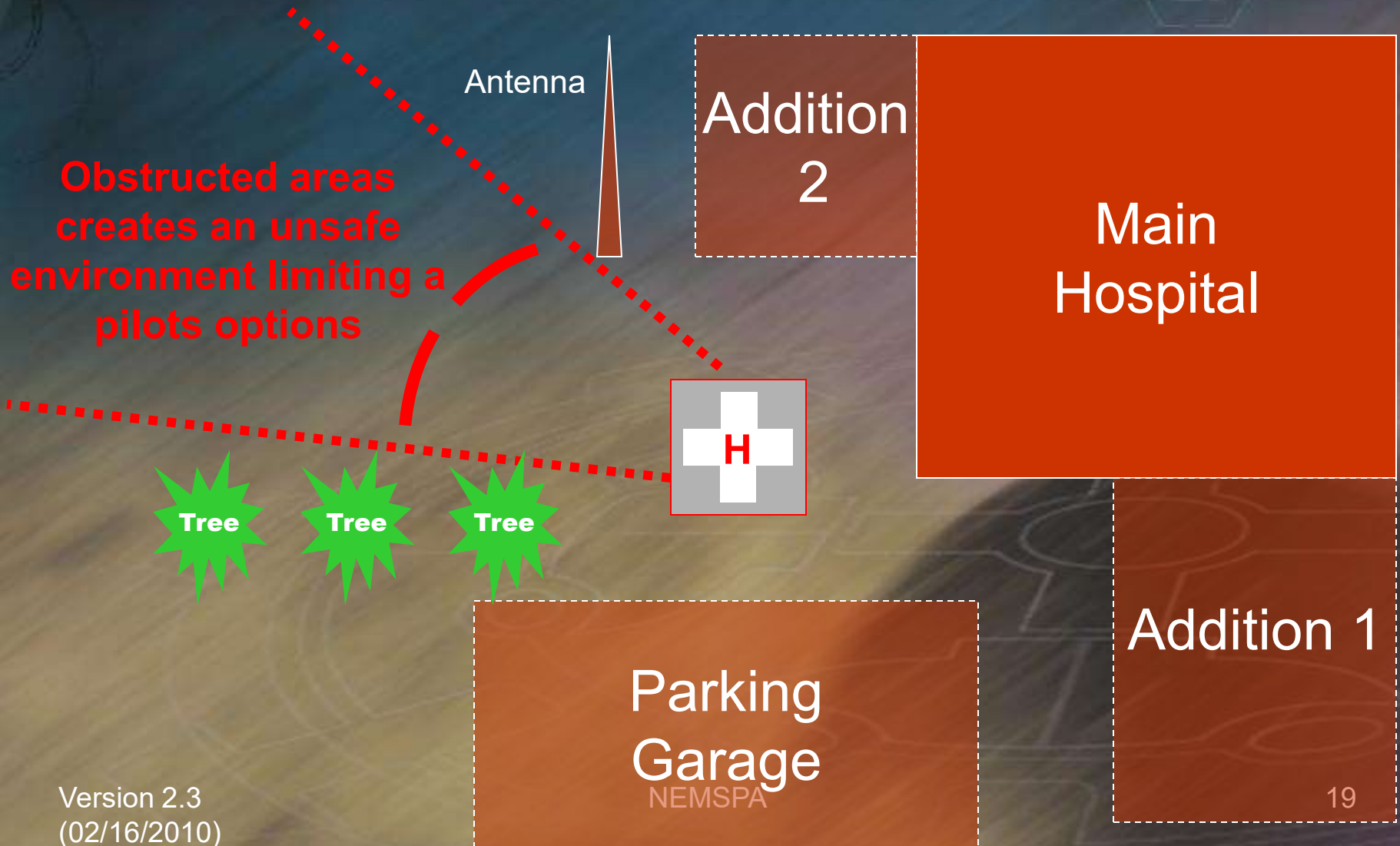
Maximized Approach / Departure Path Fan

Large unobstructed areas create a much safer environment providing pilots multiple options



Planning for Growth

Reduced Approach / Departure Path Fan



Heliport Location

- **VENTILATION SYSTEMS**

- Insure that you identify the location of all heating, ventilation and air conditioning (HVAC) systems prior to construction. Avoid locating a heliport near these. Exhaust fumes from a helicopter's engines can cause serious problems for a hospital and their staff if ingested into the hospital's ventilation system.
- Pay particular attention to which way the prevailing winds will carry any exhaust fumes from the proposed heliport site.



Heliport Location

Best
Practices

- **Exhaust Fumes**

- **Rotor-Wash**; a column of accelerated downward moving air, that all helicopters produce at slow airspeeds during the approach and departure phase of flight can carry helicopter exhaust fumes several hundred feet below a rooftop heliport. This coupled with the influence that the architecture of a building may have on the air flow patterns must be closely scrutinized and studied when evaluating the potential impact a heliport may have on any hospital or any surrounding buildings and their fresh air intake system.

Some Definitions

- **Final Approach and Takeoff Area (FATO)**: A defined area over which the final phase of the approach to a hover, or a landing is completed and from which the takeoff is initiated.
- **Safety Area**: A defined area on a heliport surrounding the FATO intended to reduce the risk of damage to helicopters accidentally diverging from the FATO. This area should be free of objects, other than those frangible mounted objects required for air navigation purposes.
- **Touchdown and Lift-off Area (TLOF)**: A load bearing, generally paved area, normally centered in the FATO, on which the helicopter lands or takes off.

– **References: AC 150/5390-2B chapter 1**

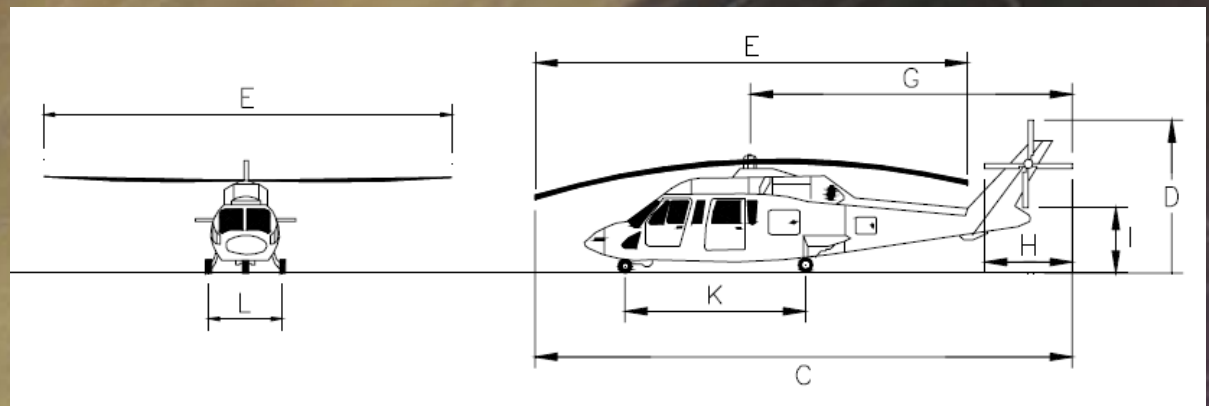
Some Definitions

- **Heliport**: The area of land, water or a structure used or intended to be used for the landing and takeoff of helicopters, together with appurtenant buildings and facilities.
- **Hazard to Air Navigation**: Any object having a substantial adverse effect upon the safe and efficient use of the navigable airspace by aircraft, upon the operation of air navigation facilities, or upon existing or planned airport/heliport capacity.
 - NOTE: *Obstructions to air navigation are presumed to be hazards to air navigation until an FAA study determines otherwise.*
 - **References: AC 150/5390-2B chapter 1**

Information Needed

- There are three pieces of information that will need to be ascertained from the air medical service providers that will utilize any given heliport before the design phase can be initiated.
 1. Max Gross Weight of the heaviest helicopter
 2. Rotor Diameter of the largest helicopter
 3. Longest overall length of the largest helicopter

**Refer to Appendix-1
AC 150/5390-2B**



How big to make the pad?

- **401. TOUCHDOWN AND LIFT-OFF AREA (TLOF).**
 - **b. TLOF Size.** The minimum TLOF dimension (length, width, or diameter) should be 1.0 rotor diameter (RD) of the design helicopter.
 - * **Hospital heliports should never have a TLOF less than 40' X 40' or (12 meters).**

Reference: AC 150/5390-2B Chapter 4, section 401b

**MINIMUM
40' X 40'**

TLOF Size

Best Practices

- Although 40' X 40' is the absolute minimum for a hospital heliport, it should be noted that due to different helicopter designs & sizes, specifically for loading and unloading patients a TLOF that is at least 45' to 50' in size is much more conducive to helicopter and patient safety.

–Note: considerations must still be given for larger helicopters and multiple landing areas. 50' X 50' may be too small for some larger helicopter models and is definitely too small for multiple helicopter operations.

PREFERRED
50' X 50'

Hospital Heliport Layout

Ref: AC 150/5390-2B

Figure 4-2

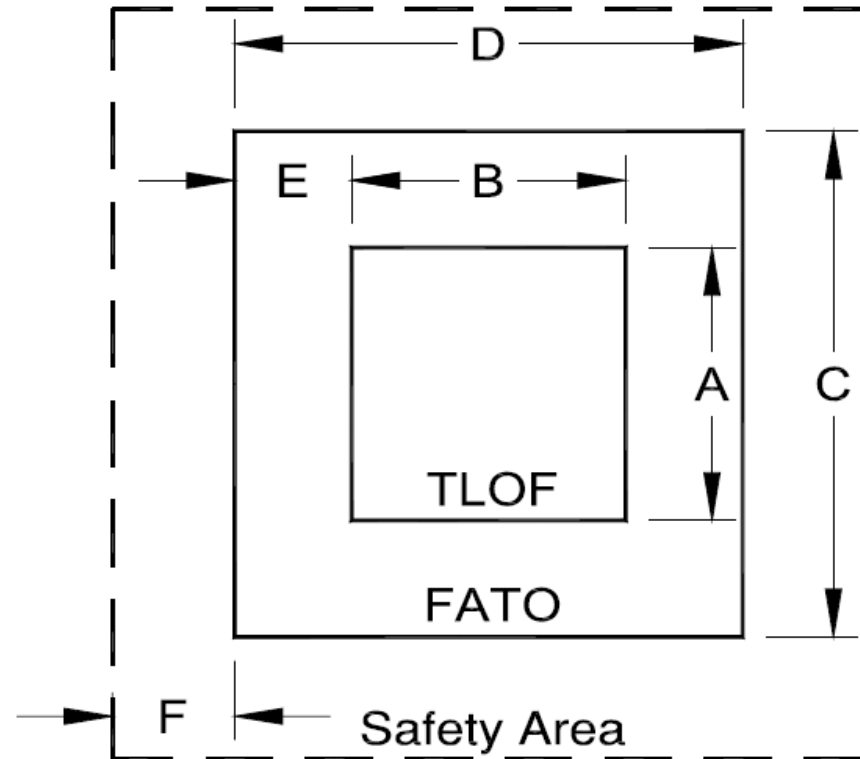
TLOF/FATO/Safety Area Relationships and Minimum Dimensions: HOSPITAL

Example:

S-76 Helicopter

- Rotor Diameter = 44 ft
- Overall Length = 52.5 ft
- Max Gross Wt = 11,700

- A & B = 44 ft
- C & D = 81 ft
- E = 17.4 ft
- F – see fig. 4-1



- A – Minimum TLOF Width: 1.0 RD but not less than 40 ft. (12 m)
- B – Minimum TLOF Length: 1.0 RD but not less than 40 ft. (12 m)
- C – Minimum FATO Width: 1.5 OL
- D – Minimum FATO Length: 1.5 OL
- E – Minimum separation between the perimeters of the TLOF and the FATO $[0.5(1.5 OL - 1.0 RD)]$
- F – Minimum Safety Area Width: See Table 4-1

RD: Rotor diameter of the design helicopter
 OL: Overall length of the design helicopter

Hospital Helicopter Safety Area

- Reference: AC 150/5390 2B

Table 4-1. Minimum VFR Safety Area Width as a Function Hospital Helicopter Markings

| | | | | |
|-----------------------------------|--|--|------------------------------------|------------------------------------|
| TLOF perimeter marked: | Yes | Yes | No | No |
| FATO perimeter marked: | Yes | Yes | Yes | Yes |
| Standard Hospital marking symbol: | Yes | No | Yes | No |
| Hospital heliports: | 1/3 RD but not less than 10 ft (3 m)** | 1/3 RD but not less than 20 ft (6 m)** | ½ OL but not less than 20 ft (6 m) | ½ OL but not less than 30 ft (9 m) |

OL: overall length of the design helicopter
RD: rotor diameter of the design helicopter

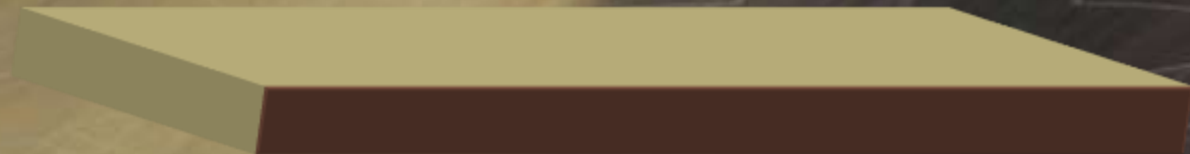
** Also applies when the FATO is NOT marked. The FATO should not be marked if (a) the FATO (or part of the FATO) is a non-load bearing surface and (b) the TLOF is elevated above the level of a surrounding load bearing area.

Ground Based Heliport Thickness

- For ground based heliports; in most instances a 6-inch thick (15 cm) Portland Cement Concrete (PCC) pavement is capable of supporting operations by helicopters weighing up to 20,000 pounds (9,070 kg). Larger helicopters will require a thicker concrete TLOF. Consult the appropriate advisory circular for additional information.
 - **NOTE: DO NOT USE** asphalt for the TLOF, helicopters can sink into asphalt during hot weather causing a serious safety hazard.

Reference : AC 150/5390-2b Chapter 8, 807 a

6" {



Heliport Surface Design

Best Practices

- Insure that when applying paint that the surface is properly prepared for a non-slip surface.
- When re-applying paint add silica sand to the paint to maintain the integrity of the non-slip surface.
- The addition of reflective glass beads into limited portions of the painted heliport surface, specifically boundary markings, helps to identify these areas more clearly at night. Include silica sand to insure a non-slip surface is maintained at these locations.
- Do not cover the entire heliport in reflective material, this can cause the helipad to actually blind the pilot under the right conditions.



Version 2.3
(02/16/2010)

NEMSPA



30

Rooftop Heliports

- **National Fire Protection Association**

- NFPA 418 Standards for Heliports*

- 5.4.1 “The rooftop landing pad surface shall be constructed of approved noncombustible, nonporous materials.”
 - 5.4.2 “The contiguous building roof covering within 50 ft (15.2m) of the landing pad edge shall have a Class A rating.”
 - (UL 790 Class A roof coverings are effective against severe fire test exposures. Under such exposures, roof coverings of this class afford a high degree of fire protection to the roof deck, do not slip from position, and are not expected to produce flying brands.)

Rooftop Heliports

- **National Fire Protection Association**
NFPA 418 Standards for Heliports
 - Access and Exits

Drainage

– Ground-based

- The heliport shall be pitched or sloped so that drainage flows away from access points and passenger holding areas.

– Rooftop

- The rooftop landing pad shall be pitched to provide drainage at a slope of 0.5 percent to 2 percent.
- Drains on and surrounding the heliport should restrict the spread of fuel in order to reduce fire and explosion hazards from fuel spillage. A fuel/water separating system is a very important safety addition to all rooftop heliport drainage systems.

Reference:

- **AC 150/5390-2B section 801 b.**
- **NFPA 418 4.7**

Wind Indicator

- A windsock that indicates the direction and magnitude of the wind is highly recommended and an important safety feature for all heliports.
 - Minimum of 6-8 feet in length .
 - Lighted for night operations.
 - Not too close to the heliport.
 - Ground based, elevated at least 10-15 feet above ground level and not blocked by any structures or vegetation.
 - Rooftop based, not blocked by any architectural structures and elevated at least 10 -15 feet above the surrounding structures.
 - Placement to reflect accurate wind speed and direction.



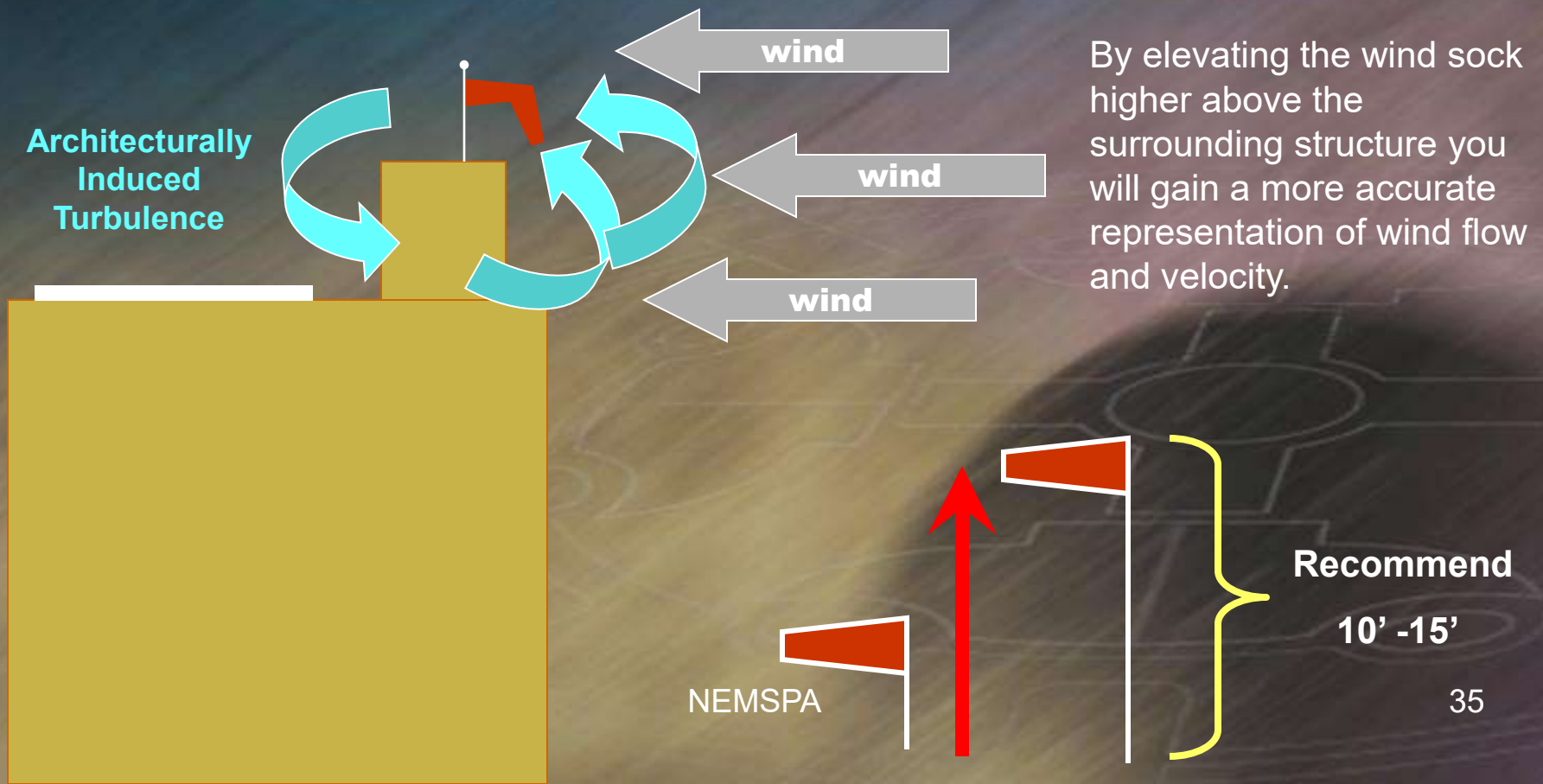
•**Reference:**

AC 150/5345-27d, Specifications for wind cone assemblies

AC 150/5390-2B section 406, Heliport Design Guide

Wind Indicator Location

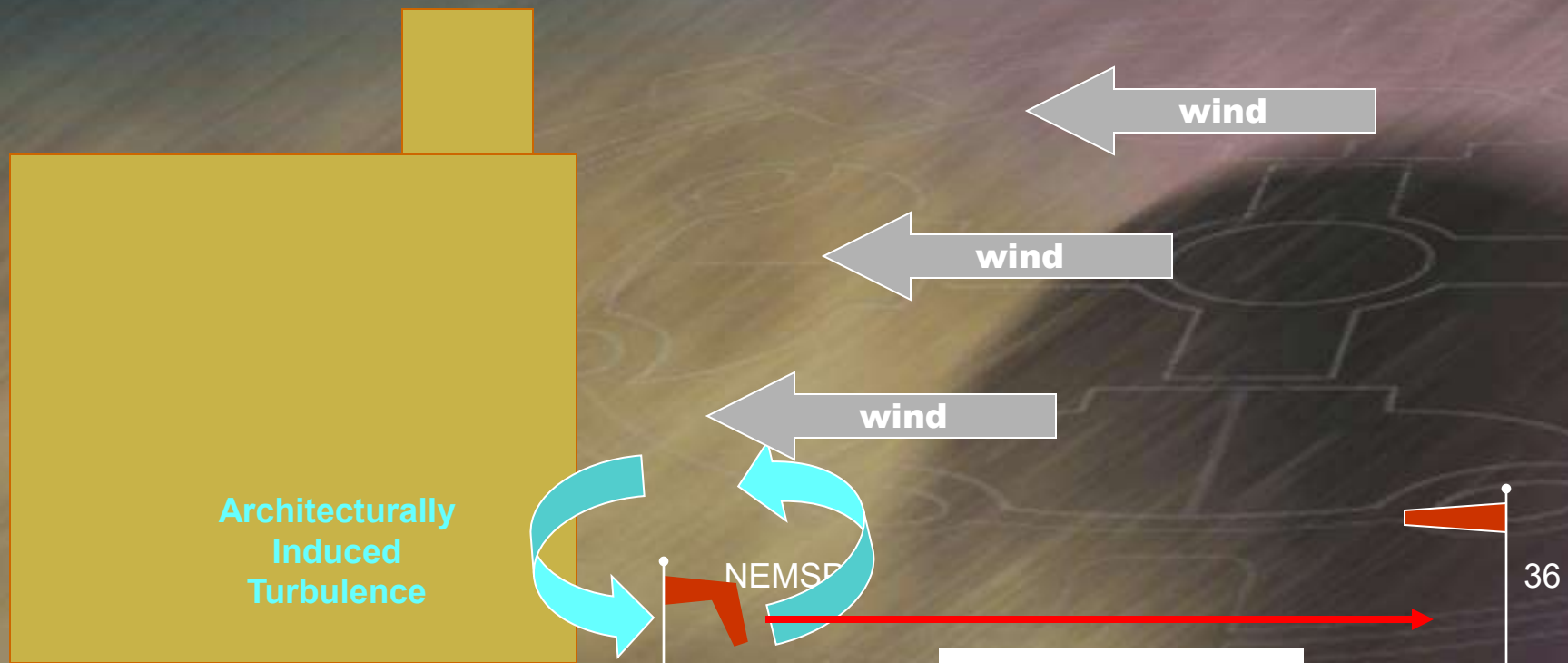
At many locations windsocks are not elevated high enough for accurate indications. Windsocks need to be in free open air to indicate the correct wind direction & velocity.



By elevating the wind sock higher above the surrounding structure you will gain a more accurate representation of wind flow and velocity.

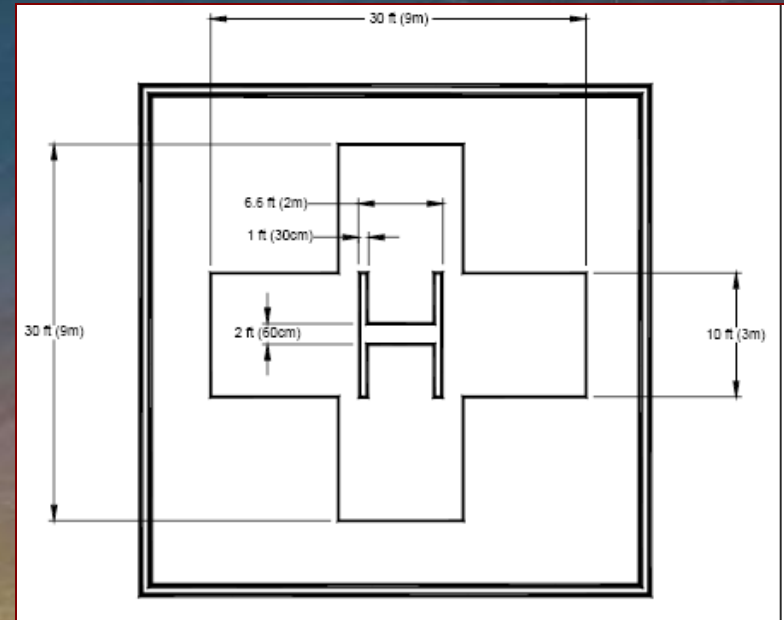
Wind Indicator Location

Ground based wind sock need to be located in an unobstructed location. Wind socks located too close to buildings, trees or other structures will give erroneous indications.



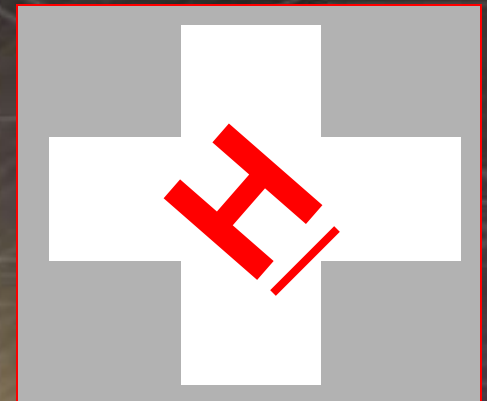
Hospital Heliport Marking

A red capital letter **H** should be located in the center of the **cross** oriented in the preferred direction of takeoff and landing taking into account obstacles and prevailing winds. A line under the H can also be utilized to indicate the preferred approach direction.



Reference: AC 150/5390-2b Figure 4-10a

Example: Orientation of the H tells pilots the preferred direction of approach and departure.



Hospital Heliport Markings

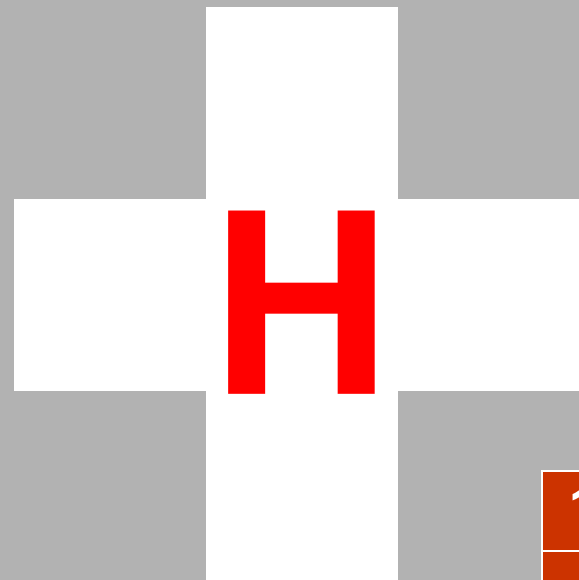
- Painting a “Marshalling Line” to indicate the location at the heliport that individuals should not pass without permission is a good safety practices.



Hospital Heliport Markings

- Painting the name of the hospital on the heliport to include a radio frequency for communications or for pilot controlled lighting is another good safety practices.

XYZ Memorial Hospital



12

44

123.075

Closing a Heliport

- If for any reason you need to close a heliport landing area either temporarily or permanently. Placing a large yellow X over the TLOF area is the preferred method and will signal to all pilots not to land at this location.

- **Reference:**

- AC 150/5390-2B Section 409 e,
and figure 4-11

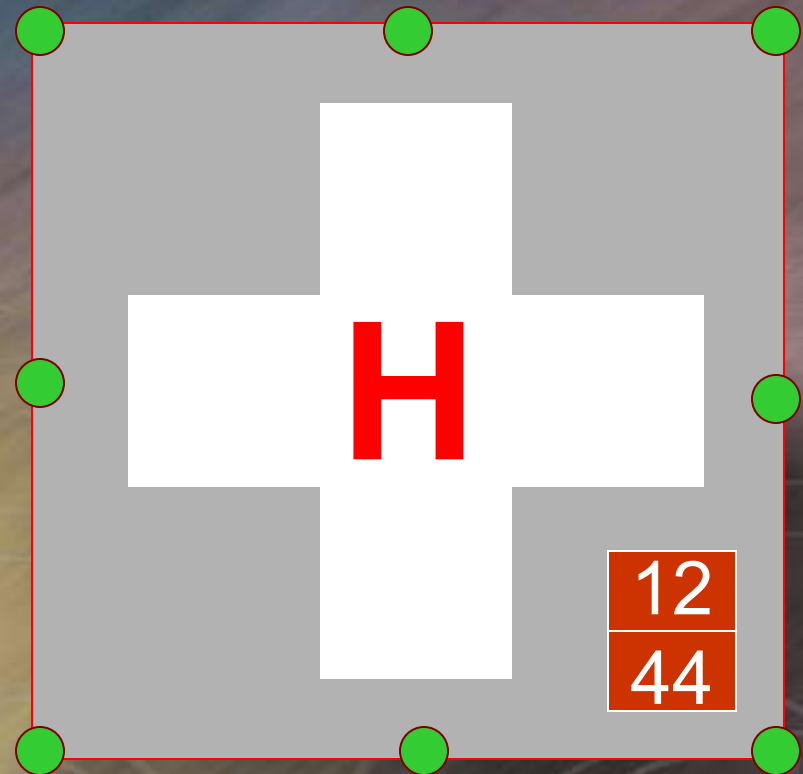


Helicopter Landing Area Lighting

Flush green lights should define the TLOF perimeter. A minimum of three flush light fixtures is recommended per side of a square or rectangular TLOF. A light should be located at each corner with additional lights uniformly spaced between the corner lights with a maximum interval of 25 feet (8 m) between lights.

Reference: AC 150/5390-2B

Chapter 4 Section 410a



Helicopter Lighting

- Flood lights should never be located high above the heliport, they can blind pilots during night operations, creating very unsafe conditions.
- Flood lights should be installed at pad level and aimed down so as not to interfere with a flight crews night vision.



Hospital Beacons

- When a beacon is provided it should:
 - Be located on the highest point of the hospital.
 - Not be blocked by any portions of the surrounding architecture.
 - Be on during the hours of darkness.
 - Flash white/green/yellow for hospital heliports. ● ● ●
 - Be regularly checked on a preventive maintenance schedule.
 - If located in a neighborhood sensitive area it may be prudent to use pilot controlled lighting.

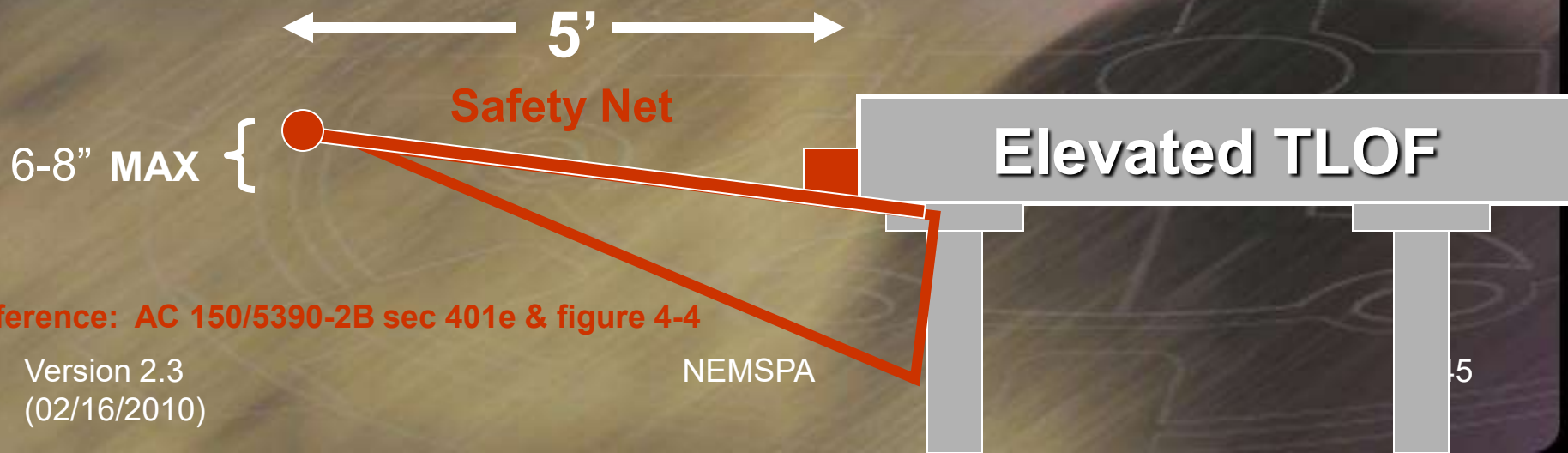
- **Reference:**
**AC 150/5345-12E, Specifications for
Airport and Heliport Beacons.**



Elevated Heliports

• Safety Net

- When the Touchdown and Lift-Off (TLOF) area is on a platform elevated more than 30 inches (76 cm) above its surroundings, a safety net, not less than 5 feet wide from the edge of the pad (1.5 m), should be provided around the entire pad.
- **The safety net should:**
 - Have a load carrying capability of 25 lb/ft² foot (122 kg/m²) or greater.
 - Be anchored and secured on all sides.
 - Be made of materials that resist deterioration from environmental factors.
 - Maintain its original shape and resist deformity when weight is applied to the surface.
 - Be fire resistant.



•Reference: AC 150/5390-2B sec 401e & figure 4-4

Safety Net

Best Practices

- GOOD



- BAD



The safety net should not be installed more than 6 - 8 inches below the perimeter of the TLOF, this will help prevent serious injury from falls. The safety net supporting structure should be attached below the net area to help reduce the possibility of injury.

Elevated Heliports

- Access to Elevated TLOFs.
 - The Occupational Safety and Health Administration (OSHA) requires two separate access points for an elevated structure such as an elevated TLOF.
 - If stairs are used, they should be built in compliance with regulation 29 CFR 1910.24.
 - When ramps are required, they should be built in compliance with Appendix A of 49 CFR Part 37, Section 4.8 and state and local requirements.
 - The ramp surface should provide a slip-resistant surface.
 - The slope of the ramp should be no steeper than 12:1 (12 units horizontal in 1 unit vertical).
 - The width of the ramp should not be less than 4 feet (1.2 m) wide.
 - All turn radiuses should accommodate the specific type of gurneys and stretchers that will be utilized.

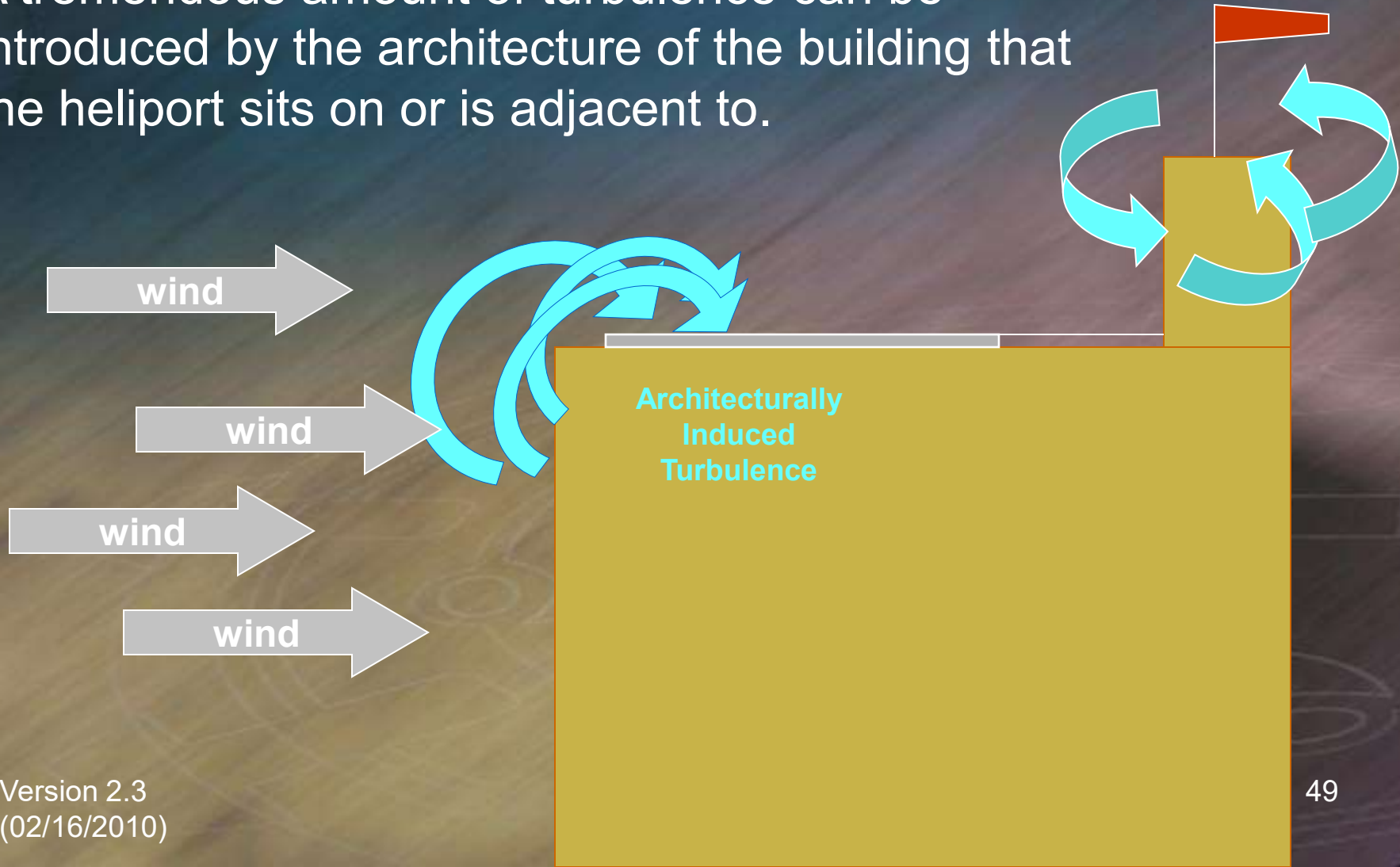
Turbulence

- Air flowing around and over buildings, stands of trees, terrain irregularities, etc. can create turbulence that can affect safe helicopter operations.
 - **Ground-Level**: Helicopters operating from sites immediately adjacent to buildings and other large objects are susceptible to air turbulence caused by such features. Therefore, it may be necessary to locate the TLOF away from such objects in order to minimize air turbulence in the vicinity of the FATO and the approach/ departure paths.
 - **Elevated Heliports**: Elevating a heliport 6 feet (1.8 m) or more above the level of the roof will help minimize the turbulence caused by air flowing over the roof edge. While elevating the platform helps reduce or eliminate the affect of air turbulence it may require a safety net to be installed.
 - **Reference: AC 150/5390-2B sec 412 c (2)**

Turbulence



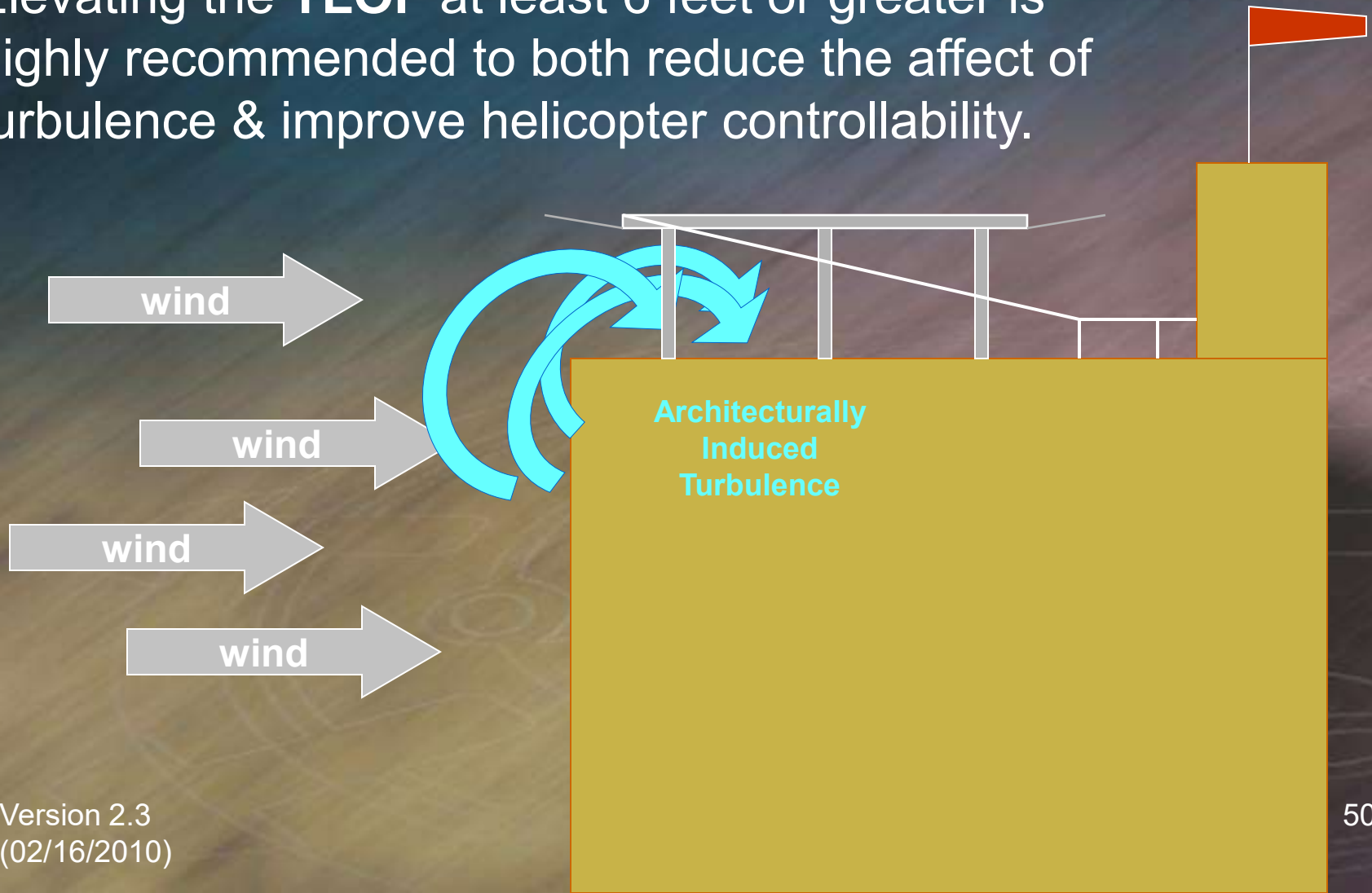
A tremendous amount of turbulence can be introduced by the architecture of the building that the heliport sits on or is adjacent to.



Turbulence

Best Practices

Elevating the TLOF at least 6 feet or greater is highly recommended to both reduce the affect of turbulence & improve helicopter controllability.



Turbulence

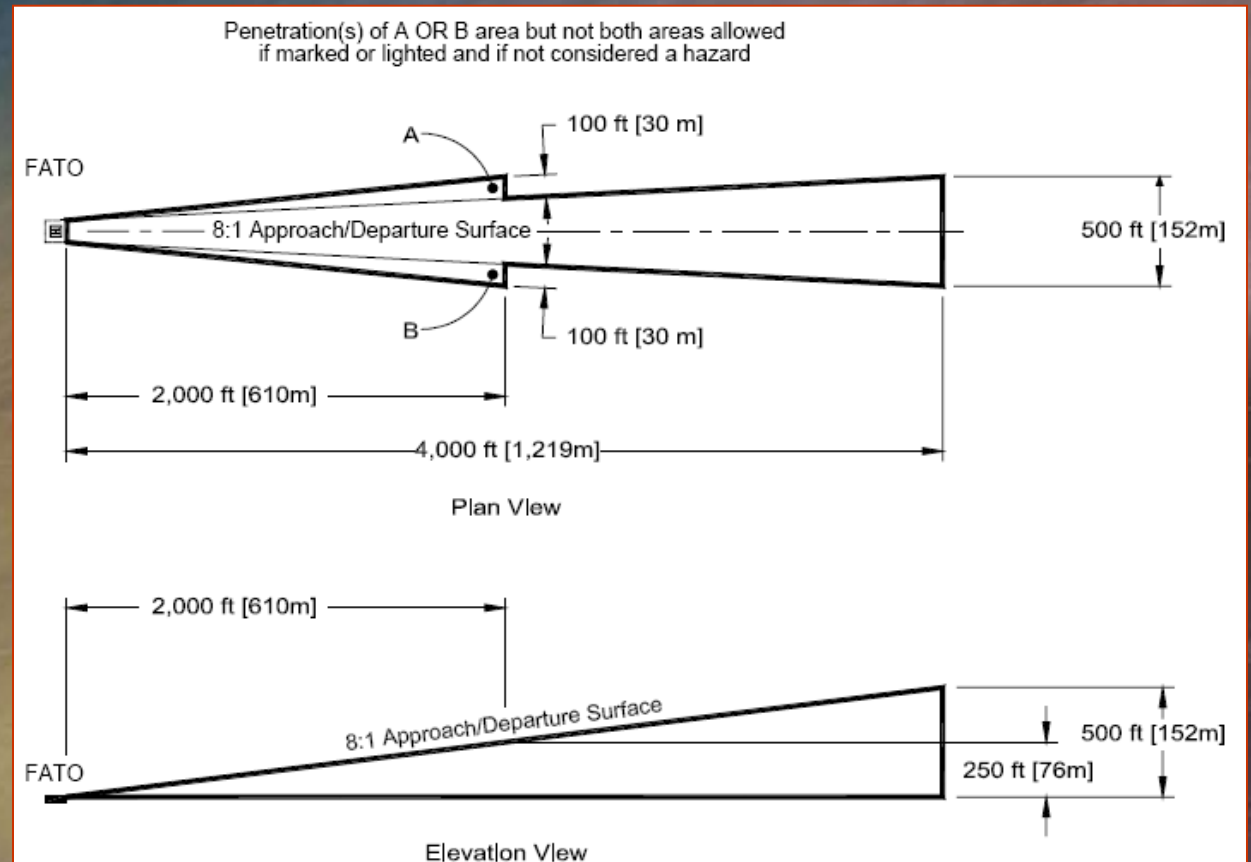
- In those cases where local building codes require rooftop skirting on top of a building, louvered or perforated skirting that allows 50% or greater airflow to occur through the skirting can help reduce turbulence that may be introduced by the skirting surrounding an elevated heliports.



Is It A Hazard

- An **8:1** ratio from the edge of the Final Approach and Takeoff Area (FATO) out to 4,000 feet is what the FAA uses to determine if an object is a potential hazard to the airspace around a helicopter landing area. If a hazard penetrates this area it will either need to be removed or properly marked.

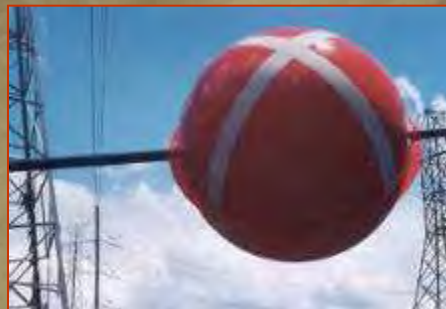
- Reference:**
AC 150/5390-2B
section 404b
figure 4-7



Marking Hazards

- All structures 200' and above or any vertical hazard within 5,000 feet of a heliport such as the hospital, antennas, towers or other structures that are deemed to be a hazard to navigable airspace need to be illuminated with red obstruction lights.
- All power lines & guide wires in the vicinity of the landing zone should either be moved, buried or at the very least marked with the appropriate orange markers.
- The addition of reflective tape to any hazard marker is highly effective for night operations and allows pilots to see and avoid hazards.

**Reference: AC 150/5390-2B section 404, 411 & figure 4-7
AC 70/7460-1K Obstruction Marking and Lighting**



FAA & Navigable Airspace

- **Obstruction Evaluation / Airport Airspace Analysis (OE/AAA)**
- If your organization is planning to sponsor any construction or alterations which may affect navigable airspace, you must file a Notice of Proposed Construction or Alteration ([Form 7460-1](#)) with the FAA.
 - Any construction or alteration exceeding 200 ft above ground level.
 - within 5,000 ft of a heliport which exceeds a 25:1 surface.
- FAA web site for Obstruction Evaluation and Airport Airspace Analysis
 - <https://oeaaa.faa.gov/oeaaa/external/portal.jsp>

Cranes

- Flags should always be placed on top of cranes in the vicinity of heliports for daylight operations.
- The top of all construction cranes should be lighted during the hours of darkness.
- If possible cranes should be lowered at night if not in use.
- Always notify helicopter programs in your area when you have cranes or construction sites in the vicinity of a heliport.

*** Many tower cranes are designed to weathervane when not in use and may require the closing of a heliport until removed.**



Cranes

Best Practices

• Proactive Safety Steps

- Apply reflective tape on the upper most 50 feet of the crane boom.
- Paint the upper most 30 feet of the crane boom white and add reflective glass beads to the paint.
- Insure all obstruction lighting is visible from altitude as well as the ground.
- For cranes in close proximity to heliports give the crane operator a radio to communicate with inbound and departing helicopters.
- Provide alternate landing areas and close heliports when necessary.



NEMSPA



Trees

- **DO NOT** plant trees near the heliport landing area. Over time they will grow and create an unsafe situation. This may require the heliport to be closed until the trees can be removed.
 - Utilizing the 8:1 ratio for hazards when considering whether a tree is or will become a hazard to navigation.
 - A 10 foot tree would be considered a hazard out to 80'
 - A 30 foot tree would be considered a hazard out to 240'
 - A 60 foot tree would be considered a hazard out to 480'



Fences

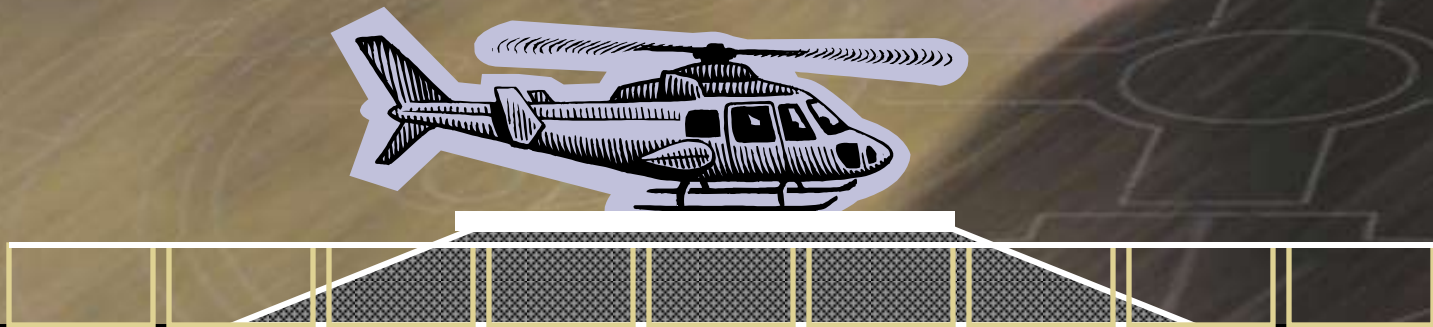
Best
Practices

- A fence installed as a perimeter for a helicopter landing area is a potential hazard to flight operations.
- To help keep people away from the landing zone and maintain safety, a natural low lying vegetative barrier of plant material such as boxwood, holly or other evergreen type shrub is highly recommended.



Fences

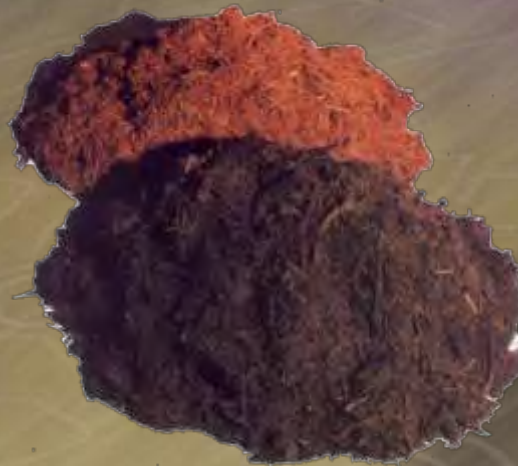
- In those situations where due to the location of the heliport a fence is required to insure a higher level of security and safety one alternative is to elevate the TLOF above the surrounding fenced in area. This will insure that the tail rotor and landing gear remain above the obstruction.



Landscaping

Best Practices

- Decorative bark, woodchips and small stone should never be used around the perimeter of a heliport. The helicopter's rotor wash can cause these items to become dangerous projectiles and the wood material is a fire hazard.



Hazards

Best Practices

- **DO NOT** locate a helicopter landing area next to flammable liquid storage tanks, compressed gas storage tanks, and or liquefied gas storage tanks. You must maintain a lateral distance of no less than 50 feet from the Final Approach & Takeoff Area (FATO), farther is recommended.

Reference: NFPA 418 3.2.3



National Fire Protection Codes

• Pertinent NFPA Standards

- NFPA 10 Portable Fire Extinguishers
- NFPA 403 Aircraft Rescue Services
- NFPA 407 Aircraft Fuel Servicing
- NFPA 409 Aircraft Hangars
- NFPA 410 Aircraft Maintenance
- NFPA 412 Aircraft Rescue and Fire-Fighting Foam Equipment
- NFPA 418 Standards for Heliports
- NFPA 422 Aircraft Accident Response Guide



<http://www.nfpa.org>

*** It should be noted that unlike the FAA and DOT advisory circulars NFPA codes are generally mandatory in most states.**

Fire Extinguishers

Best Practices

- For safety purposes all heliports should be equipped with at least one fire extinguisher of the appropriate size and type.
- A fire hose cabinet or the appropriate extinguisher should be provided at each access gate/door and each fueling location.
- In cases where there is a refueling system involved a foam system may be the better option.
- Fire extinguishers should be installed so that they are accessible under all conditions.



Magnetic Resonance Imagers

- Due to the impact that an MRI has on a helicopter's instrumentation a warning sign alerting pilots to the presence of a nearby MRI is highly recommended.

Reference:
DOT/FAA/RD-92/15

Potential Hazards of Magnetic Resonance
Imagers to Emergency Medical Service
Helicopter Operations



Other Magnetic Hazards

Best Practices

- An MRI is one of the more obvious hazards, but some that may be overlooked are large motors for elevators or ventilation systems near or under the heliport area.
 - “Steps should be taken to inform pilots of the locations of MRIs and other similar equipment.”
 - Reference: AC 150/5390-2B section 405



Zoning

Best Practices

- To help insure that potential hazards to navigation, such as cell towers, radio towers or additional buildings are not constructed near a heliport. It is highly recommended that the area surrounding the heliport within 5,000 feet be rezoned to limit the height of any new construction.
- For any area surrounding a heliport to be rezoned it must first be appropriately licensed and on file with the FAA and DOT.

Reference:

AC 150/5390-2B; section 413, Zoning and compatible land use.

AC 150/5190-4A: A Model Zoning Ordinance to limit height of objects around airports

Construction Notification

- 14 CFR Part 77, *Objects Affecting Navigable Airspace*
 - Requires persons proposing any construction or alteration described in Section 77.13 (a) to give 30-day notice to the FAA of their intent.
 - Notification of the proposal should be made on FAA Form 7460-1, *Notice of Proposed Construction or Alteration*.
 - This includes any construction or alteration of more than 200 feet (61 m) above ground level (AGL) at its site or any construction or alteration of greater height than an imaginary surface located within 5,000 feet that penetrates a 25:1 sloping surface that extends outward and upward originating at the heliport.

Reference: AC 150/5390-2B Section 109

Checking Heliport Information Online

Best Practices

- It is a good practice for every organization who has filed an FAA form 5010 for their heliport to go online and check to see that the information on file for their heliport is current and correct. This should be accomplished at least on an annual basis.
- This information can be viewed at:
 - <http://www.gcr1.com/5010web/default.cfm>

Rotor Wash

- All helicopters produce a significant downward flow of air during landing and takeoff.
 - The larger and heavier the helicopter the greater the velocity of wind produced.
 - A 75 to 100 mph downward flow of air is common.
 - Dumpsters in close proximity to a landing area should have a mechanical means of securing the lid.
 - Helicopter rotor wash has been known to pick up full sheets of $\frac{3}{4}$ " plywood 30-40 feet into the air.



Rotor Wash Safety Considerations

- Dumpsters
- Construction areas
- Sand and dirt
- Portable equipment
- Parking areas
- Pedestrian traffic
- Loose debris



Rotor Wash Liability Concerns

- Falls
- Eye injuries
- Head injuries
- Hand injuries
- Flying debris
- Property Damage



Hospital Liability

- What the lawyers say...
 - “If the crash occurred at a hospital landing zone, problems with the zone may make the hospital liable to the victims.”
 - National Trial Lawyers Journal, 02/01/2006
 - “When Rescue Is Too Risky”
 - » Justin T. Green

Liability Reduction

- **How to Limit Liability**

- Permanently designated heliport
- D.O.T. Licensed heliport
- Physical barriers around heliport
- Posted warning signs
- Safety perimeter
- Written protocols
- Annual training
- Annual inspections



Signage

Best Practices

- For safety and to meet basic OSHA & NFPA requirements at a minimum all heliports should have the following signs posted.



To order this warning sign go to
<http://www.nemspa.org/mc/page.do?sitePageId=101398>

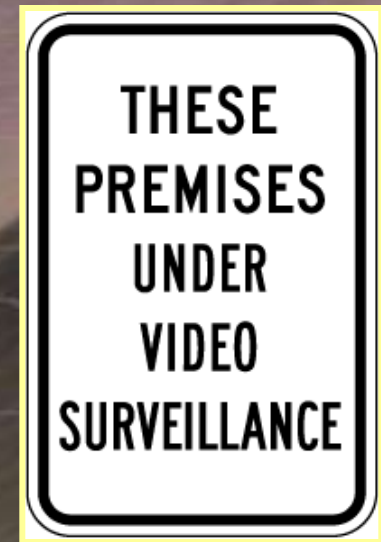


Security

- Keeping the area in and around a heliport secure is critical to safe operations. Helicopters in and of themselves are very tempting curiosities that attract the inquisitive.
 - Damaging or disabling any aircraft, whether it be done inadvertently, by accident or maliciously by stealing radios, navigation equipment, autopilots, engines, rotors, fuel or any other parts is in most cases, a federal offense punishable by fines of up to \$10,000, imprisonment for 20 years, or even death if such a theft causes an accident resulting in loss of life.

Security

- Security Enhancements
 - Monitored close circuit television cameras
 - Motion detectors at heliport entrances
 - Increased security patrols
 - Adequate lighting
 - Posted warning signs
 - Physical barriers



Security Personnel

Best Practices

- Train (annually) and designate personnel to provide security.
- Set up onsite security 7-10 minutes prior to arrival.
- Provide eye and hearing protection.
- Orient facing away from heliport.
- Block all traffic (vehicle & pedestrian) near the touchdown area during landing and takeoff.
- Whenever possible secure a 200 foot zone around the landing area for safety.
- Security personnel should stay on site until the helicopter has departed.



Communications

- Questions that air medical providers are going to ask a hospital.
 - Does your hospital use a privacy tone code (PL) on it's radio? If so what is the PL frequency?
 - Does your hospital use a **Dual Tone - Multi Frequency** process (DTMF) to open the radio system?
 - Do you use the standard Hospital Emergency Room Network (HERN) frequency for reports?
 - Do you use a different frequency for air medical communications?

-Answering these questions will help avoid problems when trying to communicate with air medical provider.

Gurneys and Stretchers

- Some helicopters require a gurney to move patients while others have their own portable stretcher system.



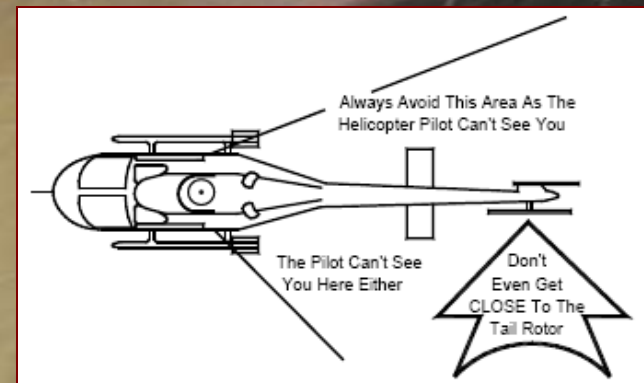
- Safety tips to remember
 - Ask if a bed or gurney is needed.
 - Don't leave gurneys unattended.
 - Lock wheels when loading and unloading
 - Keep sheets and blankets secure.
 - Allow flight teams to load and unload the helicopter.



Safety

Best Practices

- Recommendations:
 - Do not approach a running helicopter unless instructed to do so by the flight team.
 - Always approach from the front in full view of the pilot and only when the pilot says it is safe to do so.
 - Do not get involved with hot off-loading or on-loading of patients unless you have been properly trained to do so.
 - Secure all loose items in the vicinity of the landing area.



Inclement Weather

Best Practices

- Weather extremes such as snow, ice or heavy rain may make it impossible to use certain areas for landing zones. An alternate site or airport may be necessary. It is a good idea to have these locations and procedures in place before they are needed.



Snow & Ice Removal

- To insure maximum safety in and around the landing area, snow and ice should always be removed prior to the helicopters arrival whenever possible. A helicopter's rotor wash can propel large pieces of ice with dangerous velocity and dry powder snow can create a dangerous whiteout conditions.
- Snow melt systems utilizing steam, heated glycol or electrical heating coils may be the best course of action for rooftop heliports and is also a viable option for ground based heliports.

• **DO NOT** use rock salt to remove snow or ice. Due to its size it can become a projectile and cause serious injury.

• Rock salt is also extremely corrosive and damaging to helicopters. Use a product containing urea or other noncorrosive aviation friendly alternative.



SOP

Standard Operating Procedures

- All agencies that work with air medical helicopters should have written procedures and protocols set in place for their employee's covering at a minimum the following items.
 - Who can call for air medical transport.
 - When to call for air medical transport.
 - How and when to prepare for arrival.
 - Information to communicate.
 - What to do in case of an emergency (EAP).
 - Utilize NFPA-418 appendix B as a guide

Regular Training

Best Practices

- Documented annual safety training for all employees and staff involved with helicopter operations is highly recommended. In most cases your local air medical program can assist with or provide this type of training.



EMERGENCIES

- In case there is a helicopter emergency or accident at your facility:
 - First have a plan; utilize NFPA-418 Appendix B to help construct an emergency action plan and training guide.
 - Make the appropriate 911 calls to fire rescue.
 - Contact the helicopter operator.
 - Do not approach the helicopter until it has stopped moving.
 - Report & document all incidents.

Prior education and training are the ultimate equalizer in an emergency situation. Contact the air medical provider in your area to help you outline a good emergency action plan.

Fixing Problems

Best Practices

- If you have a problem or an incident occurs during an air medical transport use these rules of thumb.
 - Discuss the problem with the pilot and med team immediately.
 - Notify the flight program that day.
 - Follow up with a written detailed report within 48 hours to the transport agency.
 - Follow up again in 10 to 14 days to insure loop closure.

Communicating Hazards

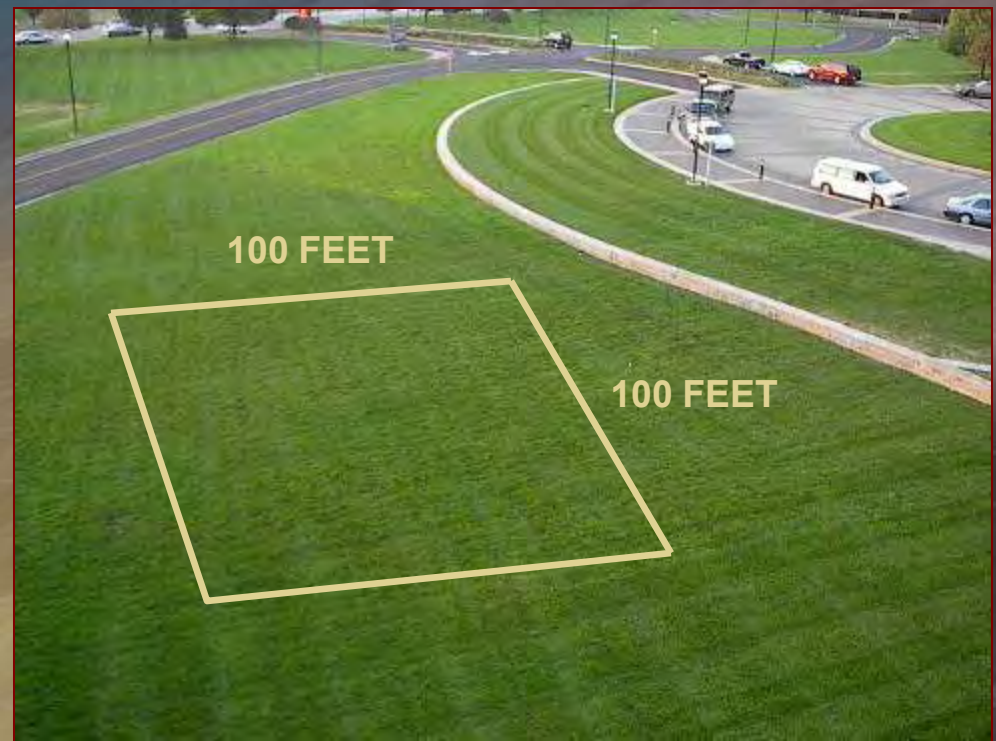
- Notify all helicopter operators that transport patients to or from your facility anytime:
 - There is any construction in the vicinity of the landing zone.
 - A large crane is erected within a ½ - 1 mile of a landing area.
 - An antenna is erected within 1-2 miles.
 - The landing site has been closed, changed or moved.

2 Helicopters and 1 Site

- If two helicopters are inbound to a facility at the same time but there is only one landing zone available, some solutions would be to.
 - Set up an alternate LZ onsite if possible.
 - Divert the second helicopter to an offsite LZ or airport if necessary.
 - Have the first helicopter depart as soon as their crew has been unloaded then land the second helicopter and unload their crew.
 - Always insure that both helicopters are aware of the other inbound helicopter as early as possible.

Temporary Non-Standard Landing Zone Selection

- **Level:** No more than a 5 degree slope.
- **Firm:** Concrete, asphalt or grass.
- **No loose debris** within 200 feet.
- **No overhead obstructions**



Marking and Identification



Non Permanent Locations:

Mark all four corners of touchdown area, using;

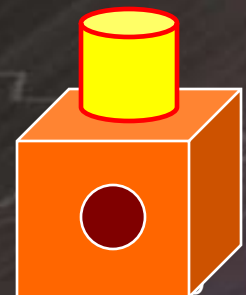
- 4 Flares anchored to the ground, if you deem them safe.
- 4 Orange cones, weighted if possible.
- 4 Strobes, anchored to the ground.

Use one additional marker on the side the wind is coming from.

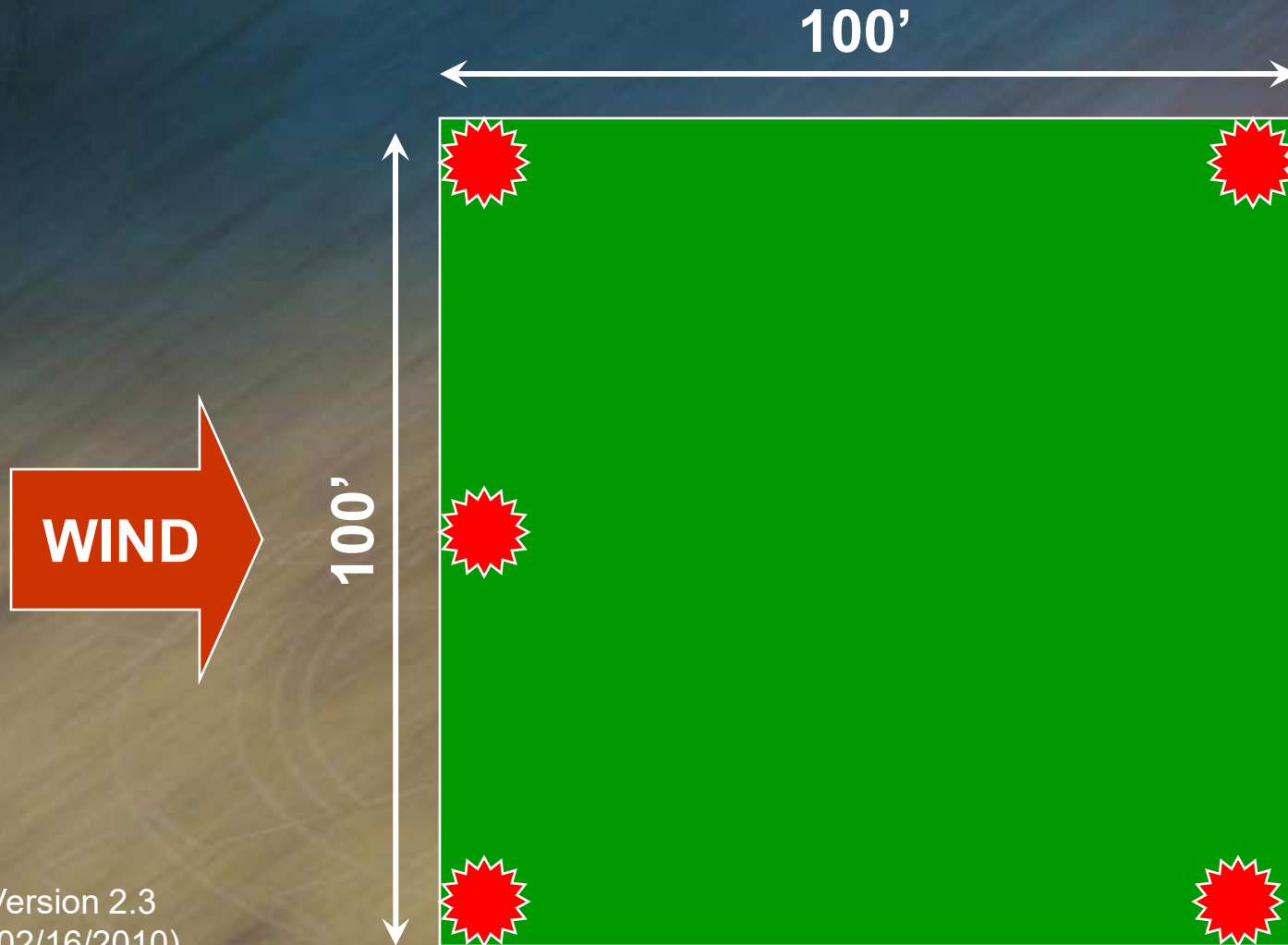


Do Not Use:

People, police tape or fire hose to mark LZ



Temporary landing zone setup



Sprinkler Systems

- Insure that any sprinklers that are in the vicinity of the temporary landing area are turned off before the helicopter arrives.



DANGEROUS PRACTICES

- Weather Shopping or calling multiple air medical programs after being turned down for weather without informing subsequently called operators of the weather turndown.
 - If you are ever turned down for transport by an air medical provider for weather or any other reason always inform any subsequently contacted providers of this fact so that they have this information to make an informed safe decision.

DANGEROUS PRACTICES

- Calling two air medical providers when there is only one patient to transport, to see who gets there first.
 - This is a true safety hazard and a recipe for disaster. It may also initiate additional billing directly to the hospital by the other air medical provider that does not transport a patient. Worst of all this practice takes assets away from other regions that may desperately be in need of air medical transport.

What can be done about a Dangerous Heliport?

Best Practices

- If after attempting to address and correct dangerous safety issues at a heliport there still exists an unacceptable level of risk the follow actions may be necessary.
 - Bring the shortcomings of the heliport with recommend corrective actions to the attention of the board of directors of the hospital in writing by certified mail.
 - Contact the state or regional air medical organization in your area to help address the issues with the hospital.
 - Contact your regional DOT and FAA officials for help.
 - Submit a NASA report on the heliport: <http://asrs.arc.nasa.gov>
 - Cooperative restriction of operations by all air medical providers.
 - Complete refusal to utilize facility.

Useful Links

| ORGANIZATION | WEB ADDRESS |
|--|---|
| National EMS Pilots Association NEMSPA | http://www.nemspa.org |
| Air Medical Safety Advisory Council AMSAC | http://www.amsac.org |
| Federal Aviation Administration FAA | http://www.faa.gov |
| Department of Transportation DOT | http://www.dot.gov |
| National Fire Protection Association NFPA | http://www.nfpa.org |
| Occupational Safety & Health Administration OSHA | http://www.osha.gov |
| Helicopter Association International HAI | http://www.rotor.com |

**If you have additional questions or
need information on heliports or
helicopter operations please
contact the**

National EMS Pilots Association



<http://www.nemspa.org>



Keblish

SEQRA requires the filing of Draft Environment Impact Statement (DEIS) for proposed actions that have a potential for significant negative impact to the environment. The DEIS filed for the MVHS Integrated Health Campus (IHC) by MVHS requires a large amount of revision, additional information, and new studies before being accepted by the lead agency as a “Final” Environmental Impact Statement.

Procedural

The DEIS is deficient for a number of procedural issues. While many of these deficiencies can be downplayed as unfortunate consequences of a complicated project, all them can be addressed and fixed with additional diligence. To fulfill the spirit of SEQRA, all these concerns need to be addressed. They include:

1. Sponsor designations/inclusions: Sponsors or applicants have the right to prepare a DEIS, however the DEIS should provide an adequate perspective of a proposed action in order to fulfil the spirit at letter of SEQRA law. In order to achieve that objective, especially for the purpose of allowing the lead agency to consider what alternatives and mitigations are feasible, the following must be considered and addressed:
 - a. **MVHS** –Mohawk Valley Health System is listed as the sponsor of this action, however MVHS is not responsible for the whole action of this project and therefore the impacts, alternatives, and mitigations detailed in the DEIS are inadequate to understanding the full scope of the project. The DEIS is too limited in fulfilling its statutory purpose by limiting the sponsor to just MVHS.
 - b. **City of Utica** –The City of Utica has entered into a Memorandum of Agreement (MOA) with the County of Oneida and MVHS to build the municipal parking garage, which is a component of this action. By omitting the City of Utica’s responsibilities as a sponsor, the DEIS is too narrow to assess, describe, discuss or evaluate impacts, alternatives, and mitigations related to the actions the City of Utica will be taking in this project.
 - c. **Oneida County** –Oneida County has entered into an MOA with the City of Utica and MVHS to build the municipal parking garage. As primary finance, design, contracting and condemning entity, Oneida County is a primary sponsor within the scope of this action.¹ By omitting Oneida County’s responsibilities as a sponsor, the DEIS is too narrow to assess, describe, discuss or evaluate impacts, alternatives, and mitigations related to the actions Oneida County will be taking in this project, especially in evaluating the objectives, alternatives, impacts, and mitigations of the proposed parking garage.
 - d. **New York State** –New York State (NYS) is the primary funding and programing agent for this project via the “Oneida County Health Care Facility Transformation Program,” which provided \$300 million in capital funding to consolidate multiple licensed health care facilities into an integrated system of care. The EIS must include a description and evaluation of the range of reasonable alternatives to the action that are feasible, considering the objectives and capabilities of the project

¹ <https://www.uticaod.com/news/20181010/oneida-county-approves-design-firm-for-hospital-parking-garage>

sponsor.² The objectives and capabilities of NYS are more integral to this project than any other participant driving this project.

2. Segmentation: The DEIS fails to consider all components and phases of the proposed action:
 - a. **The Kennedy Garage** –The project will include refurbishments to the Kennedy Garage, however the planned actions, timeline, and resulting impacts are not evaluated by the DEIS.³
 - b. **Relocated businesses, facilities, organizations, and activities** –The proposed site for the IHC is a city downtown and encompasses 25 acres. A necessary and known consequence of the proposed action is to displace or relocate (in some cases forcibly) many community assets, however planned and speculated relocations are not evaluated by the DEIS.
 - c. **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.
 - d. **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 SEQRA, 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.

3. Substantive Compliance: In order to comply with SEQRA, a “hard look” must be given to potential negative impacts. In too many areas of concerns, the DEIS overlooks negative effects and instead focuses on potential benefits:
 - a. **Identified negative/adverse impacts** –In several instances, the DEIS mentions possible negative consequences, but does not offer discussion, study, or analysis of the likelihood, magnitude, or duration of those impacts:
 - i. Outdoor Storage of Materials (Page 43)
 - ii. Bulk Storage of Oil/Fuel and/or Chemicals (Page 46)
 - iii. Growth Inducing Aspects (Page 113)

² <https://www.dec.ny.gov/permits/6424.html>

³ “The estimated cost for the project is five hundred twenty three million five hundred seventeen thousand eight hundred seventy five and no/100ths dollars (\$523,517,875), which includes the refurbishment of Kennedy Garage and the development of the proposed parking facility discussed herein, with funding above and in addition to the state grant to be from additional public and private funding to be secured by MVHS with the assistance of City, County, and Mohawk Valley EDGE.” -MOA Recitals

- b. **Minimizing negative/adverse impacts** –In order to avoid addressing or legitimizing negative consequences of the proposed action, the DEIS overlooks or minimizes adverse consequences rather than a straightforward approach demanded by SEQRA:
 - i. In discussing Community Character, negative/adverse impacts are mixed in with speculative benefits to produce mixed analysis
 - ii. In discussing Growth Inducing Aspects, a consideration of negative/adverse impacts are replaced with a description of “potential additional development, which the proposed action may support or encourage”
 - iii. Negative impacts are relegated to footnotes, rather than fully addressing them. [Footnote 120: “The MVHS analysis also recognized that the project would result in a loss of City property tax income (estimated to be approximately \$115,300/year).”]

These procedural errors, omissions, and mischaracterizations undermine the legitimacy of this process⁴ and violate the purpose of the DEIS. ⁵ In order to bring the DEIS in line with the intent of SEQRA and the purposes of an EIS, a rewrite is necessary address the listed concerns and may even require a new scoping to ensure a new DEIS complies with the necessary guidelines set forward. A new revised DEIS should include a discussion of all elements of the action, including the proposed parking garage, MOB, and CUP, as well as the impacts and alternatives to each from the perspective of ALL involved sponsors of this action.

Content

1. Missing EIS elements required by SEQRA:
 - a. **“A concise description of the proposed action, its purpose, public need and benefits, including social and economic considerations.”** In order to be compliant, the DEIS should address issues in a holistic approach, contemplating impacts beyond the confines of narrow definitions and in conjunction with other impacts.
 - i. The DEIS admittedly ignores social and economic considerations (“Potential effects that a proposed project may have in drawing customers and profits away from established enterprises, possible reduction of property values in a community, or potential economic disadvantage caused by competition or speculative economic loss, are not environmental factors and will not be addressed in the DEIS.” Page 102)
 - b. **“A concise description of the environmental setting of the areas to be affected, sufficient to understand the impacts of the proposed action and alternatives.”** The DEIS offers only a very narrow understanding of impacts and alternatives.

⁴ “so that these impacts can be identified and avoided or mitigated to the maximum extent practicable”

⁵ “This DEIS has been prepared to evaluate potentially significant adverse impacts and reasonable alternatives.”

- i. The DEIS paints an incomplete picture of the areas impacted by the project. While it does discuss potential implications to the FSLC and SEMC, it does not indicate the magnitude, likelihood, or duration of any impacts known to be caused by the closure of the hospital facilities. It does not describe the impact of having to relocate the Utica City Police Maintenance Facility, a known consequence of this project.⁶ It does not describe the impacts of relocating businesses displaced by the project, another known consequence. Does not discuss the impact on the existing energy microgrid located at the St. Luke's Campus (AKA the Burrstone Microgrid).
 - ii. No descriptions of impacts from alternative sites are offered, merely a discussion about what was offered for hospital-programming analysis in the site selection process.
2. Missing information critical to understanding impacts, alternatives, and mitigations:
 - a. **Rationales for selecting finalist sites.** The site selection process, flawed as it was, determined that the Psych Center and Downtown were the best two sites. But no rationale is given for why the Psych Center was eliminated from final consideration. Additionally, it is not made clear why the Downtown site was selected over the St. Luke's site given that between those two options, St. Luke's offered fewer adverse environmental impacts and was already heal by MVHS.
 - b. **Financial feasibility study.** In September 2015, MVHS announced it chose Downtown, but retained St. Luke's as an alternative if Downtown proved financial infeasible.⁷ However the study that determined feasibility is not included in the site selection analysis.
 - c. **Boilermaker traffic data not included.** The annual Boilermaker Road Race culminates just blocks away from the proposed hospital site. Parking and traffic demands peak, consuming every available parking spot between Genesee Street and the Brewery District. Before making any determinations, additional studies should be performed to assess and understand the impacts the hospital project could have on parking and transportation during the construction and operation phases.

⁶ <https://spectrumlocalnews.com/nys/central-ny/news/2018/03/01/new-utica-hospital-could-mean-changes-for-utica-police-department>

⁷ <https://www.uticaod.com/news/20160403/decision-made-new-hospital-to-be-built-in-downtown-utica>

Photos from the 2017 Boilermaker: Columbia looking west



State Street looking north.^

Columbia Street looking east. v



- d. **Discussion of the Burstone Microgrid.** The St. Luke's Campus is powered and heated by a natural gas cogeneration plant.⁸ "The microgrid reduces greenhouse gas emissions by 4,000 tons annually, provides power stability, reduces demand on the local utility, and saves hundreds of thousands of dollars annually in utility costs."
3. Unsubstantiated claims.
 - a. "The magnitude of the acquisition of 25± acres will be large, but most of the impacts are expected to be beneficial because it will better position the hospital to serve the largest and most diverse population in Oneida County, as well as creating the potential for secondary economic development opportunities." Page 7, Project Description, under "Property Acquisition" (PDF page 24.)
 - i. This section makes several speculative claims about unspecified economic development in unspecified locations. What kind of development, where?
 - ii. The site selection study awarded points to downtown for not being near a residential area, but now claims to be better positioned to serve the local population. These contradictory claims need to be sorted out or omitted.
 - b. "Consideration was also given to additional investment potential based on the site location and the project's relation to broader downtown revitalization, neighborhood revitalization, and/or preservation features. These same interests could also result in increased fundraising for the project (in addition to the State-designated allotment of \$300 million)." (PDF page 47.)
 - i. There is no evidence that fundraising has increased because of the location.
 - ii. Creating additional burdens on the public, especially to preserve the financial feasibility of this action, should not be characterized as incentives or benefits.
 - c. "Based on a review of available information, all three sites are consistent with a master plan and only the Downtown and NYS Psych Center sites are near proposed BOAs."
 - i. Utica Master Plan calls for development goals quite at odds with the design, requirements, and impacts of the hospital as proposed for downtown Utica.
 - ii. Only the Psych Center achieves Utica Master Plan and Smart Growth principles. (See Smart Growth Matrix below.)
 - d. "The next sub-criterion examined the location of each site in relation to the surrounding neighborhood. The Downtown site was identified as the only site not situated near a residential neighborhood, whereas St. Luke's and the NYS Psych Center sites are located near neighborhoods, although creation of a buffer is possible." (Page 48)
 - i. Downtown is near three apartment complexes and is the only site that currently contains residential space.
 - e. "The final sub-criterion examined sustainability features as it relates to the ability to provide an energy microgrid and if it can be considered an urban infill project

⁸ <https://www.powerbycogen.com/case-studies/burrstone-energy-center-chp-microgrid/>

(vs. greenfield development). The Central Utility Building at the Downtown and NYS Psych Center sites have the potential to serve as microgrid power sources. CHP's are considered a more sustainable option for generating electric power versus relying 100% on the electrical grid. CHP's are more energy efficient and rely on cleaner sources (i.e., gas turbines) reducing emissions of carbon dioxide and other air pollutants in comparison to regional power stations." (Page 48)

- i. The Burrstone Microgrid is already built and operating the St. Luke's site and is providing clean energy to the campus as well as Utica College.
 - ii. There is an additional, related unsubstantiated claim here: "Thirdly, a new, consolidated site will enable MVHS to reduce infrastructure and energy cost/consumption for decades to come."
- f. "While all three site options would likely comply with the State's Smart Growth Development Policy, the Downtown and NYS Psych Center sites would be viewed more favorably if state funds are pursued to assist with the development of either of these urban sites." (Page 48)
- i. Downtown site promotes sprawl by 1) Reducing Density 2) Increasing reliance on cars 3) Not pedestrian and bike friendly in design 4) Does not promote historic preservation and reuse.⁹

Analysis.

1. The Site Selection Matrix.

- a. **Mathematical Errors** –The matrix using weighing to balance the results. However the wrong denominator was used in some cases. Additionally, scores were added after being rounded. By adding and then rounded, the results are more accurate. (See the revised matrix below.)
- b. **Observational Errors** –In several cases, points were awarded contrary to reality. Adjustments are made to reflect observational truth. (See revised matrix below.)
- c. **Omissions** –Evaluations should have been conducted on a wide range of issues, especially as related to healthcare, public finances, Smart Growth, community plans, and project objectives. However, as stated in emails since, the project was guided from the beginning toward the outcome of steering the hospital toward the downtown location.
 - i. Despite not having public support (see attached polling results), there is an expectation that condemning authorities will be successful in executing eminent domain action to fully assemble the downtown site. Proving that the downtown site is in the public interest will require a full analysis.
 - ii. A Smart Growth analysis of the sites is added below to show how poorly the downtown site stands up outside the narrow set of parameter measured by EDGE.

⁹ See <http://www.dec.ny.gov/lands/45970.html> for even more.

| | Mathematically Revised Site Selection Matrix | Downtown | Psych Center | St. Luke's |
|---|---|--------------|--------------|--------------|
| I. SIZE | Total Potential Points - 6 Points | | | |
| A. Urban | 1) Urban - between 10 and 20 acres (2 points) | | | |
| | 2) Urban - between 20 and 30 acres (4 points) | 4 | | |
| | 3) Urban - greater than 30 acres (6 points) | | 6 | |
| B. Suburban (within 5 miles of City Center) | 1) Suburban - between 20 and 30 acres (2 points) | | | |
| | 2) Suburban - between 30 and 40 acres (4 points) | | | 4 |
| | 3) Suburban - greater than 40 acres (6 points) | | | |
| SUBTOTAL: | | 4 | 6 | 4 |
| WEIGHTED SUBTOTAL: | Weight (10/6) = 1.67 | 6.667 | 10 | 6.667 |
| | | | | |
| | | | | |
| II. UTILITIES | Total Potential Points - 30 Points | | | |
| A. Sanitary Sewer | 1) Capacity improvements require less than 500 linear feet of upgrades (4 points) | | 4 | 4 |
| | 2) Capacity improvements require between 500 and 1000 linear feet of upgrades (2 points) | 2 | | |
| | 3) Capacity improvements require more than 1000 linear feet of upgrades (0 points) | | | |
| B. Potable Water | 1) Capacity improvements require less than 500 linear feet of upgrades (4 points) | 4 | 4 | 4 |
| | 2) Capacity improvements require between 500 and 1000 linear feet of upgrades (2 points) | | | |
| | 3) Capacity improvements require more than 1000 linear feet of upgrades (0 points) | | | |
| | 4) Redundancy: 2 main feeds from different reservoirs/tanks + 2; 2 main feed from same source +1 points | 2 | 2 | 2 |
| | 5) Potential useful life or pressure issues (minus 1 to -2 points) | -1 | -1 | |
| C. Electrical | 1) Adequate Capacity: Currently available +2 points; need National Grid upgrade + 1 point | 2 | 1 | 1 |
| | 2) Redundancy: 3 independent sources +2 points; 2 sources + 1 points | 1 | 1 | 1 |
| | 3) Reliability: reliable dedicated feeder +2 points; reliable shared feeder +1 points | 2 | 1 | 1 |
| | 4) Service voltage: 115Kv +2 points; 34.5 Kv +1 points; | 2 | 0 | 1 |
| D. Natural Gas | 1) Capacity: supports hospital w/ future CHP +4 points; supports hospital only +2 points | 4 | 4 | 4 |
| | 2) Upgrades: services extensions >500 feet minus 2 points; >1000 feet -4 points | | | |
| E. Fiber Network Availability | 1) Yes (2 points) | 2 | 2 | 2 |
| F. Storm Drainage | 1) Separate storm sewers onsite (+2 points) | | 2 | 2 |
| | 2) Soils and depth to water table conducive to green infrastructure (+2 points) | | 2 | 2 |
| | 3) Property available for onsite detention (+2 points) | | 2 | 2 |
| SUBTOTAL: | | 20 | 24 | 26 |
| WEIGHTED SUBTOTAL: | Weight (10/30) = .3 | 6.667 | 8 | 8.667 |
| | | | | |
| III. ACCESSIBILITY | Total Potential Points - 22 Points | | | |
| A. Major Roads | 1) Between 0 and 0.5 miles from N-S Arterial including 840 section (+4 points) | 4 | | 4 |
| | 2) Between 0 and 1.0 miles from N-S Arterial including 840 section (+2 points) | | 2 | |
| | 3) Between 0 and 0.5 miles from Oriskany Street/5A/5S (+2 points) | 2 | 2 | |
| B. NYS THRUWAY | 1) Between 0 and 1 mile (4 points) | | | |

| | | | | |
|---|--|--------------|----------|--------------|
| | 2) Between 1 and 2 miles (3 points) | 3 | | |
| | 3) Between 2 and 3 miles (2 points) | | 2 | |
| | 4) Between 3 and 4 miles (1 points) | | | 1 |
| C. Road and Signal Improvements | 1) -1 for each 1000 ft length of road improvement and -1 for each signal improvement | | -3 | -1 |
| D. Public Transit | 1) Yes (4 points) | 4 | 4 | 4 |
| E. Flight Services (helicopter) | 1) Allowed and no flight path restrictions (+2) | 2 | 2 | 2 |
| F. Visibility | Can be seen from a NYS Route or Interstate (+ 2 points) | 2 | | |
| G. Distance to Employee Base center (approximate centroid of Utica, Whitesboro, New Harford, and Clinton) | 1) Between 0 and 2 mile (4 points) | | | 4 |
| | 2) Between 2 and 4 miles (2 points) | 2 | 2 | |
| | 3) > 4 mile (2 points) | | | |
| SUBTOTAL: | | 19 | 11 | 14 |
| WEIGHTED SUBTOTAL: | Weight (10/22) = .455 | 8.636 | 5 | 6.364 |
| | | | | |
| IV. ZONING APPROVALS AND IMPACT FEES | Total Potential Points - 6 Points | | | |
| A. Basic Zoning | 1) Allowed use, lot coverage, and building height (+1 to +3 points) | 3 | 1 | 3 |
| B. Sewer Offset Requirements | 1) No (3 points) | | | |
| | 2) No - Utica and north system may be subject to 2 to 1 offsets starting 2017 (2 points) | 2 | 2 | 2 |
| | 3) Yes - Sauquoit Creek Pump Station is subject to 5 to 1 offsets (0 points) | | | |
| SUBTOTAL: | | 5 | 3 | 5 |
| WEIGHTED SUBTOTAL: | Weight (10/6) = 1.67 | 8.333 | 5 | 8.333 |
| | | | | |
| V. MONETARY FACTORS | Total Potential Points - 20 Points | | | |
| A. Site Assemblage | 1) Property acquisition involves multiple parcels (0 points) | 0 | | |
| | 2) Property acquisition involves one primary owner (2 points) | | 2 | |
| | 3) Property currently under Owner's control (4 points) | | | 4 |
| B. Attract Additional Outside Investment | 1) Based on Downtown Revitalization (+ 4 points) | 4 | | |
| | 2) Based on other factors - neighborhood revitalization; preservation features (+2) | | 2 | |
| C. Cost of Construction - Phasing | 1) Must maintain access and protect existing facilities during construction (0 points) | | | 0 |
| | 2) Off-site construction with immediately adjacent buildings (2 points) | 2 | | |
| | 3) Off-site construction with wide construction zone (4 points) | | 4 | |
| C. Cost of Construction - Foundations | 1) Soft soils and/or high water table (0 points) | | | |
| | 2) Harder soils (2 points) | | 2 | 2 |
| D. Cost of Construction - Demolition | 1) No demolition (4 points) | | | |
| | 2) Demolition of <2 acres needed (2 points) | | | |
| | 3) Demolition of >2 acres needed (0 points) | | | |
| E. Nearby public parking | Ability to utilize public parking facilities (+ 2) | 2 | | |
| F. Sauquoit Creek PS Basin Surcharges | No (+ 2) | 2 | 2 | 2 |
| SUBTOTAL: | | 10 | 12 | 8 |
| WEIGHTED SUBTOTAL: | Weight (10/20) = .5 | 4.167 | 5 | 3.333 |
| | | | | |
| VI. COMMUNITY FACTORS, PERCEPTION & SUSTAINABILITY | Total Potential Points - 16 Points | | | |
| A. Community Priority Site/Area | 1) Consistent with Master Plan (+4 points) | 4 | 4 | 4 |
| | 2) Within or adjacent to proposed/existing Brownfield Opportunity Area (+2 points) | 2 | 2 | |
| B. Proximity to Existing Neighborhood | 1) Not within residential neighborhood (4 points) | 4 | | |
| | 2) Within neighborhood but buffer zone is possible (2 points) | | 2 | 2 |

| | | | | |
|---|--|--------------|--------------|--------------|
| | 3) Within neighborhood and no buffer zone (0 points) | | | |
| C. Sustainability and Resiliency Features | 1) Potential Microgrid opportunity (+2 points) | 2 | | |
| | 2) Smart Growth - represents retrofitting/urban infill project (+4 points) | 4 | 4 | |
| SUBTOTAL: | | 16 | 12 | 6 |
| WEIGHTED SUBTOTAL: | Weight (10/16) = .625 | 10 | 7.5 | 3.75 |
| | | | | |
| VII. ENVIRONMENTAL | Total Potential Points - 8 Points | | | |
| A. 100-year Floodplain | 1) Project site/footprint is not located within 100-year floodplain (2 points) | 2 | 2 | 2 |
| B. Cultural Resources | 1) Project is not located on a site listed or eligible for listing on the SR/NR (1 point) | | | 1 |
| | 2) Project is not located within an archaeologically sensitive area (1 point) | | | 1 |
| C. Wetlands | 1) Project does not encroach upon potential federal wetlands (based on NWI or delineation) (1 point) | 1 | 1 | |
| | 2) Project does not encroach upon State wetlands or buffer (1 point) | 1 | 1 | 1 |
| D. Steep Slopes | 1) No slopes >15% (1 point) | 1 | 1 | 1 |
| E. Endangered & Threatened Species | 1) No tree clearing restrictions due to Indiana Bat/Northern Long-eared Bat (1 points) | 1 | 1 | 1 |
| SUBTOTAL: | | 6 | 6 | 7 |
| WEIGHTED SUBTOTAL: | | 7.5 | 7.5 | 8.75 |
| | | | | |
| TOTAL WEIGHTED SCORE: | | 51.97 | 48.00 | 45.86 |
| | Rounded | 52 | 48 | 46 |

| Observationally Revised Site Selection Matrix | | Downtown | Psych Center | St. Luke's | |
|---|---|--------------|--------------|--------------|--|
| I. SIZE | Total Potential Points - 6 Points | | | | |
| A. Urban | 1) Urban - between 10 and 20 acres (2 points) | | | | |
| | 2) Urban - between 20 and 30 acres (4 points) | 4 | | | |
| | 3) Urban - greater than 30 acres (6 points) | | 6 | | |
| B. Suburban (within 5 miles of City Center) | 1) Suburban - between 20 and 30 acres (2 points) | | | | |
| | 2) Suburban - between 30 and 40 acres (4 points) | | | 4 | |
| | 3) Suburban - greater than 40 acres (6 points) | | | | |
| SUBTOTAL: | | 4 | 6 | 4 | |
| WEIGHTED SUBTOTAL: | Weight (10/6) = 1.67 | 6.667 | 10 | 6.667 | No Change |
| | | | | | |
| | | | | | |
| II. UTILITIES | Total Potential Points - 30 Points | | | | |
| A. Sanitary Sewer | 1) Capacity improvements require less than 500 linear feet of upgrades (4 points) | | 4 | 4 | |
| | 2) Capacity improvements require between 500 and 1000 linear feet of upgrades (2 points) | 2 | | | |
| | 3) Capacity improvements require more than 1000 linear feet of upgrades (0 points) | | | | |
| B. Potable Water | 1) Capacity improvements require less than 500 linear feet of upgrades (4 points) | 4 | 4 | 4 | |
| | 2) Capacity improvements require between 500 and 1000 linear feet of upgrades (2 points) | | | | |
| | 3) Capacity improvements require more than 1000 linear feet of upgrades (0 points) | | | | |
| | 4) Redundancy: 2 main feeds from different reservoirs/tanks + 2; 2 main feed from same source +1 points | 2 | 2 | 2 | |
| | 5) Potential useful life or pressure issues (minus 1 to -2 points) | -1 | -1 | | |
| C. Electrical | 1) Adequate Capacity: Currently available +2 points; need National Grid upgrade + 1 point | 2 | 1 | 2 | St. Luke's operating a hospital, thus currently available. |
| | 2) Redundancy: 3 independent sources +2 points; 2 sources + 1 points | 1 | 1 | 1 | |
| | 3) Reliability: reliable dedicated feeder +2 points; reliable shared feeder +1 points | 2 | 1 | 2 | St. Luke's has 2 shared feeders |
| | 4) Service voltage: 115Kv +2 points; 34.5 Kv +1 points; | 2 | 0 | 1 | |
| D. Natural Gas | 1) Capacity: supports hospital w/ future CHP +4 points; supports hospital only +2 points | 4 | 4 | 4 | |
| | 2) Upgrades: services extensions >500 feet minus 2 points; >1000 feet -4 points | | | | |
| E. Fiber Network Availability | 1) Yes (2 points) | 2 | 2 | 2 | |
| F. Storm Drainage | 1) Separate storm sewers onsite (+2 points) | | 2 | 2 | |
| | 2) Soils and depth to water table conducive to green infrastructure (+2 points) | | 2 | 2 | |
| | 3) Property available for onsite detention (+2 points) | | 2 | 2 | |
| SUBTOTAL: | | 20 | 24 | 28 | |
| WEIGHTED SUBTOTAL: | Weight (10/30) = .3 | 6.25 | 7.5 | 8.75 | |
| | | | | | |
| III. ACCESSIBILITY | Total Potential Points - 22 Points | | | | |
| A. Major Roads | 1) Between 0 and 0.5 miles from N-S Arterial including 840 section (+4 points) | 4 | | 4 | |
| | 2) Between 0 and 1.0 miles from N-S Arterial including 840 section (+2 points) | | 2 | | |
| | 3) Between 0 and 0.5 miles from Oriskany Street/5A/5S (+2 points) | 2 | 2 | | |

| | | | | | |
|---|--|--------------|--------------|--------------|--|
| B. NYS THRUWAY | 1) Between 0 and 1 mile (4 points) | | | | |
| | 2) Between 1 and 2 miles (3 points) | 3 | | | |
| | 3) Between 2 and 3 miles (2 points) | | 2 | | |
| | 4) Between 3 and 4 miles (1 points) | | | 1 | |
| C. Road and Signal Improvements | 1) -1 for each 1000 ft length of road improvement and -1 for each signal improvement | | -3 | -1 | |
| D. Public Transit | 1) Yes (4 points) | 4 | 4 | 4 | |
| E. Flight Services (helicopter) | 1) Allowed and no flight path restrictions (+2) | 2 | 2 | 2 | |
| F. Visibility | Can be seen from a NYS Route or Interstate (+ 2 points) | 2 | 2 | 2 | All three sites can be seen from the NYS 12/8/5 |
| G. Distance to Employee Base center (approximate centroid of Utica, Whitesboro, New Harford, and Clinton) | 1) Between 0 and 2 mile (4 points) | | | 4 | |
| | 2) Between 2 and 4 miles (2 points) | 2 | 2 | | |
| | 3) > 4 mile (2 points) | | | | |
| SUBTOTAL: | | 19 | 13 | 16 | |
| WEIGHTED SUBTOTAL: | Weight (10/22) = .455 | 8.636 | 5.909 | 7.273 | |
| IV. ZONING APPROVALS AND IMPACT FEES | | | | | |
| Total Potential Points - 6 Points | | | | | |
| A. Basic Zoning | 1) Allowed use, lot coverage, and building height (+1 to +3 points) | 3 | 1 | 3 | |
| B. Sewer Offset Requirements | 1) No (3 points) | | | | |
| | 2) No - Utica and north system may be subject to 2 to 1 offsets starting 2017 (2 points) | 2 | 2 | 2 | |
| | 3) Yes - Sauquoit Creek Pump Station is subject to 5 to 1 offsets (0 points) | | | | |
| SUBTOTAL: | | 5 | 3 | 5 | |
| WEIGHTED SUBTOTAL: | Weight (10/6) = 1.67 | 8.333 | 5 | 8.333 | |
| V. MONETARY FACTORS | | | | | |
| Total Potential Points - 20 Points | | | | | |
| A. Site Assemblage | 1) Property acquisition involves multiple parcels (0 points) | 0 | | | |
| | 2) Property acquisition involves one primary owner (2 points) | | 2 | | |
| | 3) Property currently under Owner's control (4 points) | | | 4 | |
| B. Attract Additional Outside Investment | 1) Based on Downtown Revitalization (+ 4 points) | 4 | | | So far all represent additional public costs |
| | 2) Based on other factors - neighborhood revitalization; preservation features (+2) | | 2 | | |
| C. Cost of Construction - Phasing | 1) Must maintain access and protect existing facilities during construction (0 points) | | | 0 | |
| | 2) Off-site construction with immediately adjacent buildings (2 points) | 2 | | | |
| | 3) Off-site construction with wide construction zone (4 points) | | 4 | | |
| C. Cost of Construction - Foundations | 1) Soft soils and/or high water table (0 points) | | | | |
| | 2) Harder soils (2 points) | | 2 | 2 | |
| D. Cost of Construction - Demolition | 1) No demolition (4 points) | | 4 | | Virtually no demolition required at Psych Center |
| | 2) Demolition of <2 acres needed (2 points) | | | | |
| | 3) Demolition of >2 acres needed (0 points) | | | | |
| E. Nearby public parking | Ability to utilize public parking facilities (+ 2) | 2 | | | This is an additional public cost |

| | | | | | |
|--|--|--------------|--------------|--------------|--|
| F. Sauquoit Creek PS Basin Surcharges | No (+ 2) | 2 | 2 | 2 | |
| SUBTOTAL: | | 10 | 16 | 8 | |
| WEIGHTED SUBTOTAL: | Weight (10/20) = .5 | 4.167 | 6.667 | 3.333 | |
| VI. COMMUNITY FACTORS, PERCEPTION & SUSTAINABILITY | | | | | |
| Total Potential Points - 16 Points | | | | | |
| A. Community Priority Site/Area | 1) Consistent with Master Plan (+4 points) | | 4 | 4 | Downtown is not consistent with Master Plan |
| | 2) Within or adjacent to proposed/existing Brownfield Opportunity Area (+2 points) | 2 | 2 | | |
| B. Proximity to Existing Neighborhood | 1) Not within residential neighborhood (4 points) | | | | Downtown is the only site that displaces existing residences, is next to or near three apartment complexes |
| | 2) Within neighborhood but buffer zone is possible (2 points) | 2 | 2 | 2 | |
| | 3) Within neighborhood and no buffer zone (0 points) | | | | |
| C. Sustainability and Resiliency Features | 1) Potential Microgrid opportunity (+2 points) | 2 | | 2 | St. Lukes already has a microgrid |
| | 2) Smart Growth - represents retrofitting/urban infill project (+4 points) | | 4 | | Downtown generally violates Smart Growth principles |
| SUBTOTAL: | | 6 | 12 | 8 | |
| WEIGHTED SUBTOTAL: | Weight (10/16) = .625 | 3.75 | 7.5 | 5 | |
| VII. ENVIRONMENTAL | | | | | |
| Total Potential Points - 8 Points | | | | | |
| A. 100-year Floodplain | 1) Project site/footprint is not located within 100-year floodplain (2 points) | 2 | 2 | 2 | |
| B. Cultural Resources | 1) Project is not located on a site listed or eligible for listing on the SR/NR (1 point) | | | 1 | |
| | 2) Project is not located within an archaeologically sensitive area (1 point) | | | 1 | |
| C. Wetlands | 1) Project does not encroach upon potential federal wetlands (based on NWI or delineation) (1 point) | 1 | 1 | | |
| | 2) Project does not encroach upon State wetlands or buffer (1 point) | 1 | 1 | 1 | |
| D. Steep Slopes | 1) No slopes >15% (1 point) | 1 | 1 | 1 | |
| E. Endangered & Threatened Species | 1) No tree clearing restrictions due to Indiana Bat/Northern Long-eared Bat (1 points) | 1 | 1 | 1 | |
| SUBTOTAL: | | 6 | 6 | 7 | |
| WEIGHTED SUBTOTAL: | | 7.5 | 7.5 | 8.75 | |
| TOTAL WEIGHTED SCORE: | | 45.30 | 50.08 | 48.11 | |
| | Rounded | 45 | 50 | 48 | |

| | Smart Growth Evaluation http://www.dec.ny.gov/lands/45970.html | Downtown | Psych Center | St. Luke's |
|---|--|-------------|--------------|-------------|
| VIII. SMART GROWTH | Total Potential Points - 36 Points | | | |
| A. Foster strong, sustainable businesses in community centers | 1) Compact, conservation-oriented development (2 points) | | 2 | 2 |
| | 2) Vacant property re-use (2 points) | | 2 | |
| B. Preserve open space, forests, farmland, natural beauty, and critical environmental areas | 1) Development targeted toward existing infrastructure (2 points) | 2 | 2 | 2 |
| | 2) Strategic farmland and open space preservation (2 points) | 2 | 2 | |
| | 3) Brownfield re-development (2 points) | 2 | 2 | |
| C. Strengthen and direct development towards existing communities | 1) Yes 2 points, No 0 points, Destroys -2 points | -2 | 2 | |
| D. Foster distinctive, attractive communities with a strong sense of place | 1) Yes 2 points, No 0 points, Destroys -2 points | -2 | 2 | |
| E. Create walkable neighborhoods | 1) Transit-oriented development (2 Points) | 2 | | |
| | 2) Build compact pedestrian- and bicycle- friendly community design (2 Points) | | 2 | |
| | 3) Encourages street level and neighborhood activity 2 point, destroys -2 | -2 | 2 | |
| F. Take advantage of green building design | 1) use innovative approaches 1 point, proper building placement 1 point, and local materials | | | 1 |
| G. Create a range of housing opportunities and choices | 1) build quality housing for people of all income levels with access to jobs, culture and open space | | | |
| H. Encourage community and stakeholder collaboration in development decisions | 1) work together to find creative solutions, increase community understanding and invest in shared spaces | | | |
| I. Mix land uses | 1) Creates mixed land uses 2 points, destroys -2 points | -2 | 2 | |
| J. Make development decisions predictable, fair and cost effective | 1) Incremental--provides natural neighborhood progression (2 points) | | 2 | 2 |
| | 2) Cost Effective-- For MVHS 1 point, For Taxpayers 1 point | | 2 | 1 |
| K. Provide a variety of transportation choices | 1) Encourages multi-model transportation (2 Points) | 2 | 2 | |
| L. Foster long term comprehensive planning | 1) plan to reach local, regional and state goals, to target investment | 2 | 2 | |
| SUBTOTAL: | | 4 | 28 | 8 |
| WEIGHTED SUBTOTAL: | Weight (10/36) = .27 | 1.11 | 7.77 | 2.22 |
| | Rounded | 1 | 8 | 2 |

| | Downtown | Psych Center | St. Luke's |
|-----------------------|--------------|--------------|--------------|
| Raw Revised Total | 46.41 | 57.85 | 50.33 |
| Rounded Revised Total | 46 | 58 | 50 |

Polling related to the proposed downtown hospital

robocent

get elected.

Survey Results

Polling Conducted by RoboCent, Inc.

Authorized by the Main Street Patriots

Survey conducted on November 1st, 2017 between 7:15PM EST and 7:50PM EST.

636 registered voters in Utica, New York participated in an automated survey using landline numbers.
Margin of error +/- 3.81%.

An automated survey uses VOIP technology to dial landline phone numbers over the internet to playback prerecorded messages. The participant's responses are recorded via the phones keypad.

Survey Results

| | | |
|-----------------------------------|-------|--------|
| Live Answers | 2,431 | 27.84% |
| Participants (among live answers) | 636 | 26.16% |
| Voicemail Answers | 3,526 | 40.38% |
| Total Dials | 8,733 | |

Question 1: "Which location do you support for the area's new hospital?"

| | | |
|----------------------|-----|--------|
| (1) Downtown Site | 147 | 23.11% |
| (2) St. Lukes Campus | 327 | 51.42% |
| (3) Undecided | 162 | 25.47% |
| Total: | 636 | |

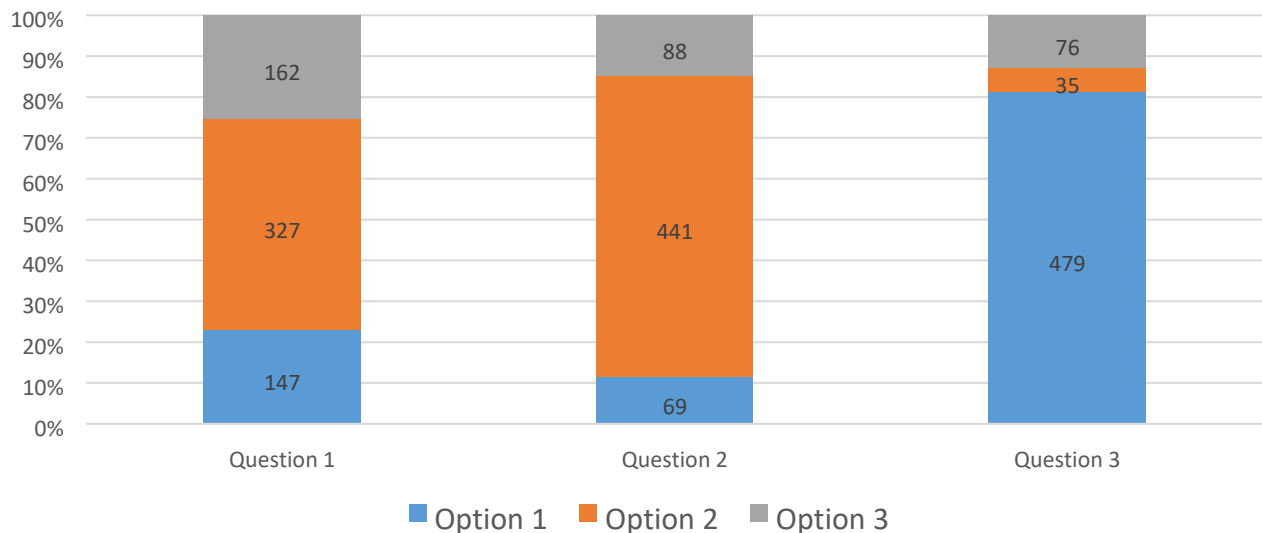
Question 2: "Do you support the mayor and Five Common Council Members giving themselves a 4year Term-Limit Extension, raising the 8-year Limit enacted by the People to a 12-year Limit as decided by themselves?"

| | | |
|-------------------|-----|--------|
| (1) Yes (Support) | 69 | 11.54% |
| (2) No (Oppose) | 441 | 73.75% |
| (3) Undecided | 88 | 14.72% |
| Total: | 598 | |

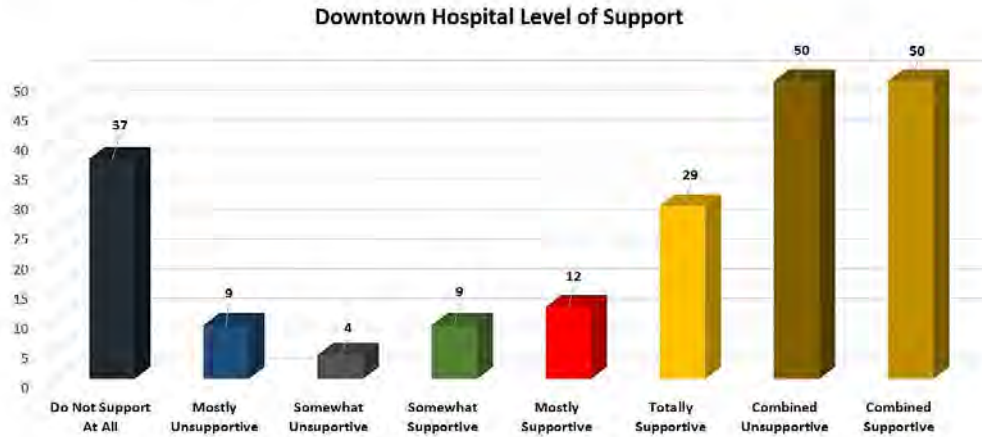
Question 3: "Do you plan on voting in this election on Tuesday, November 7th?"

| | | |
|---------------|-----|--------|
| (1) Yes | 479 | 81.19% |
| (2) No | 35 | 5.93% |
| (3) Undecided | 76 | 12.88% |
| Total: | 590 | |

Cumulative Results



What is your level of support for the new hospital located in downtown Utica?



Methodology

John Zogby has been a recognized pioneer in the polling industry for four decades. What were perceived at first as John Zogby's innovations in the 1980s have since become standard practices among pollsters. For example, Zogby rejected the practice of "random digit dialing" as a costly waste of time and instead often relied on using listed telephone numbers. He also was among the first pollsters to not rely on making phone calls exclusively during the dinner hour, arguing that many more Americans were working different time shifts and for a myriad of reasons were consistently not at home at the dinner hour or other times in the evenings.

Following a long string of successful, high profile projections in the 1980s and 1990s, Zogby suggested in an interview with *Public Opinion* in 1997 that pollsters would soon need to move away from the telephone as a useful tool in survey research. Always one to capture demographic and social changes, Zogby argued the future would be dominated by internet/online polling, which he and his company began to develop in 1998 – far in advance of other mainstream polling companies.

By 2008, Zogby was experimenting with "mobile to web" applications in polling conducted overseas. "It used to be that we had to conduct polls live, face-to-face, on the ground in many nations. The expansion of the mobile phone has allowed us to go directly to almost all adults and obtain results in days, as opposed to weeks and months", Zogby said. He has maintained his record of accuracy with each new development.

The WIBX Poll utilizes yet another new technique – a combination of internet/social media invitations, accompanied by radio broadcast invitations. The WIBX Poll cannot be considered "scientific" in the tradition sense of the word. A truly scientific poll of public opinion involves random probability sampling which means that in reaching out to individuals, everyone must have the same chance to be selected as everyone else. By using a broad spectrum of invitations to those listeners of WIBX and its sister Townsquare Media stations, viewers of their websites, and resulting consumers of social media, the respondents were self-selected. Nonetheless, the pure sample of respondents is representative of the demographics of the station's Area of Dominant Influence (ADI) and slight weights were applied to some demographics to ensure an even closer representation of the region's population.

Weights were applied to party and county based on active voter rolls from New York State enrollment. Additional weights were applied to age based on population with reduction in under-40 age and to race based on nonwhite voter population estimates in off-year elections.

John Zogby Strategies is pleased to announce that this is the first time we've polled using Tribal Analytics on regional political issues. As a result, we'll have greater insight into the hot button issues. We're also pleased with the methodology and will further refine its processes – as the Zogby Companies have always done on each of their innovative methodologies.

Source: <http://wibx950.com/wibxzogby-survey-results-are-in/>



NYSDEC

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Permits, Region 6

207 Genesee Street, Utica, NY 13501-2885

P: (315)793-2554 F: (315) 793-2748

www.dec.ny.gov

December 27, 2018

Brian Thomas, Commissioner
City of Utica Planning Board
1 Kennedy Plaza
Utica, New York 13502

RE: DEIS - Mohawk Valley Health System Integrated Health Campus

Dear Commissioner Thomas,

We offer the following in response to the draft scope document received May 25, 2018.

- DEC is not listed as a potential agency under "Water and Wastewater System Improvements Approval of Plans" item 17, page 15 of the document. Please note that DEC approval of new or modified municipal sanitary sewers serving the proposed project may be required under 6 NYCRR Part 750-2.10(a). If a sanitary sewer lateral serving the proposed project is designed to convey 2,500 gallons per day or more, then DEC approval of the connection may be required under 6 NYCRR Part 750-1.2(82) and 6 NYCRR Part 750-2.10(h)(3)(i). Therefore, it is recommended that DEC be included as an agency in Table 1, Potential Permits and Approvals, under Water and Wastewater System Improvements Approval of Plans.
- Dependent on final plans, permitting and/or registration may be required for:
 - ◆ Air
 - ◆ Article 15/24* (Excavation Fill, Stream Disturbance, Freshwater Wetlands, Water Quality)
 - ◆ Chemical Bulk Storage
 - ◆ Petroleum Bulk Storage
 - ◆ SPDES Construction Storm Water
 - ◆ Water Withdrawal

*dependent on final location of new transmission, water, sewer connections, if any.

If you have questions about these comments, please contact me at (315) 793-2746.

Sincerely,



Terry Tyoe
Environmental Analyst 2
NYS DEC Utica

ecc: T. Voss, Regional Permit Administrator, Watertown



Truett





Thomas S. West
Direct Dial: (518) 641-0501
Direct Facsimile: (518) 615-1501
E-Mail: twest@westfirmllaw.com
Admitted in New York and Pennsylvania

December 27, 2018

***VIA HAND DELIVERY
& FIRST CLASS MAIL***

City of Utica Planning Board
c/o Department of Urban & Economic Development
1 Kennedy Plaza
Utica, New York 13502

RE: Comments on Draft Environmental Impact Statement (“DEIS”), dated November 2018, on Integrated Health Campus (“IHC”) Proposed by Mohawk Valley Health System (“MVHS” or “Applicant”)

Dear City of Utica Planning Board:

On behalf of our clients, Mr. Brett Truett and #NoHospitalDowntown, we submit the following comments on the DEIS provided by MVHS in support of its proposal to demolish culturally significant resources in downtown Utica in order to make way for the IHC.¹ As an environmental practitioner with more than four decades of experience under the State Environmental Quality Review Act (“SEQRA”), it is appalling to see how far the Applicant and its supporters have gone to subvert the purpose and intent of SEQRA. As a result, the SEQRA process is incomplete and procedurally and substantively defective. Under these circumstances, the SEQRA process should be reopened to correct these blatant defects.

Per the DEIS, the IHC is proposed to be located on 25 acres in the City of Utica’s Gateway Historic Canal District (the “Downtown Site” or “Project Area”). The proposed Project Area currently consists of over 80 individual properties (including businesses, community land and residences) and will result in the broad-scale displacement or destruction of 40 existing businesses and five not-for-profit organizations/facilities, as well as destruction of a host of historically significant buildings and the character of the Columbia-Lafayette neighborhood as a whole. 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. Beyond that the DEIS’s evaluation of this proposal fails to adequately account for the project’s adverse impacts, the significant unavoidable, unmitigable adverse impacts that the DEIS actually does acknowledge could be readily avoided by selecting an alternative location, namely, the St. Luke Campus (which is owned by the Applicant).

¹ This letter supplements Mr. Truett’s personal comments.

With all due respect, for the reasons detailed below, we maintain that the City of Utica Planning Board (“Board”), as lead agency under Article 8 of the Environmental Conservation Law (“ECL”) and its implementing regulations, 6 NYCRR Part 617, (collectively, “SEQRA”), has engaged in a defective, incomplete and inadequate environmental review process, as to both timing and substance, thereby rendering the DEIS fatally defective.

A. **Timing Deficiencies Regarding Public Review of and Comment on the DEIS**

As reflected in the attached petitions requesting an extension of the public comment period (Exhibit A), as well as in comments from the Landmarks Society of Greater Utica, dated December 27, 2018 (Exhibit B), the Board has afforded the public, in effect, the bare minimum of notice and opportunity for comment on what is a massive, complex project with far-reaching, significant adverse environmental implications. *See, e.g.*, 6 NYCRR 617.9(a)(3), (a)(4)(iii). The Board has allowed the public only 39 days to comment (i.e., from November 19th to December 27th) – and this includes two major public holidays, one on a Thursday (Thanksgiving), and the other on a Tuesday (Christmas). By virtue of the holidays, at least four days were effectively eliminated from the public comment period, leaving only a mere 35 days (at the most), with comments due two days after Christmas. The timeframe set forth by the Board, therefore, is nothing more than a transparent attempt to limit meaningful public input. This conclusion is further highlighted when one observes that the DEIS is a complex document that exceeds 3,500 pages. Accordingly, we maintain that the 35-day review period allowed by the Board is patently insufficient to allow for meaningful public participation in the SEQRA process.

Adding insult to injury, not only is the timeframe for review of the DEIS inadequate for the DEIS as it stands, in addition, the DEIS is incomplete, as certain of its appendices contain only summaries, not complete studies. *See, e.g.*, Appendix A (site selection executive summary). Although the DEIS states that “complete reports” are provided in appendices (*see* DEIS, p. xi), such is not the case. The Board’s failure to have appended and made available to the public the entirety of supporting reports to the DEIS has likewise deprived the public of a meaningful opportunity to participate in this process.

Accordingly, the timeframe the Board has allotted for public review is inadequate to allow for meaningful public comment and must be extended. We request an extension of the public comment period by at least 60 days, and further request that the 60-day extension commence once all supporting documentation relative to the DEIS is made available to the public and the following procedural and substantive deficiencies have been corrected.

B. Substantive Defects and Deficiencies in the DEIS

In the limited time allowed for public review, the following details our preliminary comments on the major substantive defects and deficiencies in the DEIS:

1. The DEIS is Incomplete and Fatally Defective as to Evaluation of Impacts to Historical/Archaeological Resources and Mitigation

Section 3.6 and Appendix E of the DEIS conclusively document that the DEIS is woefully incomplete and, indeed, fatally defective relative to evaluation of adverse impacts to historical and archaeological resources. The DEIS documents that, pursuant to article 14 of the New York State Parks, Recreation and Historic Preservation Law ("PRHPL"): (1) consultation with the New York State Office of Parks, Recreation and Historic Preservation (also known as the State Historic Preservation Office) ("SHPO") is in progress, but has not concluded; (2) more investigation is necessary (including subsurface testing); and (3) no letter of resolution has yet been obtained. *See generally*, DEIS, Section 3.6 and Appendix E (correspondence from SHPO, dated June 18, 2018, and July 17, 2018; correspondence from O'Brien & Gere, dated August 16, 2018). The DEIS also documents that the Applicant is attempting to bypass SEQRA's requirement that practicable avoidance and mitigation measures be evaluated in a *public* forum (subject to public scrutiny and opportunity for comment) *prior* to decision-making. *See* Appendix E, Letter from O'Brien & Gere, dated August 16, 2018.

More specifically, a Phase IA archaeological investigation was completed for the Project Area, resulting in a finding that the Downtown Site is sensitive for pre-contact archaeological sites and a variety of historic archaeological resources, including a historic site (442 Lafayette Street). A Phase IA architectural survey of existing buildings within the Downtown Site was also conducted, resulting in a finding of 49 architectural resources, including a portion of the Downtown Genesee Street Historic District (which is listed in the State and National Register of Historic Places), three contributing buildings to that historic district, and ten other buildings eligible for inclusion in the State and National Registers. *See generally*, DEIS Section 3.6 & Appendix E.

By letter dated June 18, 2018, SHPO informed the Applicant that a Phase II Site Examination would be required for the 442 Lafayette Street Historic Site, and Phase IB subsurface testing would be required on certain specified locations. By letter dated July 17, 2018, SHPO did three things: SHPO (1) reserved its right to comment further on archaeological issues upon completion of the required Phase II and Phase IB testing; (2) determined that, based on the planned demolition of at least two contributing buildings within the historic district and ten eligible historic resources, "the project as designed will have an Adverse Impact on historic resources;" and (3) directed an assessment of alternatives to avoid or lessen impacts regarding building demolition (e.g., save structures in place or move buildings for adaptive re-use). *See* Appendix E (SHPO Letter, dated June 18, 2018).

In response, rather than performing the SHPO-directed testing, or addressing SHPO's mitigation recommendations, or developing an avoidance/mitigation plan as part of the SEQRA process, the Applicant sought a letter of resolution from SHPO, requesting that mitigation measures be developed after-the-fact. Appendix E (O'Brien & Gere Letter, dated August 16, 2018); *see also* DEIS, Section 3.6.3. The DEIS hypothesizes as to what the so-called after-the-fact "mitigation" measures ultimately might be – for example, providing SHPO with photographs of the historically significant buildings to be demolished, performing archaeological testing at some future date after the SEQRA process has terminated, and coming to terms on undisclosed/yet-to-be determined "treatment measures" (i.e., to be developed after termination of the SEQRA process and after deciding to utilize the Downtown Site for this project). *See* DEIS, Section 3.6.3.

In support of this request, the Applicant cites the alleged inability to gain full Project Site access (i.e., because the Applicant does not own/control all of the affected properties) and the alleged need to achieve a balance between historic resource preservation and providing health care. DEIS, Appendix E (Letter from O'Brien & Gere, dated August 16, 2018). Of course, not a scintilla of legal authority supports the proposition that health care supersedes the procedural and substantive requirements of SEQRA; nor is there any legal support for the Applicant's intimation that health care concerns (even if they were valid here, which they are not) trump the State's long-settled policies, statutory directives and regulations directing agencies to, among other things, mitigate adverse impacts to listed and eligible historic properties to the fullest extent practicable. *See, e.g.*, PRHPL § 14.09(1), (2); 9 NYCRR Part 428.8.

The Applicant's attempt to bypass the heart of SEQRA – which mandates evaluation of impacts *and* mitigation in a public process *prior* to decision-making – is unlawful, both procedurally and substantively. Further, neither of the Applicant's asserted reasons for attempting to side-step SEQRA's impact/mitigation evaluation requirement has any merit.

First, SEQRA requires meaningful evaluation of environmental impacts and mitigation in the DEIS, *as part of the public review process*; and historical, archeological, architectural and aesthetic resources are expressly considered part of the environment and are protected under SEQRA. *See* ECL 8-0105(6), ECL 8-0109(1), (2), (8); 6 NYCRR 617.7(c)(1)(v); 6 NYCRR 617.9(b)(5)(iii), (iv); *see also* *Orchards Assocs. v. Planning Bd. of Town of N. Salem*, 114 A.D.2d 850 (2d Dep't 1985). Given that the DEIS, itself, acknowledges that it does not contain the data necessary for full evaluation of impacts to historic/archaeological resources and mitigation as to same, the DEIS is fatally defective on its face, both procedurally and substantively. Accordingly, due to this material inadequacy, the SEQRA process should be immediately suspended and a supplemental EIS required that complies with the full procedures of the governing Part 617 regulations. *See* 6 NYCRR 617.9(a)(7)(i) & (iii).

Second, the Applicant's rationale for seeking to bypass meaningful public evaluation of impacts to, and mitigation regarding, historical/archaeological resources is fundamentally flawed. Unavailing is the Applicant's assertion that it should get a free pass as to data collection necessary for impact assessment (i.e., the Phase II and Phase IB studies directed by SHPO) until

after conclusion of the SEQRA process because of the alleged inability to obtain full site access now. The Applicant claims that it has the power of eminent domain. Assuming, without deciding if that is true, then the Applicant may avail itself of Eminent Domain Procedures Law § 404. Section 404 accords the condemnor the right of entry prior to acquisition (upon proper notice) in order to prepare studies necessary as a prerequisite to the condemnation process. In other words, the Applicant's site access excuse is utterly meritless. Moreover, to the extent the Applicant does not have eminent domain power, that merely highlights that its selection of the Downtown Site is fatally defective and that the Applicant should instead be pursuing the Applicant-owned St. Luke Campus (which has been found to be a feasible alternative site for the IHC). In other words, if the Applicant does not have the power to use Section 404 of the Eminent Domain Procedures Law, then the Downtown Site is fatally defective, because information cannot be gathered that is necessary to complete the SEQRA process.

2. The DEIS is Inadequate and Fatally Defective as to Evaluation of Cumulative Impacts (i.e., the Nexus Project and Re-Use of the St. Luke and St. Elizabeth Facilities/Campuses)

In two respects, the DEIS is also 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 (4th Dep't 1995).

More specifically, 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).

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.

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).

3. The DEIS is Inadequate and Fatally Defective as to Evaluation of Community Character and Consistency with Local Land Use Plans and Policies

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.

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).

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.

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 District² 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.)

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*

² The Gateway Historic District is bounded by State Street to the west, Columbia Street to the south, Genesee Street to the east, and the CSX rail line to the north. *See* City of Utica Mater Plan (October 5, 2011).

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.

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. 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.”
- 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.)
- 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.
- 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.

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).
- 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.)

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.
- 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.)
- 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.

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).

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) (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).

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

4. The DEIS is Incomplete, Inadequate and Fatally Defective as to the Site Selection Process

As noted in Part A above, the DEIS is incomplete for failure to append the entire site selection study. *See* DEIS, Appendix D (containing only the executive summary). This omission, in conjunction with the brief public comment period (with the comment deadline two days after Christmas), appears to be a calculated measure to preclude meaningful public review.

As fully detailed in the comments submitted by Frank Montecalvo, Esq., dated December 26, 2018 (Part I.K), selection of the Downtown Site for the IHC long preceded the commencement of any type of SEQRA review, rendering the site selection process described in the DEIS a total sham. As reflected in Mr. Montecalvo’s comments, the site selection process was designed to have a pre-determined outcome; that is, (1) the Downtown Site was selected and promoted prior to any site study, (2) the consultants hired later to perform the site study were hired with the expectation and aim of designing the study to result in selection of the Downtown

Site, and (3) the Applicant was strong-armed into approving the Downtown Site as its preferred choice. For this reason alone, the DEIS is fatally defective, and further analysis and a supplemental DEIS are required relative to site selection.

As for the substance of the executive summary, this, too, shows that the site selection process was anything but objective and impartial, as criteria were highly subjective and of questionable validity, and scoring of sites and the ultimate selection of the Downtown Site are suspect at best. In this regard, we adopt and incorporate herein by reference the comments of Mr. Montecalvo.

5. The DEIS is Inadequate and Fatally Defective as to Evaluation of Alternative Sites and Practicable Mitigation, Particularly Relative to the St. Luke Campus

The DEIS is fatally defective for failing to identify the St. Luke Campus as a practicable avoidance/mitigation measure relative to a host of significant adverse impacts associated with the Downtown Site, hence making the St. Luke Campus the alternative that avoids or mitigates adverse impacts to the maximum extent practicable. These impacts include, but are not limited to, the following:

- Impacts from contaminated soils due to prior industrial use of the Downtown Site (land, air [fugitive dust], surface water, ground water) would be avoided by developing the IHC on the St. Luke Campus.
- Massive impacts to community character, aesthetic resources and historic/archaeological resources would be avoided by developing the IHC on the St. Luke Campus.
- Material conflicts with community plans/goals would be avoided by developing the IHC on the St. Luke Campus, as the proposed uses are fully consistent with New Hartford zoning and plans, and the St. Luke Campus is currently being used for medical/health-related purposes.
- Impacts to human health from potentially catastrophic events related to the CSX rail line, and impacts to human health potentially resulting from excavation of contaminated soils on the Downtown Site, would be avoided by developing the IHC on the St. Luke Campus.
- Impacts to transportation/traffic (due to street closures/destruction of a portion of the Street Grid) would be avoided by developing the IHC on the St. Luke Campus.
- Impacts relative to environmental justice – i.e., the displacement of this entire neighborhood and the charitable services located there – would be avoided by moving

the IHC to the St. Luke Campus, as this site is already being used for an institutional use and would not require the displacement of any environmental justice area.

- The need to develop information on cumulative impacts relative to the Nexus Project would be avoided by developing the IHC on the St. Luke Campus.
- Were the IHC developed at the St. Luke Campus, it would result in a negligible increase of approximately 27 beds. Therefore, no new or significant increase in impacts should be expected at this site. That is, the nature and intensity of operational environmental impacts (e.g., surface water, groundwater, air, aesthetic resources, transportation, utilities, energy, noise, odor, human health and solid waste impacts) would be minimal and certainly far less than at the Downtown Site.
- Last, but not least, issues regarding site access or invoking eminent domain (and the resulting disruption) do not exist at the St. Luke Campus, given that the Applicant owns this property. Relative to the Downtown Site, if the Applicant has the power of eminent domain, invoking that power will adversely impact and be disruptive to affected property owners; of course, any such impacts would be avoided by utilizing the St. Luke Campus for the IHC project. If the Applicant does not have the power of eminent domain, the inability of the Applicant to complete the consultation process required under article 14 of the PRHPL (and adequately identify and explore practicable mitigation measures in the SEQRA process) demonstrates that the Downtown Site is a defective site that should be excluded from analysis.

At the end of the day, the DEIS does not provide an adequate impact evaluation or cogent support for locating the IHC at the Downtown Site. Reduced to its essence, developing the IHC at the Downtown Site will result in massive unavoidable, unmitigable environmental impacts – including the destruction of a vibrant, historically and culturally significant neighborhood, in contravention of the City Master Plan and other officially adopted protections for historic districts. And, all of this havoc will occur, for the net benefit of 27 hospital beds, which readily could be incorporated into the existing medical campus at St. Luke's and, thereby, avoid the broad-scale destruction of the Columbia-Lafayette neighborhood.

We respectfully maintain, therefore, that, for the reasons set forth above, the SEQRA process must be reopened, a supplemental DEIS issued, and the aforementioned impacts seriously addressed in the public review process.

Very truly yours,


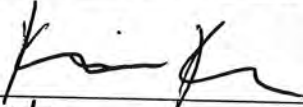
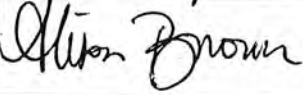
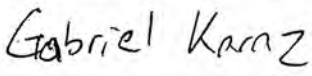

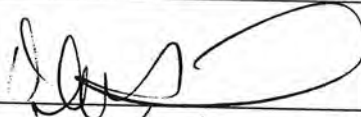



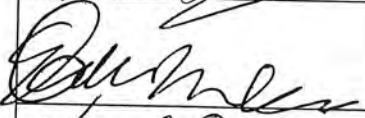
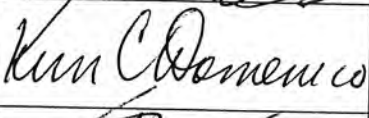

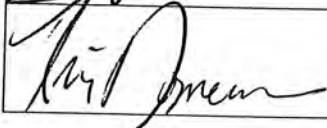
Thomas S. West

TSW/cmm
cc: Mr. Brett Truett

EXHIBIT A

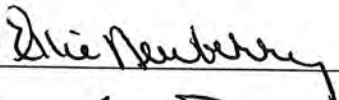



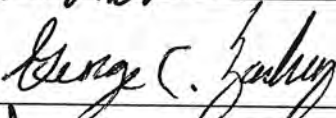

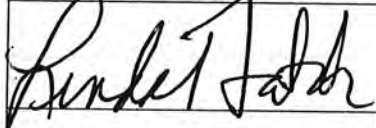


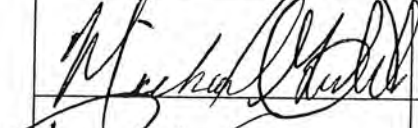
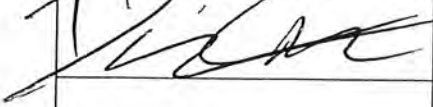
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| Signature | Printed Name | Address |
|---|--|--|
|  | Jeffrey B. Kahn | 11 KENYON COURT. |
|  | Kevin Rowe | 54 Greenacres Dr Whitesboro, N.Y. 13492 |
|  | Alison Brown | 16 Army Ave Utica NY 13502 |
|  |  | 2124 Sunset Ave Utica NY 13502 |
|  | Dean Stappella | P.O. Box 592 Utica N.Y. 13502 |
|  | Victor D Chambers | 1202 Belle Ave Utica NY 13501 |
|  | Molly Domenicus | 2011 GENESEE UTICA NY 13501 |
|  | Isaiah Christian | 1609 Holland Ave. Utica NY 13501 |
|  | Eleni M. Marketas | Utica, NY |
|  | Kim C Domenico | 2011 Genesee St Utica NY |
|  | Sean Welch | PO Box 21 Bridge Water NY 13313 |
|  | Orin Domenicus | 17 Grant St Utica 13501 |

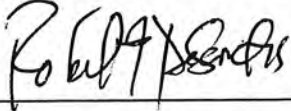
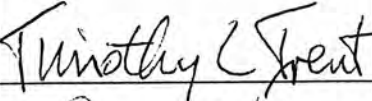
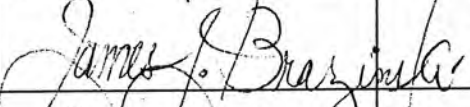
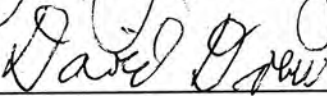
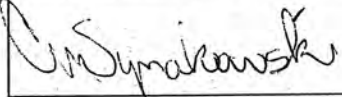

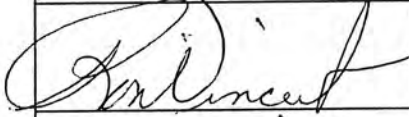
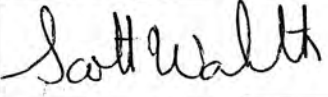
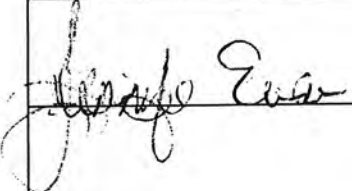
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| Signature | Printed Name | Address |
|---|--------------------|--|
|  | Ellic Newberry | 30 East River St Ilion, NY 13357 |
|  | Scott Trevert | 2321 ONEDA ST VERONA BRANCH NY 13162 |
|  | Krista Bronski | 5721 Walker Rd Deerfield NY 13502 |
|  | MATT PETROWSKI | 5721 WALKER RD DEERFIELD, NY 13502 |
|  | GEORGE ZACHARY | 506 BRIARCLIFF AVE UTICA, NY 13502 |
|  | Lauren Meta | 414 Cheese Rd. Cold Brook, NY 13324 |
|  | Linda S Tatata | 100 ARlington Rd Utica, NY 13501 18 LESTER AVE |
|  | LINDA FORSYTHE | UTICA NY 13501 |
|  | Mary Labella | 121 Sheila Pl Frankfort, 13340 |
|  | Michael Gentile | 484 Van Ellis Rd Utica NY |
|  | Danielle Czarnocki | 2592 Cheese Factory Rd. Barneveld NY, 13304 |
| | | |

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| Signature | Printed Name | Address |
|---|-----------------------|--|
|  | Robert DeSantis | 2622 Edgewood Rd Utica, NY 13501 |
|  | Timothy Trent | P.O. Box 545 Utica, NY 13503 |
|  | JAMES J. BRAZINSKI | 509 HENRY STREET UTICA, N.Y. 13502 |
|  | DAVID DREO | 1423 SUNSET UTICA, N.Y. 13502 |
|  | C.M. Synakowski | 49 Pinecrest Rd, Whitesboro, 13492 |
|  | Alfred LaSalle | 916 Brighton |
|  | FOX VINCENT | 477 ROSECLAIR AVE |
|  | Scott Walrath | 128 Westminister Place Utica 13501 |
|  | Jennifer Egan | 10291 Ridgecroft Rd Utica, NY 13502 |
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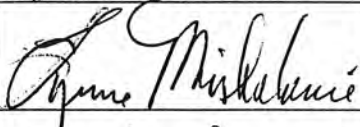
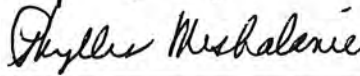

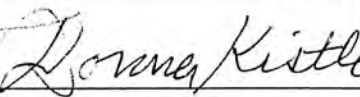


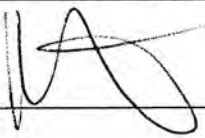
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| Signature | Printed Name | Address |
|------------------------|-----------------|--|
| <i>Lucio Pasica</i> | Lucio Pasica | 810 Bleeker St. Utica, N.Y. 13501 |
| <i>Joseph Cerini</i> | Joseph Cerini | 174 Elm St Tlanta, N.Y. 13357 |
| <i>Michael Cerini</i> | MICHAEL CERINI | 510 S. Litchfield S. FRANKFORT NY |
| <i>Samantha Cerini</i> | Samantha Cerini | 1106 Center Rd. Frankfort, NY 13340 |
| <i>Alyssa Scherer</i> | Alyssa Scherer | 832 Wall St West Winfield, NY 13491 |
| <i>Joshua Cerini</i> | Joshua Cerini | 2315 W. Highland Ave Yorkville NY 13495 |
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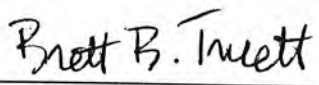
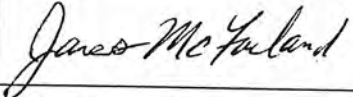

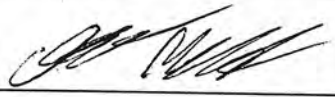


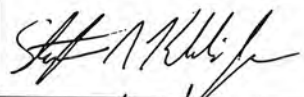



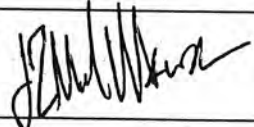

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| Signature | Printed Name | Address |
|---|-------------------|--|
|  | Lynne Mishalane | 2807 Milton Place Utica, N.Y. 13501 |
|  | Phyllis Mishalane | 711 Armory Dr. Utica, NY 13501 |
| Teresa Halliday | TERESA HALLIDAY | 601 Cosby Rd Utica, NY 13502 |
|  | Nick Gioppo | 2814 Milton Pl. Utica NY 13501 |
|  | DONNA KISTLER | 2816 MILTON UTICA 13501 |
|  | DIANE LACEY | 2807 Milton Pl Utica, NY. |
|  | Mary Finkle | 2712 Brighton Pl. Utica, NY 13501 |
| J Gerace | J GERACE | 527 Jefferson Utica, NY 13501 |
|  | Patricia Handley | 309 Cottage St Utica NY 13501 |
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| Signature | Printed Name | Address |
|---|------------------------------|--|
|  | BRETT B. TRUETT | 10-12 Liberty St. Utica NY 13502 |
|  | JAMES McFARLAND | 120 HARTMAN AVE UTICA N.Y. 13502 |
|  | Katie MARTIN | 23 Parkway Drive Whitesboro, NY 13492 |
|  | JESSE MARTIN | 23 Parkway Drive Whitesboro, NY 13492 |
|  | Andrew Piseck | 171 Genesee St Utica, NY 13502 |
|  | Matthew LaPlante | 309 Rt. 19c Rd Oriskany NY 13424 |
|  | Stephen N. Keblish | 106 Genesee St. Utica NY 13502 |
|  | Joe Nicolette | 2350 Burdett Ave Troy, NY 12180 |
|  | Francesca Palladino | 7625 Streiff Rd Home, NY, 13502 |
|  | DONNA BECKETT | 12 NORTON AVE CLINTON N. NY 13323 |
|  | JONATHAN Z. MATWYC WALTON | 700 W. DOWNICK ST 1073 POSE, NY 13440 |
|  | PRINT" AKA. KARL | 772 RUTGER ST UTICA N.Y. |

We are currently generating your PDF file of comments. When the file is ready, we will send you an email at editor@nohospitaldowntown.com.

change.org

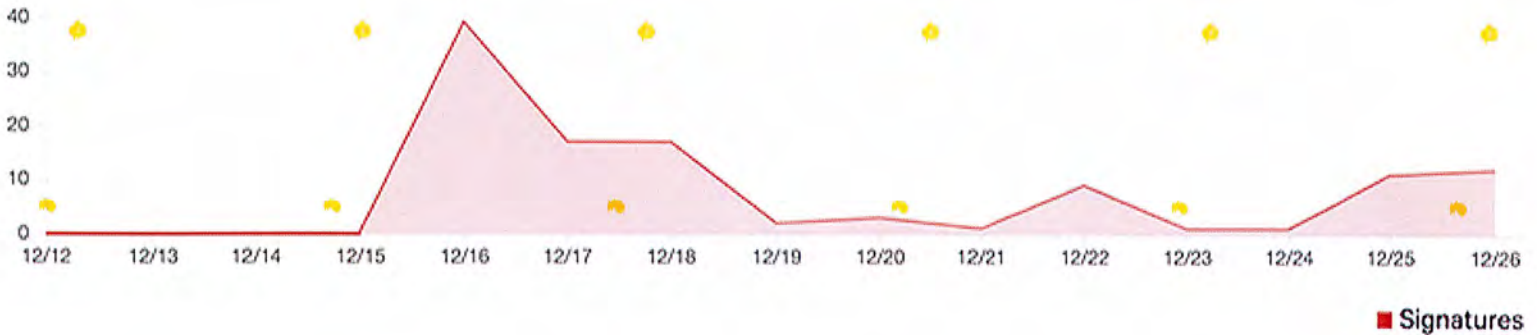
Start a petition Browse Membership



Extend Public Comment Period For New MVHS Hospital DEIS

109 supporters

Dashboard



PLEASE NOTE

December, 27, 2018

Our online petition at:

change.org/p/city-of-utica-planning-board-extend-public-comment-period-for-new-mvhs-hospital-deis

Collected an additional 109 signatures that were not printable in time to be added to the attached signatures within exhibit A.

Please take this into consideration.

Sincerely,

Brett Truett, Cofounder
#NoHospitalDowntown

EXHIBIT B



Landmarks Society Of Greater Utica

1124 State Street / Utica, NY 13502 / 315.732.7376 / www.uticalandmarks.org

December 27, 2018

VIA HAND DELIVERY AND E-MAIL

Mr. Fred Matrulli, Chairman- City of Utica Planning Board
c/o Department of Urban & Economic Development
1 Kennedy Plaza
Utica, New York 13502

RE: MVHS proposed IHC- Request for SEQRA DEIS public comment period extension

Dear Mr. Matrulli:

The Landmarks Society of Greater Utica (LSGU) supports an extension of the MVHS proposed IHC SEQRA DEIS public comment period by 60 days. We believe this is necessary given the complexity of the many interrelated issues being reviewed, the incomplete and inaccurate information currently included in the November 15 DEIS, and the need to distinguish between speculative conjecture on MVHS's part and fact. There are significant contradictions present in the submitted project which intends to demolish all buildings in the proposed campus footprint including 2 National Register of Historic Places (NRHP) listed properties-301 & 401 Columbia St.- and 9 NRHP eligible properties. The current US Secretary of the Interior guidelines discourage demolition only as a last resort after all other options have been exhausted. Since the St. Luke's campus is a viable 2nd site, as determined by MVHS, another option to explore exists. Three properties are also in the expanded NRHP listed Downtown Genesee Street Historic District which represents an obstacle to removal as demolition in the district is also restricted. NYSHPO requires investigation and documentation of the above mentioned historically & culturally significant properties, which in many cases has not yet commenced, and is required as part of the SEQRA process. Such demolitions also violate 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.

DASNY requires additional clarification from MVHS as to what functions are remaining at the various campuses and how this would promote a consolidation/integration of the health care system. The NRHP eligible St. Elizabeth campus, which MVHS is proposing to repurpose, is located in Utica's Scenic & Historic Preservation District and subject to review/approval of any exterior alterations or proposed demolition.

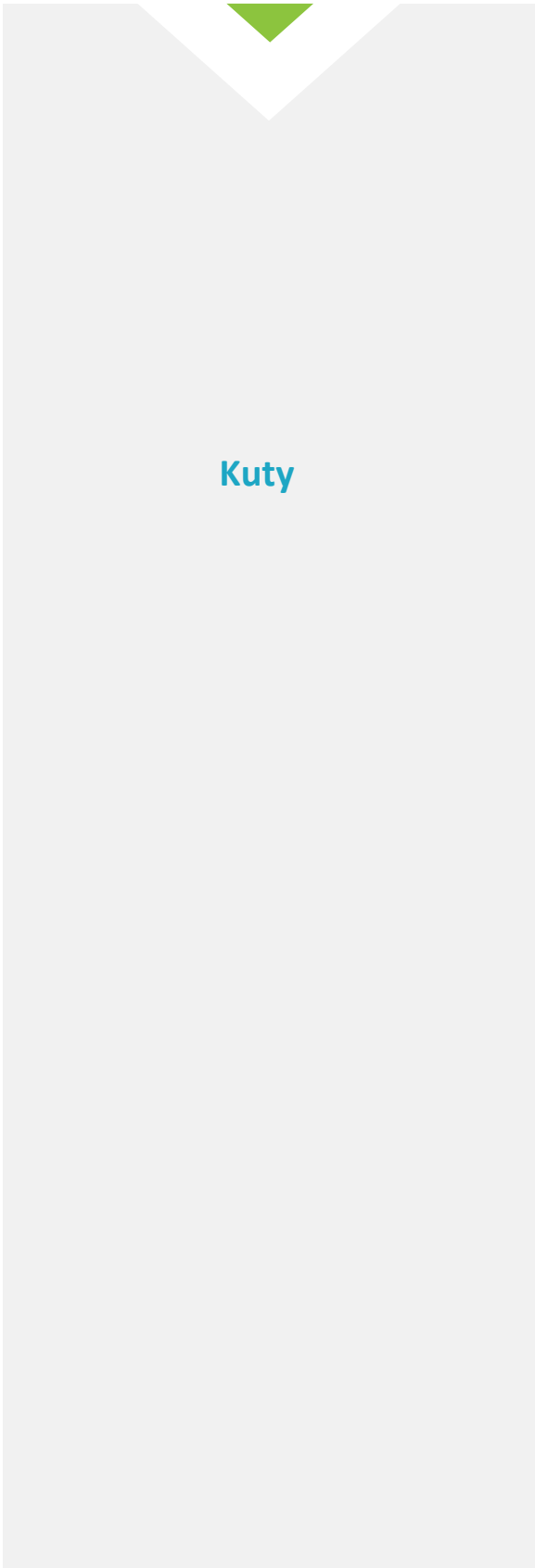
Given the amount of information, 3500+ pages, with which a reviewer would need to become familiar, the truncated time frame of the minimal designated comment period during Thanksgiving and Christmas, and incomplete cart-before-the-horse MVHS submissions, we do not believe that sufficient time has been allotted for stakeholders to fully process the information. An opportunity for meaningful public input has not been provided for this very important project which will have an irreversible, long term, and far reaching impact on Utica and the Mohawk Valley. Please do not hesitate to contact me at LSGU should you require additional information.

Thank you for your careful consideration and deliberation regarding this matter.

Sincerely,

Steven Grant, President and the Board of Trustees of the Landmarks Society of Greater Utica

Cc: Thomas S. West- The West Firm



Kuty

MVHS Environmental Impact Statement Response

My name is Tyler Kutty. I am a resident of New Hartford, a current student of the Urban and Regional Studies Program at Cornell University and an intern for Joseph Wicks at the Community Foundation. While I approve of the concept of a hospital in Downtown Utica, I do have some issues with the current proposal based on its impact to transportation and the effects it has on the community character. I understand that there are many reasons for the actions taken by all parties involved, but I hope my comments are taken into consideration by the City of Utica, MVHS, and NBBJ.

Impact on transportation

The current proposal includes closing Lafayette Street from Broadway to St. Marianne Way. The reason to close Lafayette from Broadway to State St. is understandable as MVHS does not want vehicles driving through the main entryway, however, there does not appear to be a reason to close Lafayette from State St. to St. Marianne Way other than an attempt to encourage use of the far parking lots. NBBJ and the City of Utica should reconsider closing this block as it both blocks another pathway to get from West Utica to Downtown and the hospital, but more importantly, it limits the possibility of future development along Lafayette Street both east and west of Route 12.

Effects on Community Character

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 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.

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.

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 that limit the negative impact on the community and can include things such as ground level retail or garage beautification efforts.

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.



NYSDOT





December 27, 2018

Mr. Brian Thomas
Commissioner
Dept. of Urban & Economic Development
One Kennedy Plaza
Utica, NY 13502

**RE: SEQR – Mohawk Valley Health System
Integrated Health Campus
Draft Environmental Impact Statement**

Dear Mr. Thomas:

As requested, the New York State Department of Transportation (NYSDOT) has reviewed the Draft Environmental Impact Statement (DEIS) including the Traffic Impact Study for the proposed Mohawk Valley Health System (MVHS) Integrated Health Campus to be located in downtown Utica. Upon review of the information provided, NYSDOT offers the following comments:

General Comments

1. Overall, the Traffic Impact Study relied solely on traffic signal timing changes to mitigate the effects of the increased traffic volumes associated with the development. In addition, some of the proposed timing changes result in level of service drops to mainline NY 5S. Signal upgrades and geometry changes will be required to achieve acceptable level of service.
2. The traffic volumes were collected in July 2018 when school was not in session and no adjustments were made. Also, the NY 5S 2019 projections are higher than the MVHS 2022 projections.
3. Please provide the traffic modeling software (Synchro) files used in the capacity analysis to this office.
4. As part of the ongoing NYSDOT project, the NY 5S intersections with Washington and Seneca Streets will no longer be signalized and access will be restricted.
5. Pedestrian accommodations – crosswalks and pedestrian countdown timers should be provided. Please ensure all pedestrian related features are compliant with the 2011 PROWAG (Public Right of Way Accessibility Guidelines).

Traffic Volumes & Trip Generation

1. Three lane sections on both State Street and Genesee Street should be considered for impacted segments to mitigate changes to the downtown circulation patterns associated with the hospital.
2. The build volumes do not reflect the impacts to downtown travel patterns due to the severing of Cornelia and Lafayette Streets.

3. The trip distribution must show use of the Oriskany Street Interchange for trips to and from points south. The expectation is to have the trailblazing for the hospital at the Oriskany Street interchange (blue "H" signs). With the added trips to this ramp system, geometric modifications and signal phasing adjustments may be required at both State Street and Cornelia Street.
4. Currently all added trips from points south of Genesee Street are shown as left turns at Court Street where left turns are prohibited. Re-distribute additional lefts from Genesee Street northbound onto Columbia and Lafayette Streets.
5. At the 375-space parking lot at State & Cornelia, a two-way entrance could be placed on Cornelia Street with a right-in/right-out access on State Street.
6. The projected build volumes show a decrease in traffic at the Columbia/Cornelia and State/Lafayette intersections. The need for a traffic signal should be evaluated at these locations.

Traffic Model & Mitigation

1. The intersections of Court Street/N-S Arterial Ramps and Court/State Street do not appear to be analyzed properly. The full Court Street/Ramp interchange should be studied and shown as coordinated with the Court/State Street intersection.
2. With adjustments made related to the Oriskany Street trip distribution, it is likely that mitigation will be required at both the intersections of State Street Ramp and NY 5S & Cornelia Street. These intersections should be evaluated further with consideration of possible movement prohibitions, geometric changes or alternative traffic control.
3. Traffic signals along city streets, including State, Columbia, and Genesee need to be upgraded or replaced for full detection, actuation, and communication to achieve the mitigated intersection levels of service depicted in the report.
4. In the Synchro analysis, adequate timing should be provided for pedestrians. The output for the Genesee Street and Bank Place pedestrian signal does not show a phase for the pedestrians.

Utility & Permits

1. A Use & Occupancy permit from NYSDOT may be required for proposed parking lots adjacent to the North-South Arterial (NY 5/8/12).
2. Page 80, The existing Cornelia Street 42-inch line does not connect to the proposed outfall under CSX (A9.1) but follows Potter Street and Potter Ave under the CSX to the Mohawk via a 48-inch brick (see attached record plans provided by City of Utica). If the Cornelia Street outlet is used, a separated connection to the A9.1 proposal would be needed. Additionally, the 42-inch line that follows Auditorium Drive is not in the public right-of-way and may require acquisition for the Auditorium Authority.
3. The proposed A9.1 improvements are not shown on Figure 16.
4. Figure 17 – Existing & Proposed Water Mains. Proposed installation of a 12-inch water main along Oriskany Street East between State Street and Broadway if

feasible, should be undertaken in the near future to avoid additional cost to replacement of new installed features under the NYSDOT NY 5S project.

5. Page 85, During the development of the NYSDOT project, the drainage directed to the identified systems was deemed not plausible due to unavailable capacity and interference with sanitary outflow on Potter Ave.

We would be happy to meet to discuss these comments further. Thank you for the opportunity to comment.

Sincerely,



Deborah S. Windecker
Regional Planning and Program Manager

DW:BW:kr

cc: Brian Hoffmann, Regional Design Engineer
Linda Lubey, Regional Traffic Engineer
Joe Sciortino, Regional Permit Engineer
Guy Sassaman, Oneida County Planning

From: [Brian Thomas](#)
To: [Steve Eckler](#); "kbennett@bsk.com"
Cc: [Chris Lawrence](#); [Kathryn Hartnett](#)
Subject: FW: [EXTERNAL] Mohawk Valley Health System (MVHS) - Draft EIS
Date: Friday, December 28, 2018 1:40:39 PM
Attachments: [image001.png](#)
[8158_1.tif](#)
[Q-152.tif](#)
[SCAN7211.tif](#)

City of Utica, New York
Department of Urban & Economic Development
Brian Thomas, AICP - Commissioner
1 Kennedy Plaza
Utica, New York 13502
(315) 792-0181 phone
(315) 797-6607 fax

From: Watts, Beth E. (DOT) [mailto:Beth.Watts@dot.ny.gov]
Sent: Friday, December 28, 2018 1:36 PM
To: Brian Thomas <btthomas@cityofutica.com>
Subject: [EXTERNAL] Mohawk Valley Health System (MVHS) - Draft EIS

WARNING — This email originated from an external source
Do not click links or attachments unless you recognize the sender and know the content is safe

Brian,

Please see attached drawings that should have gone with yesterday's submittal. The record plans were referred to in the "Utility & Permits" section, bullet 2 (see below).

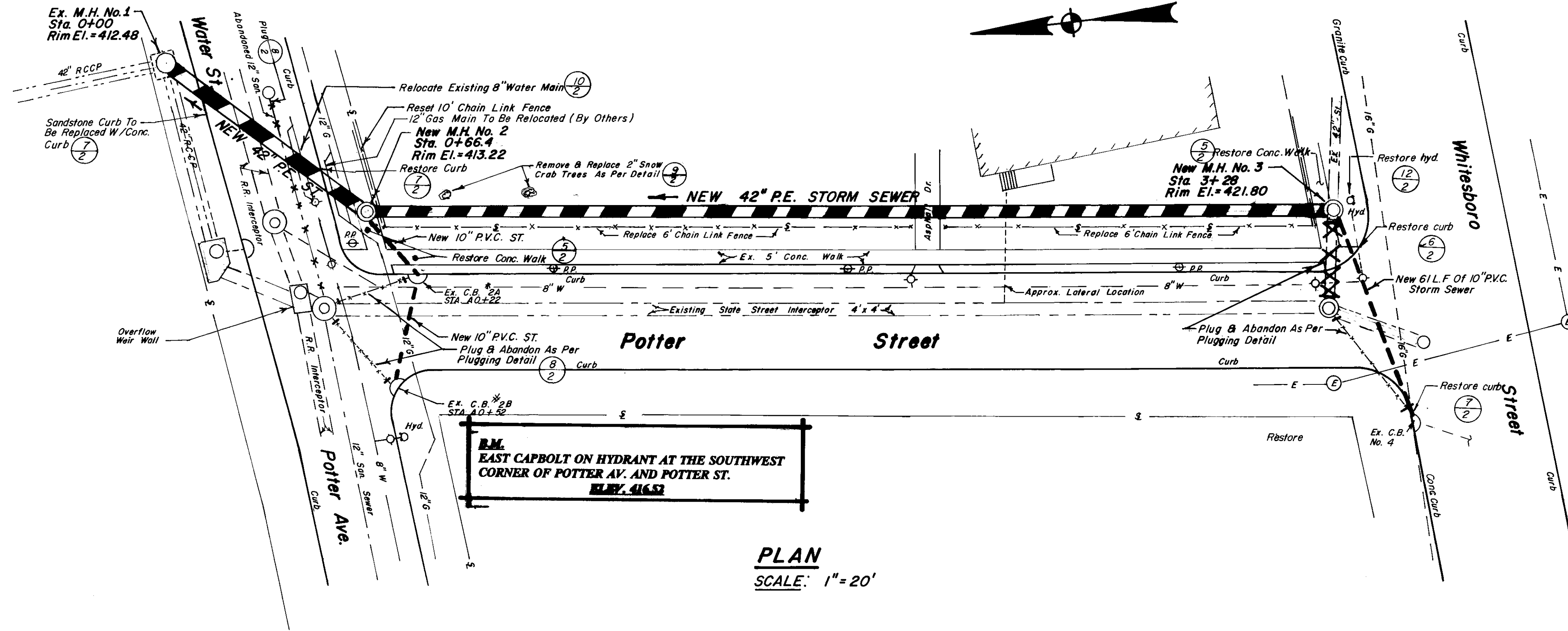
Utility & Permits

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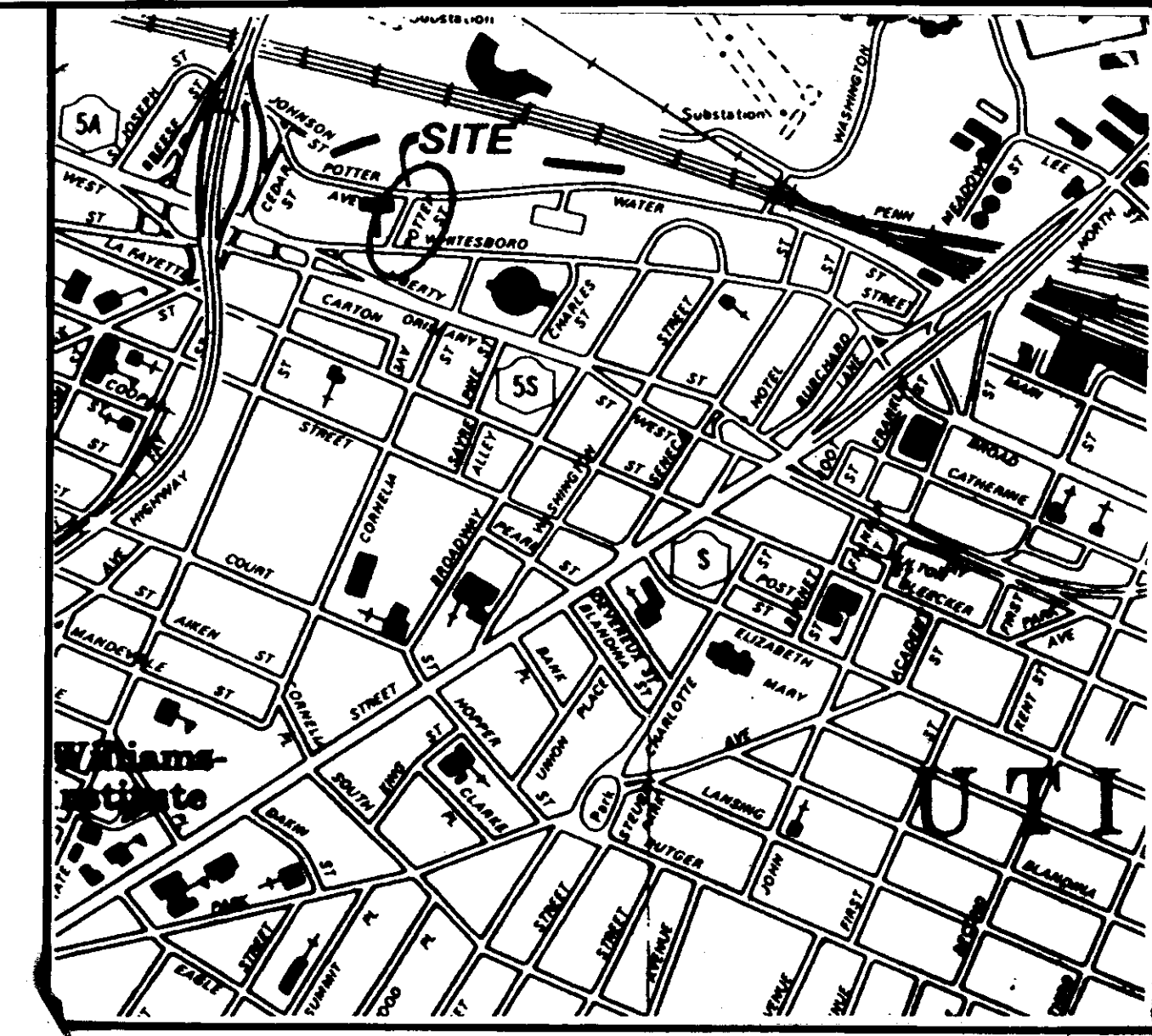
Thank you,
Beth

Beth Watts, PE, PTOE
Planning & Program Management

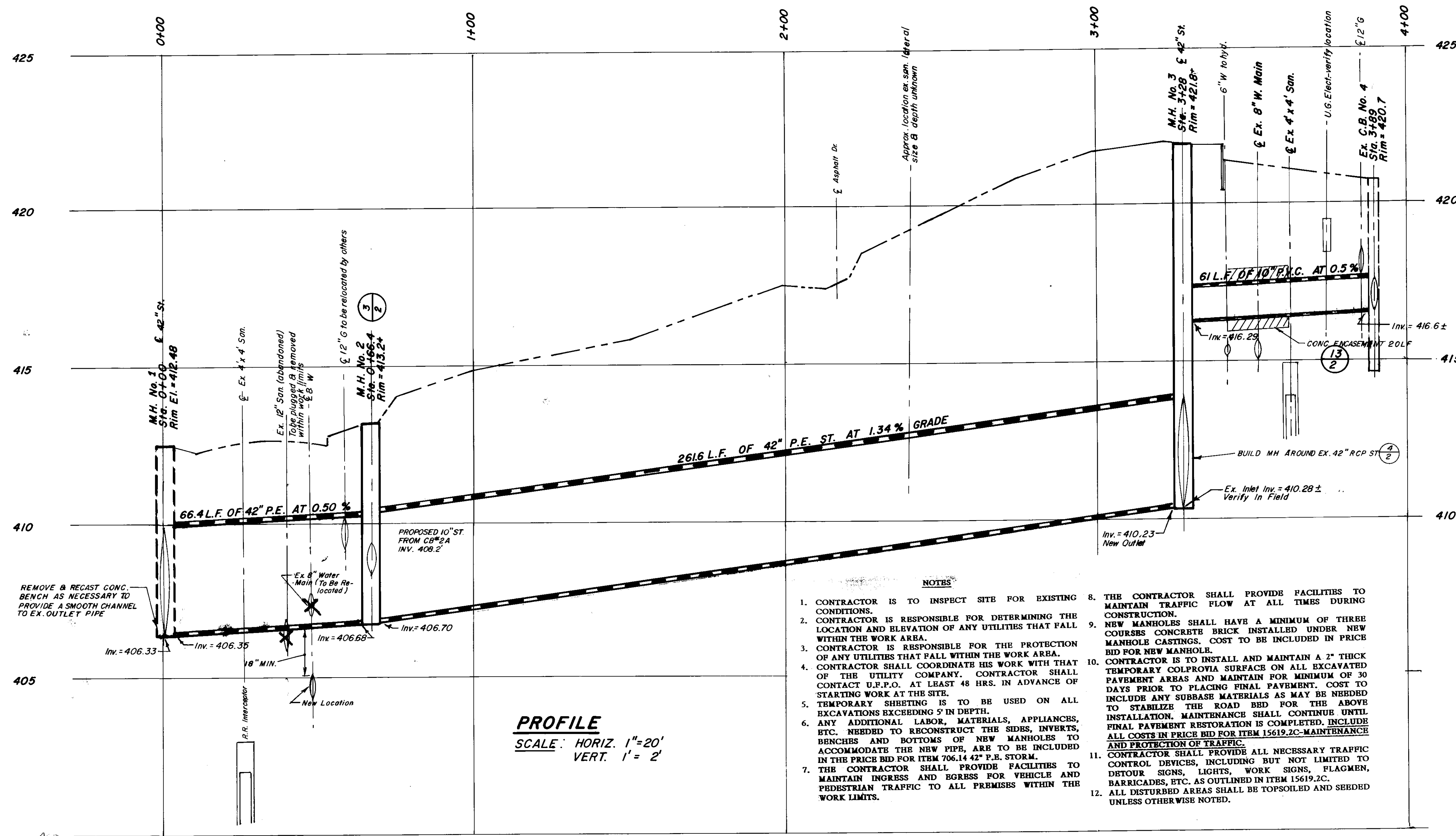
NYSDOT – Mohawk Valley Region
207 Genesee Street, Utica, NY 13501
315.793.2451 | beth.watts@dot.ny.gov



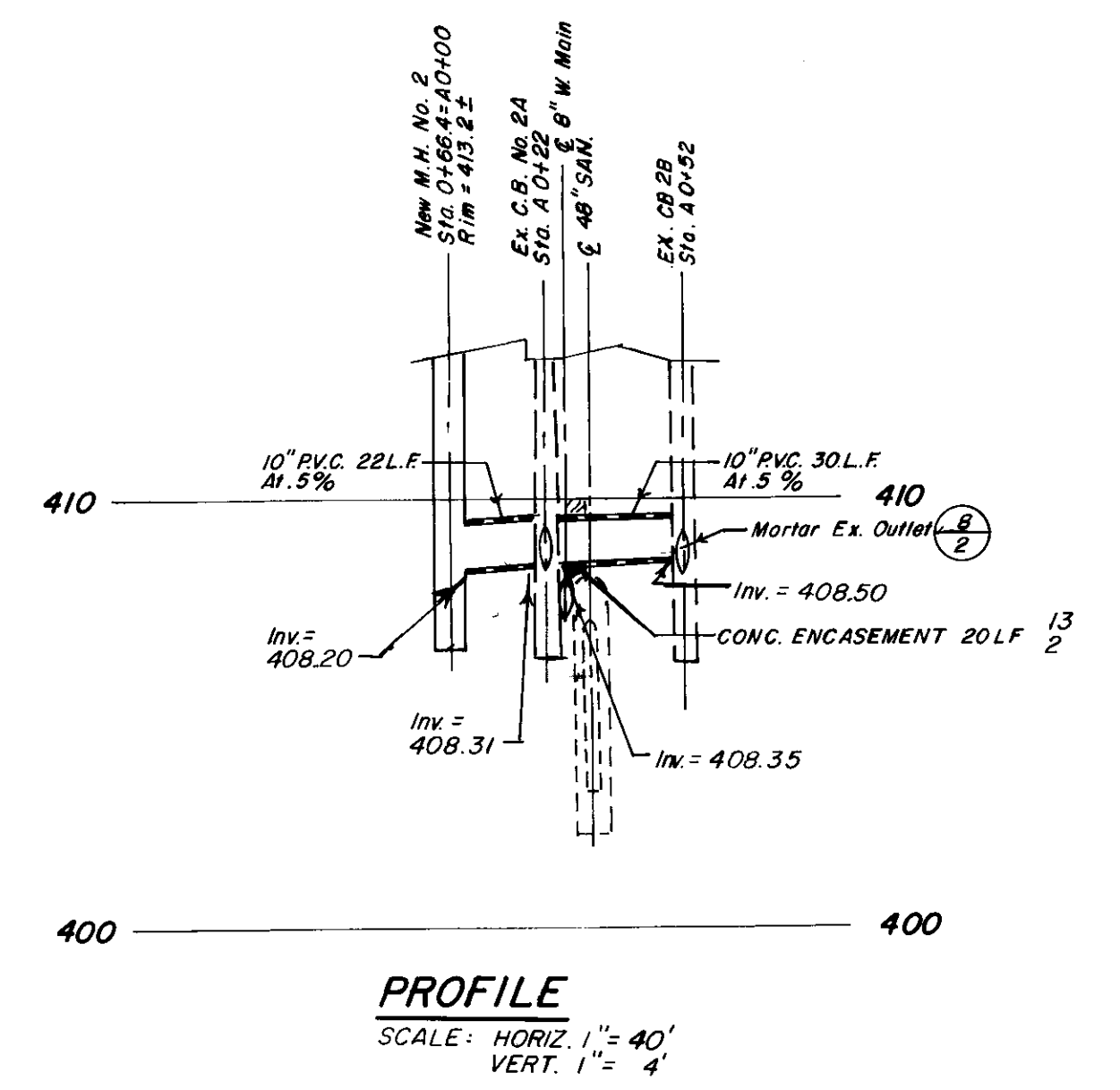
PLAN
SCALE: 1" = 20'



LOCATION PLAN
1" = 80'



PROFILE
SCALE: HORIZ. 1" = 20'
VERT. 1" = 2'



PROFILE
SCALE: HORIZ. 1" = 40'
VERT. 1" = 4'

- NOTES**
- CONTRACTOR IS TO INSPECT SITE FOR EXISTING CONDITIONS.
 - CONTRACTOR IS RESPONSIBLE FOR DETERMINING THE LOCATION AND ELEVATION OF ANY UTILITIES THAT FALL WITHIN THE WORK AREA.
 - CONTRACTOR IS RESPONSIBLE FOR THE PROTECTION OF ANY UTILITIES THAT FALL WITHIN THE WORK AREA.
 - CONTRACTOR SHALL COORDINATE HIS WORK WITH THAT OF THE UTILITY COMPANY. CONTRACTOR SHALL CONTACT U.P.P.O. AT LEAST 48 HRS. IN ADVANCE OF STARTING WORK AT THE SITE.
 - TEMPORARY SHIELDING IS TO BE USED ON ALL EXCAVATIONS EXCEEDING 5' IN DEPTH.
 - ANY ADDITIONAL LABOR, MATERIALS, APPLIANCES, ETC. NEEDED TO RECONSTRUCT THE SIDES, INVERTS, BENCHES AND BOTTOMS OF NEW MANHOLES TO ACCOMMODATE THE NEW PIPE, ARE TO BE INCLUDED IN THE PRICE BID FOR ITEM 706.14 42" P.E. STORM.
 - THE CONTRACTOR SHALL PROVIDE FACILITIES TO MAINTAIN INGRESS AND EGRESS FOR VEHICLE AND PEDESTRIAN TRAFFIC TO ALL PREMISES WITHIN THE WORK LIMITS.
 - THE CONTRACTOR SHALL PROVIDE FACILITIES TO MAINTAIN TRAFFIC FLOW AT ALL TIMES DURING CONSTRUCTION.
 - NEW MANHOLES SHALL HAVE A MINIMUM OF THREE COURSES CONCRETE BRICK INSTALLED UNDER NEW MANHOLE CASTINGS. COST TO BE INCLUDED IN PRICE BID FOR NEW MANHOLE.
 - CONTRACTOR IS TO INSTALL AND MAINTAIN A 2" THICK TEMPORARY COLPROVIA SURFACE ON ALL EXCAVATED PAVEMENT AREAS AND MAINTAIN FOR MINIMUM OF 30 DAYS PRIOR TO PLACING FINAL PAVEMENT. COST TO INCLUDE ANY SUBBASE MATERIALS AS MAY BE NEEDED TO STABILIZE THE ROAD BED FOR THE ABOVE INSTALLATION. MAINTENANCE SHALL CONTINUE UNTIL FINAL PAVEMENT RESTORATION IS COMPLETED. INCLUDE ALL COSTS IN PRICE BID FOR ITEM 15619.2C-MAINTENANCE AND PROTECTION OF TRAFFIC.
 - CONTRACTOR SHALL PROVIDE ALL NECESSARY TRAFFIC CONTROL DEVICES, INCLUDING BUT NOT LIMITED TO DETOUR SIGNS, LIGHTS, WORK SIGNS, FLAGMEN, BARRICADES, ETC. AS OUTLINED IN ITEM 15619.2C.
 - ALL DISTURBED AREAS SHALL BE TOPSOILED AND SEEDED UNLESS OTHERWISE NOTED.

PROJECT NO. 1997 WQ0334 - CONTRACT NO. C300622

CONTRACT #1, POTTER STREET, STORM SEWER

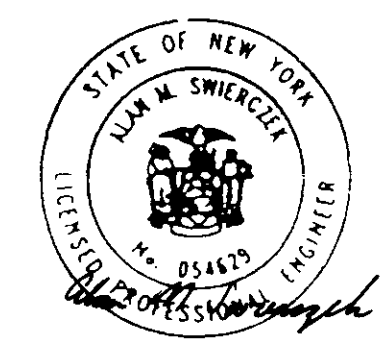
CLEAN WATER / CLEAN AIR BOND ACT
UTICA SEWER
REVITALIZATION PROJECT

PLANS SHEET 1 OF 2

DEPT. OF ENGINEERING
UTICA, N.Y.

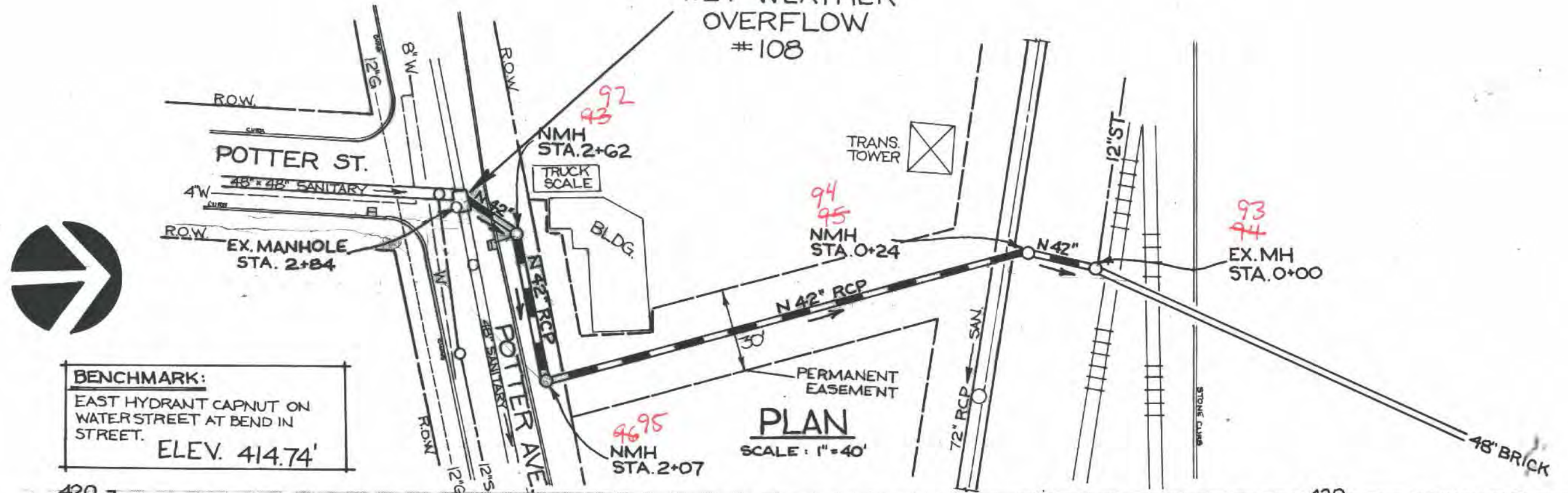
CONSTRUCTION OF A NEW 42" STORM SEWER
IN
POTTER STREET
FROM : WATER STREET
TO : WHITESBORO STREET

| | |
|---------------------|---------------------|
| SCALES: AS NOTED | DRAWN BY: T.G. |
| REFERENCE: | TRACED BY: |
| DATE: APRIL 1, 1999 | CHECKED BY: D.DAY |
| APPROVED: | DRAWING NO: |
| | APPROVED: |
| CITY ENGINEER | DEPT. CITY ENGINEER |



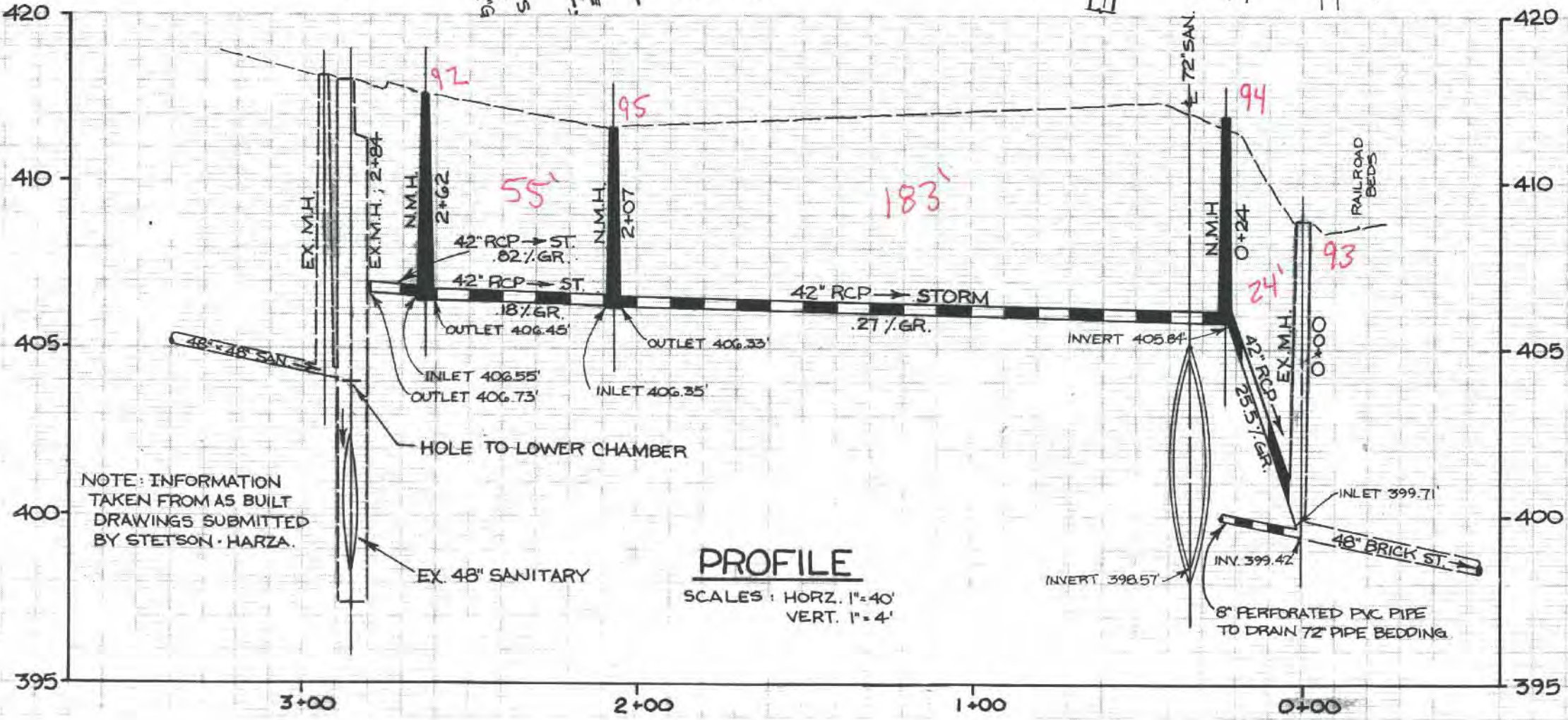
ALAN M. SWIECICKI, P.E.
P.O. BOX 204
WHITESBORO, NY 13492

**POTRAU-10
WET WEATHER
OVERFLOW
#108**



BENCHMARK:
EAST HYDRANT CAPNUT ON
WATER STREET AT BEND IN
STREET.
ELEV. 414.74'

PLAN
SCALE: 1" = 40'



PROFILE
SCALES: HORZ. 1" = 40'
VERT. 1" = 4'

CATCHBASIN
MANHOLE
HYDRANT

**STORM SEWER-OVERFLOW #108
THRU PRIVATE
PROPERTY C.T.M. 3-9-2-1
FROM: POTTER STREET
TO: EX. 48" BRICK
CONTRACT DATE: APRIL, 12, 1985
CONTRACT FINAL
CONTRACTOR: LONGO CONST.
ORD. # 361
ORD. DATE: DEC. 19, 1984**

DRAWING N° 7982
PAGE 1 of 1

CHECKED BY: E.S.C.
DATE: 4/9/90



DASNY





ANDREW M. CUOMO
Governor

ALFONSO L. CARNEY, JR.
Chair

GERRARD P. BUSHELL, Ph.D
President & CEO

December 27, 2018

Mr. Brian Thomas, A.I.C.P.
Commissioner
City of Utica Department of Economic Development
1 Kennedy Plaza
Utica, New York 13502

Via First Class Mail and Electronic Mail

Re: The City of Utica Planning Board's *State Environmental Quality Review* Draft Environmental Impact Statement Comment Letter for the Mohawk Valley Health System's *Construction of the Integrated Health Campus ("IHC")*, City of Utica, Oneida County, New York

Dear Mr. Thomas:

The Dormitory Authority of the State of New York ("DASNY") is in receipt of the City of Utica Planning Board's ("UPB's") *Draft Environmental Impact Statement ("DEIS")*. DASNY is working with the New York State Department of Health ("NYSDOH") in connection with a grant awarded to Mohawk Valley Health System's ("MVHS") pursuant to the Oneida County Health Care Facility Transformation Program (the "Grant"). The Grant will provide funding for the construction and equipping of the proposed IHC.

DASNY thanks the UPB, as lead agency, for holding the public hearing related to the *DEIS* for the proposed MVHS *Construction of the Integrated Health Campus ("IHC")*. DASNY encourages public input whenever possible in the State Environmental Quality Review ("SEQR") process and exercises the public hearing option for all our projects requiring an *Environmental Impact Statement ("EIS")*. DASNY also found the review of the *DEIS* to be comprehensive in its evaluation and analysis assessing the Proposed Project's potential significant adverse environmental impacts.

CORPORATE HEADQUARTERS
515 Broadway
Albany, NY 12207-2964

T 518-257-3000
F 518-257-3100

NEW YORK CITY OFFICE
One Penn Plaza, 52nd Floor
New York, NY 10119-0098

T 212-273-5000
F 212-273-5121

BUFFALO OFFICE
539 Franklin Street
Buffalo, NY 14202-1109

T 716-884-9780
F 716-884-9787

DORMITORY AUTHORITY STATE OF NEW YORK

**WE FINANCE, BUILD AND
DELIVER.**

www.dasny.org

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.

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.

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.

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.

Thank you again for the ability to comment as an involved agency funding the Proposed Project. All additional project related correspondence or documentation should continue to be submitted to me at: **Mr. Robert S. Derico, R.A., Acting Director, Office of Environmental Affairs, DASNY, 515 Broadway, Albany, New York 12207-2964** or via electronic mail at **rderico@dasny.org**.

Respectfully,



Robert S. Derico, R.A.
Acting Director

cc: Michael E. Cusack, Esq. (DASNY)
Sara P. Richards, Esq. (DASNY)
Udo Ammon (NYSDOH)
James P. Lupoli (DASNY)
SEQR File
OPRHP File



Lewis



FAX COVER SHEET

12/27/18

TO: City of Utica Planning Board
Utica NY

City of Utica
Econ. Dev.

FAX #: 315 797 6607

Phone #: option 7 of
315 792 4636

From: Eleanor R Lewis
Beauville NY

Phone/fax: 315 942 2975

pp. = 2 + this = 3 total

I hope this is still acceptable.
I'm sure there will be people
e-mailing until midnight.

At 4:25 my non-printing fax
machine refused to work until
I changed ink for its printer
- a major challenge

To: City of Utica
Planning Board

Re: SEQRA re Proposed
Downtown Location
of New Hospital

my typed letter addresses
issues of transportation
and land use as well
as quality of life, which
is not stated in this EIS
as a specific, but is
something that should
be considered during
this hospital process.

Eleanor R Lewis
9570 North Pond Rd
Boonville 13309
942-2975

12/27/18

What makes Utica special

I believe I have a unique perspective of the quality of life in Utica. Three years ago, I escaped from 40 years of living in Boulder, Colorado. Arriving in Utica, and experiencing Utica, I found it to be such a major relief from life in Boulder. It has recently occurred to me that long-time Uticans probably just take for granted all the aspects that make life in Utica so PLEASANT and unique and wonderful. These aspects are so fragile and can be so easily destroyed – PLEASE be careful with this major issue of the location of the new hospital.

- generosity, concern for quality of life
- DRIVING is so low key and pleasant
- shopping interactions are low key and pleasant
- businesses, even the locally big ones, project a friendly image and are APPROACHABLE
- ~~Business~~-association recognition of and AWARDS for business-community donations – monetary but especially of TIME and effort
- the five-second VALUES.COM tv ads, Foundation for a Better Life, I have never seen such ads / sentiments anywhere else in this country (or Europe),
- The Heart Run-walk
- Ride for Missing Children
- Such a haven for so many refugees

40 years ago Boulder was a pleasant reasonable-sized mountaineering Mecca. Then California computer companies moved in many transient non-caring non-mountain people. Boulder is now NASTY and cut-throat, driving plus many other civic attitudes and behaviors. The three-story building-height limitation passed by VOTER APPROVAL in 1970 for preservation of mountain views was recently (2-3 years) overturned by the nine-member CITY COUNCIL. Chain hotels and office buildings are now being built in front of all the decades of construction by principled law-abiding citizens.

Things like that are happening here, pleasant and is such a relief from

Utica is so wonderful and disruptive giant buildings and digital billboard eyesores.

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 that I find so new and wonderful, coming from elsewhere. Please appreciate these, and don't lose them.

Eleanor R Lewis



Public Hearing Transcript

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CITY OF UTICA PLANNING BOARD
SEQRA/DRAFT ENVIRONMENTAL IMPACT STATEMENT PUBLIC HEARING
MOHAWK VALLEY HEALTH SYSTEMS PROJECT

* * * * *

Utica Planning Board Members in Attendance:

- FRED MATRULLI
- TONY CALON
- JOSEPH CARUSO
- GEORGE MITCHELL

* * * * *

Held At: State Office Building
205 Genesee Street
Utica, New York
December 6, 2018

Lisa M. Schuster,
Reporter

1 MR. MATRULLI: I just want to read a few
2 things to you, explain exactly what this
3 meeting is about and what we're going to do
4 here tonight. Thank you all for coming. The
5 purpose of this hearing is to take comments
6 from the public and involved agencies relative
7 to the draft environmental impact statement or
8 draft, DEIS, for the purpose proposed
9 construction of a hospital in downtown Utica by
10 the Mohawk Valley Health Systems. The draft
11 EIS was prepared by the applicant and was made
12 available to involve any interested agencies,
13 as well as the public via the city's public
14 website. Hard copies have also been available
15 in city hall and the Utica Public Library. As
16 the lead agency, the planning board scheduled
17 this public hearing to solicit public input
18 relative to the draft environmental impact
19 statement. As lead agency, the planning board
20 is interested in receiving your input on the
21 following: The added receipt by which the
22 draft EIS supports the analysis and conclusions
23 reported, the extent to which the EIS -- draft
24 EIS addresses the comparative assessment of a
25 reasonable alternative, the appropriateness by

1 which mitigation measures were analyzed as a
2 reasonable measure to reduce adverse
3 environmental impacts. A final environmental
4 impact statement will be prepared that will
5 account for the relevant substantive comments
6 we receive tonight and through the public
7 commentary which ends on December 27th. I
8 would just like to remind everybody to be
9 respectful of the speakers, if you would. This
10 is a time to provide input. We will not be
11 responding to questions or comments tonight.
12 Subsequent feedback may be used to modify the
13 content of the environmental impact statement.
14 With that being said, we have a sign up sheet
15 here. There's twelve people that have signed
16 up to speak. You will have four minutes to
17 speak. If you have any written material you
18 would like to submit, that also will be
19 obtained. We have a stenographer here who will
20 be transcribing every word that is spoken here.
21 The first speaker -- and we would like you to
22 spell your name when you come up to the podium
23 so that we have it on record properly. Thank
24 you - Alicia Dicks.

25 FROM THE FLOOR: Excuse me. Before you

1 start, would you be so kind as to identify
2 yourself by name and who you are?

3 MR. MATRULLI: Sure. I'm Fred Matrulli,
4 the chairman of the planning. To my right --

5 MR. CARUSO: I'm Joe Caruso.

6 MR. COLON: I'm Tony Colon

7 MR. MITCHELL: I'm George Mitchell.

8 MS. DICKS: Good evening. I'm Alicia
9 Dicks, A-l-i-c-i-a D-i-c-k-s. I'm president
10 and CEO of the Community Foundation of Herkimer
11 Oneida Counties. Thank you for the opportunity
12 to address the board this evening. As an
13 organization committed to significant and
14 continuing investment that enhances area
15 residents' quality of life, the community
16 foundation supports Mohawk Valley Health
17 System's innovative health campus project. The
18 community foundation has invested in this
19 area's institutional health care providers for
20 decades, and meeting the health care needs of
21 regional residents is one of our continuing
22 strategic priorities. Working with MVHS, the
23 City of Utica, Oneida County and other
24 partners, the community foundation has taken an
25 active role in advancing this unique

1 opportunity to build a community asset for our
2 collective future. MVHS downtown will meet
3 regional health care needs and support and
4 enhance urban connectivity of place making
5 through innovative design. The purposeful
6 investment in our community's urban core
7 through this unprecedented public life project
8 will have a remarkable and long-lasting effect,
9 supporting and sustaining this areas continued
10 economic resurgence. The draft document before
11 you is an important part of the required
12 state's environmental quality review process
13 and we have reviewed it, and in light of the
14 potential issues identified some months ago in
15 the project's scoping document, it is our
16 assessment that the draft EIS thoroughly
17 addresses potential impact and mitigation
18 measures that are required by law. So on
19 behalf of our board of trustees, our staff and
20 our partners, I would like to thank you, the
21 members of the planning board, for your
22 dedication and commitment to this process and
23 the foundation looks forward to a continued
24 progress with the MVHS hospital. Thank you.

25 MR. MATRULLI: Next, and I apologize for

1 mispronouncing names, Dan is it Broedel?

2 MR. BROEDEL: Broedel, yes. My name is
3 Dan Broedel, D-a-n B-r-o-e-d-e-l. I'm the
4 program director for the Midstate Regional
5 Emergency Medical Services Council. I
6 appreciate this opportunity to speak to you.
7 In an emergency, timing is everything. While
8 the treatment specialties divided among the two
9 separate hospitals, quickly navigating the best
10 path of care isn't always an easy task for the
11 more than fifteen hundred emergency medical
12 services providers, the staff of 57 ambulance
13 services. There's a total of 91 ambulances
14 throughout Oneida, Herkimer and Madison County.
15 Right now if we have a patient that has a heart
16 attack and a stroke, which does happen, we have
17 to evaluate which hospital to take them to
18 because St. Elizabeth's is known for its
19 cardiac care and St. Luke's is the designated
20 stroke center. There are many times when these
21 situations develop and we only have a few
22 minutes to decide which hospital. Currently
23 patients who arrive at St. Elizabeth's with a
24 stroke symptom are triaged and transferred to
25 the St. Luke's campus, the area's designated

1 stroke center. On a daily basis, EMS
2 transports while up to 20 patients between the
3 two campuses to ensure that they receive the
4 proper care. With specialty services
5 consolidated at one location, we'll be able to
6 avoid the need for these many patient
7 transfers. Location of the new hospital
8 actually makes it easier for our ambulances as
9 they come from all the directions. Right now
10 all the ambulances kind of go to the south end
11 of the city which makes for a longer trip from
12 those coming north, east or west. Keeping this
13 in mind, I was particularly interested in how
14 traffic would be impacted with the addition of
15 the new hospital downtown. I feel the study
16 fully addressed the impact of the project that
17 the project would have on traffic, as well as
18 the mitigation measures that would be
19 implemented. A complete, comprehensive
20 document was comprised to address this and the
21 other environmental questions with the new
22 hospital project. Thank you very much.

23 MR. MATRULLI: Next is Kevin Revere.

24 MR. REVERE: Hello. I'm Kevin Revere,
25 K-e-v-i-n R-e-v-e-r-e. I'm director of

1 emergency services for Oneida County. I would
2 like to thank the planning board and O'Brien
3 and Gere, we've spoken in June and discussed
4 the CSX Railroad tracks and the concern that
5 people had brought up regarding that, as I did
6 also, I done my own examination, but some
7 professionals from O'Brien & Gere and others
8 took a look at the concerns that had been
9 raised regarding the proximity to the proposed
10 hospital to the railroad tracks, and as I
11 suspected, their conclusion was what I
12 concluded also that there really is no concern
13 regarding that. I think you used the term in
14 the report O'Brien & Gere did that it's
15 negligible, the fear of an accident happening
16 close to, I would put it less than that because
17 they did a thorough job. I would like to
18 mention two other things that were talked about
19 in June as one having a designated area in the
20 hospital for victims of rape and sexual assault
21 segregated from the rest of the patients in the
22 emergency room; I hope it is still going to be
23 discussed and included. And the other one was
24 a radio system, we would hope that from an
25 environmental aspect, although somewhat

1 different of an environmental aspect, to make
2 sure that the public safety radios work inside
3 the new hospital because it's a little iffy as
4 they are right now at St. E's and St. Luke's.
5 Thank you.

6 MR. MATRULLI: Okay. Next is Patrick, is
7 it Becher?

8 MR. BECHER: Becher.

9 MR. MATRULLI: Becher.

10 MR. BECHER: Thank you. Good afternoon.
11 My name is Patrick Becher, B-e-c-h-e-r. My
12 full-time job is with the Mohawk Valley Water
13 Authority, but I want to be clear that tonight
14 I'm hear to speak on behalf of the Greater
15 Utica Chamber of Commerce, for which I
16 currently serve as chair of the board of
17 directors. Since 2015, the Mohawk Valley
18 Health System has coordinated and participated
19 in over 130 meetings with decision makers and
20 stakeholders. These efforts included meetings
21 with more than 40 interested agencies, specific
22 groups and businesses, and The Greater Utica
23 Chamber of Commerce was included in that
24 process. Through this outreach, a very
25 complete review was established with the state

1 environmental quality process. The recently
2 released reactive environmental impact
3 statement represents a major milestone in the
4 development of a new consolidated hospital.
5 The Greater Utica Chamber of Commerce has
6 stated a public position in the past supporting
7 the downtown location, and upon review of the
8 DEIS, we remain confident that our policies and
9 issues was well phrased. We believe in the
10 methodology applied to this review was
11 scientifically sound, factually accurate,
12 extremely comprehensive and was in every aspect
13 conducted in full compliance with all
14 applicable state laws and regulations. Within
15 a fairly wide range, twelve sites were
16 initially identified as meeting the matrix
17 requirements for the new facility. Of those,
18 nine were eliminated for a variety of reasons
19 that were entirely justifiable. Of the three
20 remaining sites, the downtown location, the
21 existing St. Luke's and the state psychiatric
22 center, the downtown site objectively scored
23 the highest based on a wide range of critical
24 criteria. Amongst some of the reasons
25 identified in favor of the downtown site are

1 the following: First the site will require no
2 sewer offset credits. Secondly, the storm
3 water management will be greatly improved with
4 the use of pervious services, it will actually
5 generate less runoff than the current
6 configuration of the split hospitals. The
7 water pressure capacity are very good which is
8 something that I happen to know a little bit
9 about. They will not need a tank for fire
10 storage needs because of the density of the
11 water mains in that area. The downtown site is
12 relatively close to a National Grid substation,
13 from there they can run a dedicated underground
14 cable and provide all the power to the hospital
15 which will provide a very high level of
16 reliability. Street grid is an asset. There
17 are many ways to access and egress into the
18 site. The site is also not immediately
19 adjacent to any kind of a residential
20 neighborhood. The site is also less than two
21 miles from the Thruway, less than a half mile
22 from the north-south Arterial and located along
23 Routes 5 and 5S, which can greatly enhance the
24 access to the facility for emergency services.
25 The downtown location has the benefit of being

1 planned in conjunction with the State DOT
2 Oriskany Street 5S project, so that can all be
3 handled at the same time. The site has high
4 visibility, it really plays I think into a very
5 carefully sustainability to smart road,
6 repurposing of Urban parcels will be able to
7 provide a higher use for that land than exists
8 in most situations. The site will not
9 encroach, as I said, on residential
10 neighborhoods. And finally and perhaps most
11 importantly, this site can be a very important
12 part of a broader downtown revitalization
13 vision. So for all those reasons, the Chamber
14 of Commerce would like to express its
15 endorsement of this draft environmental impact
16 statement, and we commend you on your efforts
17 so far, and we are looking forward to the rest
18 of the project. Thank you very much.

19 MR. MATRULLI: Next is it Tom Zalocha?

20 MR. ZALOGHA: Zalocha.

21 MR. MATRULLI: Zalocha?

22 MR. ZALOGHA: Tom Zalocha, yes.

23 Z-a-l-o-c-h-a. Good evening. Thank you for
24 allowing me to speak tonight. My name is Tom
25 Zalocha, I'm a union representative for the

1 plumbers and pipefitters. I'm also the area
2 representative for the building and
3 construction trades. Our community has been
4 granted three hundred million dollars to build
5 a state of the art hospital with one
6 stipulation, it must be built in Utica. Other
7 sites were considered but ultimately determined
8 unacceptable. St. Luke's is not within the
9 required location to qualify for grant funding.
10 Utica Psychiatric Center fell short with zoning
11 requirements, accessibility and the relation to
12 existing neighborhoods. With all of this taken
13 into consideration along with the easy
14 accessibility of Route 5S, Route 49 and the
15 north-south Arterial, the downtown site has
16 proven to be our best choice. The main reason
17 for building in downtown Utica, in my opinion,
18 is simply revitalization, progression for a
19 better future for the greater Utica area. Many
20 businesses have vacated the area leaving
21 deteriorating buildings behind. The rebuilding
22 of downtown Utica provides limitless
23 opportunities for growth and development.
24 Developers had already began purchasing
25 buildings with plans for renovation once

1 hospital construction begins. These plans
2 include creating apartment complexes, retail
3 space, and outdoor eating areas. Millennials,
4 young professionals and even empty nesters
5 migrate to cities for entertainment and
6 socialization. This is a strong attraction to
7 cities that have a variety of nightlife
8 accessible by foot. Downtown Utica apartments
9 allow walking access to cities such treasures
10 as the Stanley Theatre, Munson Williams, the
11 Adirondack Bank Center, Varick Street, and all
12 the locally-owned businesses in-between. This
13 hospital does not only benefit the downtown
14 area, but the community as a whole. Our city's
15 residents will have access to the latest
16 achievements in technology, medicine and
17 service with state of the art equipment from
18 specialty doctors and research leaders. This
19 hospital would also provide academic advantages
20 for the local colleges. We have been losing
21 population for many years. Our children are
22 growing up and moving away. I have experienced
23 this firsthand with both of my sons that now
24 live in the Saratoga area. We are finally
25 given the opportunity for financial support to

1 reinvent our area, and yet there are still
2 opposition. This may be our only opportunity
3 to provide our community with the economic
4 growth for future years to come. Thank you.

5 MR. MATRULLI: Lucretia D. Hunt.

6 MS. HUNT: Good evening. Everything has
7 been said so eloquently here, that I can't
8 really say any more. You've covered the
9 environment, you've covered everything. Our
10 city is moving forward. What city doesn't have
11 a downtown hospital? Even Cooperstown. Why
12 can't we have one? What is all this nonsense
13 that we have to go through all the time to
14 prove that the hospital has been checked, the
15 environment has been taken care of, the
16 streets, the lights, the water, so we need to
17 move forward. Some of those buildings that are
18 down there have been down there since I was a
19 little girl and that goes a long way. We need
20 changes, we need to move forward. The city is
21 on a roll, and we need to be on a roll for our
22 future, so listen to these learned people
23 before me who have explained about the
24 environment and everything they've checked and
25 let's go forward with the downtown hospital.

1 MR. MATRULLI: Danielle Gilmore. Daniel.

2 Excuse me.

3 MR. GILMORE: My name is Daniel Gilmore,
4 G-i-l-m-o-r-e. I'm the environmental health
5 director for the Oneida County Health
6 Department, I've served in that capacity for
7 the past 20 years. My office receives, as an
8 involved agency, approximately two dozen seeker
9 requests per year, this one from the Mohawk
10 Valley Health Systems new hospital is one of
11 them this past year. I have to say that the
12 document that's been prepared, the draft
13 environmental impact statement, is thorough, is
14 well written as any of them that have come
15 across my desk, and I think the hospital will
16 be a benefit to the community. There's still
17 more work that the environmental health code
18 services division has to do in terms of review,
19 but the document that has been prepared has set
20 the stage for well laid plans for the future.
21 Thank you for your time.

22 MR. MATRULLI: Frank Przybycien.

23 MR. PRZYBYCIEN: I'm Frank Przybycien,
24 P-r-z-y-b-y-c-i-e-n. I'm representing Genesis
25 tonight. The Genesis Group endorses the

1 environmental impact statement and the medical
2 center releases in the newspaper since the last
3 meeting. We endorse the project because we
4 feel very strongly that it will enhance the
5 medical services for the region. I would like
6 to remind everybody that there may be costs
7 that will go over the budget, and never take
8 shortcuts in the future. The building that
9 we're talking about and the complex, the campus
10 has to be used for the next 60 to 70 years, so
11 it takes us out to the year 2090, and we should
12 do it right for all the reasons that were
13 mentioned earlier. Utica has a rebirth and
14 let's do it right. One of the things that we
15 would like to suggest very strongly is make it
16 pedestrian friendly and to make the
17 connectivity of the two parking garages with
18 the new medical center better than anything
19 we've seen in the past in the downtown area.
20 It should be a four-season connection. It
21 should be a safe connection, well lit. It
22 should also be designed for future
23 transportation methods, because we all know
24 there will be self-driving vehicles and self-
25 driving everything, and make sure that there

1 are no curb cuts and we have a clear path
2 between the two parking garages, Kennedy and
3 the new one for the medical center. The other
4 thing we would like to address that was
5 somewhat addressed in the study is the use of
6 renewable energies. And as the project grows
7 with phases two, three and so on and so forth,
8 to make sure that we have an energy district in
9 downtown Utica that partially, at least, can be
10 off grid in using renewable energies. The one
11 thing that I think is very important is in the
12 near future, the north-south Arterial is the
13 main road to get to the new medical medical
14 center and it has two stoplights on it, Noyes
15 and Oriskany that at times the traffic backs up
16 significantly, and that's also a problem for
17 the existing hospitals. This area that we're
18 talking about does not have a shoulder, so it
19 will impede the speed of any emergency
20 vehicles, and I think addressing the
21 elimination of those traffic signals and a
22 redesign of that area is very important for
23 both this project and all the projects in
24 downtown. Again, I would like to conclude in
25 saying let's make sure that the designs don't

1 take any shortcuts, that we solve the problems
2 that have to be solved, maybe some things have
3 to be put on the back burner to make sure that
4 we do things right in the first place, and to
5 make sure that we're not the last downtown
6 design with 20 century technology but Utica
7 becomes the first downtown designed for the
8 21st century technologies. Thank you.

9 MR. MATRULLI: Stephen Keblish.

10 MR. KEBLISH: Stephen Keblish representing
11 myself. S-t-e-p-h-e-n K-e-b-l-i-s-h. A few
12 concerns I have with the accuracy of the
13 environmental impact statement. The impact of
14 relocating current businesses is obviously
15 unknown at the moment given we don't know that
16 all the businesses are going to relocate either
17 in Utica or in the surrounding region. Until
18 plans are finalized with those businesses, the
19 resulting impact they may have on the
20 environmental is completely unknown at the
21 moment. I recommend that you do not finish the
22 statement until we can at least estimate or
23 know what the impacts of relocating any of
24 those businesses might be. The county's
25 emergency management plan cites hazardous

1 materials in transit as moderate to high
2 hazard, the highest ranking that any potential
3 hazard may have in Oneida County or estimated,
4 at least, and that the hazards that occur most
5 often include the transport of hazardous
6 materials. The mitigation of those kind of
7 risks need to be finalized and a new
8 comprehensive emergency management plan that
9 would project plans and contingencies in case
10 still were to happen within a hospital and not
11 merely just waiting to be a concern that one
12 would have for a transit accident. The impact
13 to residential neighborhoods seems to be
14 completely minimized. The encroachment on a
15 residential neighborhood was cited as a concern
16 in the comparison study for the psych center;
17 however, the fact that people live in or near
18 the downtown site was completely ignored. I
19 think mostly of the Kennedy Plaza residents who
20 at the moment use services within the Columbia
21 and Lafayette district and the mitigation soon
22 to be nonexistent for those concerns. The
23 study does not account for how the psych center
24 was eliminated from the final choices. The
25 choices were narrowed down to St. Luke's and

1 the downtown site without much explanation on
2 why the psych center, which scored higher than
3 St. Luke's, was eliminated. It should also be
4 noted that the St. Luke's site was the highest
5 scoring site for environmental concerns. The
6 increase reliance on fossil fuels that will be
7 subsidized by this plan is also a concern. The
8 primary method of transit projected for the
9 plan is driving, the primary investment in
10 transportation is the parking lots. Cars at
11 the moment still highly rely on fossil fuel,
12 this will not only increase the usage of fossil
13 fuels that driving to downtown would cause, but
14 downtowns themselves are the least reliant on
15 car transportation of any modern living
16 arrangement. I speak versus suburban and rural
17 areas, but the current plan reverses that trend
18 and takes space that is both walkable closely
19 knit, incremental and grandular and creates
20 large swaths of parking area which most people
21 will be left to have to drive past rather than
22 walk past. This shift toward the reliance on
23 fossil fuels I think is also a concern and I
24 would encourage the board to increase their
25 focus on this. That is all. Thank you.

1 MR. MATRULLI: Brett Truett.

2 MR. TRUETT: Good evening. My name is
3 Brett Truett, T-r-u-e-t-t, representing myself
4 and also my friends and some of my family on
5 Facebook as we're called hashtag no hospital
6 downtown, which is also a d/b/a that I
7 established in Oneida County, and I placed a
8 hundred thousand dollars into that account, and
9 most of the speakers, other than the one
10 leading me previously, had read from prepared
11 remarks created by a political campaign to
12 build a very large project that makes this
13 community feel like we're progressing. We
14 missed the boat on that now for about 25 years.
15 I'm glad that Danfoss is there, a very
16 respectful company, but they're paying
17 seventeen cents a square foot. This is an
18 unjust investment. There is not a study that
19 says that our current hospitals are inadequate.
20 If you go to Chicago or any other major city
21 that has city hospitals, they can be one or
22 two miles or three miles from the city center
23 and they're called an Urban hospital or a
24 downtown hospital. Every single benchmark that
25 MVHS has presented to our group, myself has

1 been looked at, none of them are comparing with
2 Utica, New York. I am prepared to spend and
3 sell my company to defeat this project. A lot
4 of good people have spoke tonight, people that
5 I sat with on The Chamber of Commerce, the
6 Genesis Group. I can see right through what
7 they're saying. It pains me to have retired
8 from my company three and a half years ago to
9 take this fight up, but when I first came to
10 Utica in 1986, I lived at the Hunter House on
11 the tenth floor of the Hotel Utica. I could
12 see St. John's Church, I walked to Potter
13 School, Globe Mill, Mill Square, I met Frank
14 Giotto, he was starting FIS. He wanted me to
15 go to Germany to be a representative from him,
16 but I decided to work for Union Fork and hoe, a
17 job I knew I had before I had it when
18 interviewing at Globe Mill. I got the job. I
19 loved the company, its no longer going. My
20 company is here ironically in Herkimer. Some
21 people say oh, Brett took his company out of
22 Utica. No. I went where I could find a
23 building that I put a couple hundred thousand
24 dollars into that there are employees that live
25 there and work there, they don't live there,

1 but you could, because they had followed my
2 leadership which is called servant leadership.
3 And I'm a very lucky man, because I don't go
4 into the office but a paycheck arrives in my
5 account and six other people every day and they
6 make a great deal of money. Had it not been
7 for fighting the hospital, I probably could
8 have given out more bonuses. So to the people
9 that have spoke tonight with prepared remarks,
10 I'm ashamed of what you're doing to this
11 community. Show me a study that says our two
12 hospitals, three hospitals and old main cannot
13 service the very poor community that we are.
14 Fix our roads and our sewers and stop tangling
15 up all those projects with a new hospital, it's
16 not being bought by me or no hospital downtown
17 but doctors who said it must be stopped, a
18 message that came to me two days ago. If you
19 printout all the pages on no hospital
20 downtown.com, it may equal the drafting
21 environmental -- draft environmental impact
22 statement, which I have worked tirelessly to
23 populate with information that's factual and to
24 oppose the astroturfing done by MVHS in
25 commercials and internet ads and billboards.

1 We simply want to put a billboard on the
2 Arterial that says join the battle to save our
3 city.

4 FROM THE FLOOR: That's four minutes.

5 MR. TRUETT: And they denied us from
6 putting the ad up. So my more pertinent
7 remarks will be submitted by my attorney.
8 Thank you.

9 MR. MATRULLI: Next is Shawn Corrigan.

10 MR. CORRIGAN: Shawn Corrigan, S-h-a-w-n
11 C-o-r-r-i-g-a-n, one of the owners of Wilcor
12 International and the Corrigan family that has
13 been supporting Utica, building Utica for four
14 generations now, maybe five, I've lost track,
15 you know, who started the whole thing, built
16 our business in Utica and have owned four
17 buildings, okay, that have housed our business
18 and our downtown showroom, 333 Lafayette Street
19 is, you know, alive and well and doing great
20 business helping the community. I don't know
21 if you guys all know it, but there's thousands
22 of people that come into Utica just because of
23 Wilcor International. Okay? We drive the
24 economy here. Wilcor being forced out of
25 downtown Utica, that kind of ends our whole

1 plan that New York State is a place to be. We
2 do not need to be here. We service all of USA.
3 Okay? We have a really good group of employees
4 that work for us, and we bring a lot of good
5 dollars to Utica. Local businesses that do
6 services for our company, you know, if you ask
7 for those records, you would be astounded the
8 money that our customers bring in to support
9 restaurants, hotels, businesses in and around
10 the area. It's quite incredible. We have not
11 been given a choice and we have not been given
12 what we need to even look elsewhere at this
13 point. We're totally in limbo, and you know,
14 that's not where a business can be and grow.
15 So then you say okay, do we really need to be
16 here at all? So our impact will be great.
17 Leaving the State of New York, okay, will be a
18 big detriment, because Wilcor International
19 services seven thousand retailers across
20 America out of, you know, a small family that
21 thought it was important to devote our lives to
22 this business and we felt Utica, New York, the
23 base of the Adirondacks, you know, was the
24 perfect place for us to be. Downtown Utica
25 where we're located is the location where we

1 are, completes the fully walkable downtown, and
2 that's what we've been trying to get across as
3 the beginning of this project came on to the
4 onset with the BUD group, better Utica
5 downtown, is that that area will finish
6 downtown Utica. The effort that we put into
7 the hospital having to be there, okay, has
8 stopped all of that. So downtown Utica will
9 never be finished for a fully walkable
10 downtown, okay, that tourists can stop off the
11 Thruway and say, hey, guess what, we're going
12 to walk around Utica, we're going to love
13 Utica, we're going to come back and maybe some
14 day we're going to live in Utica because we
15 love it so much. The downtown hospital is not
16 going to give any of those people the feeling
17 they should come to live there, they're not
18 going to spend their tourist money there
19 because there's a downtown hospital. We can
20 finish it off, we can put the hospital in one
21 of the great locations that were brought up
22 otherwise, it will be a win win situation. I
23 feel there's a lot of people that are going to
24 say no, we're not going to let it happen, we're
25 sorry Corrigan family, we're sorry Wilcor

1 International, you can leave New York State,
2 you can take, you know, and let your employees
3 go to somebody else and start a new business
4 elsewhere. We will not go away from what we're
5 doing, but we will leave the State of New York
6 if this is what is forced upon us, if we cannot
7 get options that are workable for our company,
8 okay, there are great options across America
9 for us. Thank you very much.

10 MR. MATRULLI: Michael Lehman.

11 MR. LEHMAN: Good evening. Michael
12 Lehman, M-i-c-h-a-e-l L-e-h-m-a-n. I'm an
13 Utican and I come back there after recently
14 returned to the area after moving away for
15 college as a career where I was fortunate
16 enough to gain a wider world perspective of
17 seeing what folks do in the rest of the world.
18 I'm also trained as an architect and a planner
19 so I'm more familiar with the average person
20 with issues involved in planning and design
21 process for the proposed downtown hospital. In
22 reviewing the draft environmental impact
23 statement, I'm struck by several key issues.
24 Ironically many of the questions which are to
25 be addressed by the speaker process in the

1 previously aspect concerned MVHS stakeholders.
2 It is reprehensible that the supporters of the
3 downtown site have inaccurately portrayed those
4 who dare to question the decisions made by MVHS
5 as a negative naysayers and antiprogressives.
6 This thirty-five hundred page draft statement
7 deals with many complex, independent,
8 technical, social economic, demographic and
9 cultural issues. Many consultants employed
10 should be noted by MVHS experts in their very
11 specialized fields and contributed in most
12 cases using only information provided by MVHS;
13 therefore a possible bias in favor of the MVHS
14 interest is unavoidable. The board is tasked
15 with reviewing the answers provided by MVHS,
16 discussing them and then qualify each one as
17 substantial, not substantial or is not
18 applicable. Given the incomplete, inaccurate,
19 misleading information provided by MVHS, the
20 PageGroup, their PR firm, and the limited
21 supporters in the past, the board should focus
22 specifically on the accuracy, completeness and
23 objectivity of information provided by MVHS and
24 direct their consultants through the evaluation
25 of chapters dealing with aesthetic resources,

1 historic and archeological resources as
2 pertaining to community care and the short and
3 long-term costs associated with the proposed
4 action. This evaluation is especially
5 important with the conjecture and speculation
6 not to be viewed as fact to date this has not
7 been the case. All MVHS has identified that
8 all of their health care -- health care goals
9 have been identified and actually the previous
10 speakers have listed can be accomplished at the
11 main campus at St. Luke's. There appears to be
12 no compelling reasons to look at a new hospital
13 downtown other than the speculative conjecture
14 that it may contribute to economic
15 revitalization. There is no factual evidence
16 that this will in fact occur, in fact the
17 proposal has resulted in expansion plans by
18 several businesses and the footprint being put
19 on hold and at least one taxpaying business
20 leaving the area. I think Mr. Corrigan spoke
21 to that with his family business. Using the
22 MVHS created site and lecture rating point
23 system some deficiencies identified is the
24 reason for disqualifying many of the twelve
25 advantage sites were also present at the select

1 proposed downtown site. It is not clear if the
2 weighing of the material was done in an
3 objective manner and in the best long-term
4 interest of the community in which MVHS serves.
5 Many of the costs associated with the proposed
6 downtown site has yet to be identified by the
7 other people you spoke to, this is problematic
8 as to these additional costs are typically born
9 by the taxpayers. The St. Luke's site was
10 identified by MVHS as an acceptable second
11 alternative if the proposed downtown site
12 proved financially unfeasible, which it has.
13 The public is expected to cover the cost of the
14 parking garage, infrastructure upgrading and
15 expansion to our lost tax revenue and a cost
16 proposed amounting to the main proceeding of
17 the property as well. Many of the design goals
18 presented by MVHS in November 2017 have not
19 been incorporated into the current site plan.
20 Site planning that was directed by the previous
21 speaker is not an integrator providing he
22 cannot speak as an architect urban designer;
23 having the training in that area, it does not
24 provide creative site making, it'S basically a
25 suburban scheme with acres of parking

1 surrounding it being shoehorned into an Urban
2 site and basically destroying any potential for
3 economic development that may happen there in
4 an organic manner similar to what is happening
5 in the rest of the city.

6 FROM THE FLOOR: That's four minutes.

7 MR. LEHMAN: Thank you for your time.

8 MR. MATRULLI: Donna Beckett.

9 MS. BECKETT: Hello. My name is Donna
10 Beckett, B-e-c-k-e-t-t. And first of all, I'm
11 going to say that I'm really not happy to be
12 here, so I just want to get that out of my
13 body. So I will read off what I had written
14 earlier, and then I'm going to add some things
15 because of what I've heard. The document that
16 has been provided to you is not based on
17 truthfulness or real things. The hospital
18 operatives, the politicians, the attorneys can
19 make an outcome appear a certain way. In the
20 SEQRA process, you are the checks and the
21 balances, and why do you think that you were
22 recommended to do it? The Utica planning
23 board, you are citizens, individuals, you're
24 not urban planners, architects, engineers. So
25 anyway, let me go on. Just because the SEQRA

1 allows for the public comment, what good will
2 it do? I have to say that I'm happy to see
3 that all of you really have been paying
4 attention tonight, maybe more so than I had
5 seen before, so that's good to see. If you
6 continue to go along with city hall and others
7 in this messy mix, what hold do they have over
8 you? Your name and your reputation and your
9 so-called connections may be affected by your
10 appointment on the planning board. Okay. So
11 that's what I wrote earlier. The other thing
12 now I want to mention are you heard a lot of
13 opinions and some of them have not been
14 accurate. One man mentioned about it has to be
15 downtown, it doesn't. I'm sure that you've had
16 a chance to look over the legislature, it
17 doesn't say downtown, it doesn't say Utica, it
18 doesn't say the city. Not only that, but part
19 of the proof is that they originally moved the
20 twelve sites in the ten miles and they narrowed
21 it down to three of them, one of them being St.
22 Luke's, so therefore it right off the bat
23 shows, and also the environmental impact
24 statement shows that that's the fact that St.
25 Luke's even it definitely would fall into the

1 category of being a Oneida County
2 transformation. The other thing that somebody
3 mentioned about state of the art equipment. It
4 will not have state of the art equipment. It's
5 a new building, it could be all the same old
6 equipment. The other part is that from day
7 one, remember August 2015, this became public,
8 not because of the hospital or the politicians,
9 but because three board members from the
10 hospital individually called Jim Brock. Jim,
11 they're trying to place this downtown, you've
12 got to help us. Jim Brock gets in touch with
13 Brett Truett. We want -- the position of no
14 hospital downtown is yes, we want a new
15 hospital but at the St. Luke's campus,
16 64 acres. Besides what -- we have from day in
17 the first year they refused to answer the
18 question. From day one we said can you just
19 show us your studies, your reports? We
20 understand this is early, we understand that
21 it's not complete, you have to answer some
22 questions. No. The beginning of it was no, we
23 are a private nonprofit, we technically don't
24 have to disclose our plans. That changed
25 because the input was you're not being

1 transparent, so -- then it became well, it's
2 too early in the process, then -- okay.
3 January 2017, okay, the hospital held their
4 first forum, I was there for both sessions. I
5 had been in it 15 months by that point. So
6 after the 45-minute PowerPoint by Scott Perra,
7 fine. It was very controlled, you couldn't ask
8 a question. I did raise my hand and he agreed
9 he knew me, Donna, he let me speak and I stood
10 up. I just said, I've heard 45 minutes about
11 PowerPoint, I've heard several inaccurate
12 misleading statements just now, and if anybody
13 would like to know what they are, please see me
14 at the break and sat down. So now they have
15 continued. It has continued. So that's all.
16 Thank you.

17 MR. MATRULLI: Richard Bause.

18 MR. BAUSE: Good evening. My name is
19 Richard Bause. I represent myself, B-a-u-s-e.
20 I've been in Utica for all my life, all my
21 56 years. I have known a lot of the history in
22 relation to the area, also with the historical
23 society for 35 years now. Downtown I've seen a
24 lot of the pictures that a local photographer
25 had taken, a lot of aerial shots of what this

1 whole entire downtown area was. How many
2 people in this room can raise their hand and
3 remember that there was a traffic circle
4 through Whitesboro Street, anybody? There was.
5 To put the hospital downtown will be a big
6 mistake. One is that you have a lot of
7 environmental issues, you have a lot of old
8 infrastructure. You're going to be tearing
9 down the police department maintenance garage
10 for which my dad also was a policeman for
11 15 years, that is a fairly new building, that
12 doesn't make any sense. You're going to
13 rebuild the parking garage that the city and
14 the county have been going back and forth over,
15 that doesn't make any sense. St. Luke's campus
16 up there with 64 acres of land, if you were to
17 take and just put the parking garages in one
18 corner, move all the parking into there during
19 construction, you can simply take and do the
20 entire hospital on the footprint of that area.
21 There's a reason why there's a big sign out
22 there called the birthplace, I believe it's one
23 of the state of the art neonatal units for the
24 babies. Also you have three, four-lane
25 highways coming right at your front door.

1 What's wrong with this picture? It's something
2 we ought to ask ourselves. You got all that
3 upgraded infrastructure, you got a state of the
4 art power plant there providing power to the
5 hospital and steam but also supplying the same
6 thing to Utica College. Some of that danger I
7 have not seen printed of what these facts are.
8 And all they've said is that in the study they
9 had three main places to take a look at: St.
10 Luke's, downtown Utica and Utica Psychiatric.
11 It's a shame that Utica Psychiatric - I grew up
12 in west Utica over on Capital Ave and saw the
13 deterioration of the big building, not the main
14 building, but the Brigham building in the back,
15 it never exists, it's totally empty. I wish we
16 can all get together and come to a consensus on
17 as many things that do make sense, because a
18 lot of this does not, and come on out and say
19 we need five hundred million dollars for this
20 or two million dollars for that and then come
21 on out and say, oh, gee, we just got a price
22 increase of a hundred some odd million dollars
23 for the steel to building it. Okay, who's
24 going to eat that cost? When you say you're
25 going to build something for five

1 hundred million dollars, let's see where the
2 money goes. If you cannot sit there and
3 estimate how much money you're going to need
4 for materials that you're going to need, you
5 shouldn't be building it. My background is in
6 construction, all phrases, residential,
7 commercial and industrial, also in highway
8 construction, and I see it go on and on and on,
9 and it's not fair to John Q. taxpayer on this.
10 Put it in place up there at St. Luke's, it's
11 got 64 acres, you need to do a little
12 environmental remediation for wetland, use it,
13 use the land up there. Don't go tearing down
14 the city. People haven't really looked at what
15 happens when you have the auditorium totally
16 full for a hockey game, you're going to put a
17 sports complex over to the other side in that
18 particular area. What happens if you have a
19 mass casualty at the same time, where is
20 everybody going to congregate? You're going to
21 get totally stuck right in one little spot.
22 That's wrong. That's the wrong place to put
23 it. Put it up at St. Luke's. Thank you. It's
24 a shame that the Corrigans will have to leave.
25 They're very nice people, they brought a lot of

1 money to this area, and I'll agree eminent
2 domain on private business by nonprofit, just
3 the taste of it is just not there, that's
4 wrong. Thank you.

5 MR. MATRULLI: Karen Corrigan.

6 MS. CORRIGAN: Hi, I'm Karen Corrigan,
7 K-a-r-e-n C-o-r-r-i-g-a-n. I don't have any
8 notes. I know I've spoke before on several of
9 these, and I'm just basically going to speak
10 from the heart because I know that you guys
11 have all heard it before and I don't feel that
12 I ever gotten answers or anybody else has ever
13 gotten answers to the questions of why does the
14 taxpayers have to pick this up? Okay. Why do
15 the taxpayers have to pick up the parking
16 garage? You're talking about a hospital that's
17 going to provide services to the people of this
18 area whether they are in downtown Utica or
19 whether there at St. Luke's. Why do they --
20 why do they have to put this unfair burden on
21 the taxpayers of Utica? Now on the other end,
22 I understand why the city planners would like
23 to see that area of downtown fixed up, because
24 it's been blighted for a long time, but until
25 recently, until exactly about six months before

1 the hospital announced they were going to be
2 there, about six months before that my brothers
3 and I sat in the showroom and we were saying,
4 wow, this is great. Bagg Square is fixed up,
5 Varick Street is fixing up, things are going
6 on, we're going to be able to do something in
7 this area, and there was other businesses that
8 were thinking that, too. Empire Bath moved out
9 in Marcy was absolutely wonderful. There was
10 several people that thought that, hey, this is
11 great, we can start doing something in our
12 city, and then six months later the hospital
13 comes out, they make the announcement down here
14 that they're going to go, and as they sit
15 there, they don't want to talk to anybody,
16 there's no conversation, there's no question
17 and answer, there is this is where it's going
18 to be and you're going to have to move and it's
19 tough, and that's been the attitude from day
20 one. It's extremely disturbing. Okay? You
21 guys are the planning board and you should
22 think a little bit about this, because this
23 business community that's down there could have
24 helped to make the auditorium situation that we
25 got going on with the Comets and the games and

1 the businesses around there start to grow,
2 those places that the city owns people would
3 have picked up. I mean, I assume that you're
4 going to give them to the hospital anyhow, and
5 I would think there's a ton of people in the
6 City of Utica that would have been more than
7 willing to make a living for their family,
8 okay, because no more people are going to be
9 employed by the hospital, it's the same amount
10 of people, maybe less because they're
11 consolidating. I mean, don't we want our
12 community to grow, and don't we want to tell
13 the hospital that, yes, we want you, we want
14 you here, we want you to grow, we want you to
15 be a part of our community, but be a part of
16 our community and allow our people of the
17 community to grow, too. I mean, people want to
18 provide for their families. Why are we taking
19 these businesses out of there, not only the
20 businesses that are there, the businesses that
21 could have been, and why are we not letting
22 people take these places over so that we can
23 build? We have a great foundation and all of a
24 sudden we're going to stop right in the middle
25 of that and say, sorry, we don't want to do

1 anything else there, we want to put a hospital
2 there. People are going to go to the hospital
3 no matter where it is, because that's what we
4 have to do. And another question, is it the
5 three hundred million we're not going to get,
6 is that the question? I never really got a
7 straight answer. I understood by reading the
8 legislation that we could get the three hundred
9 million if it was in the St. Luke's campus,
10 they still could get that to do it, I didn't
11 see how that made a difference. And I know
12 somebody said well, it had to be Utica. Well,
13 if that's the case when in Frankfort there -
14 why can't I think of it - the Mason's. The
15 Mason's, the Masonic Home, you know, they had
16 to come to an agreement to get the money for
17 that place, and they could certainly do the
18 same thing over there. I think we need -- I
19 just really would like to hear the planning
20 board to ask the hospital to be reasonable and
21 to answer these questions, and why are they
22 forcing it down our community to say there
23 could be no other place, we're not going to do
24 it any other place, and I don't care about the
25 people that want to have a business and grow

1 their families. And you know what, if Wilcor
2 leaves, like Shawn said, we'll survive, but the
3 problem is, you know what, the City of Utica,
4 there's so many people in that area, so many
5 people that day-to-day would like to make a
6 better living for their family that could have
7 and would have if you guys chose to give them
8 the chance. And I really, I hope and I pray
9 every day that that's what's going to happen.
10 Sorry.

11 MR. MATRULLI: The was the last speaker
12 that is signed up. I just want to reiterate
13 that the final environmental impact statement
14 will be prepared and it will account for the
15 relevant substantive comments we receive
16 tonight and through the public comment period
17 which ends on December 27th. So any written
18 comments or things that come up during the
19 month, you know, salable facts that you think
20 will impact this statement, please feel free to
21 bring them forward. Sir?

22 FROM THE FLOOR: Can I speak? I didn't
23 bother putting my name on the list.

24 MR. MATRULLI: Yes, you can.

25 MR. MCFARLAND: I appreciate it. Jay

1 McFarland, M-c-F-a-r-l-a-n-d. I wasn't going
2 to speak tonight, but I just told George as we
3 were coming in I had the pleasure of using
4 these hospitals in the last, in fact it was
5 Tuesday, had a procedure done. I'm partially
6 on drugs right now, so please bear with me. I
7 was told not to go out tonight, but I said it
8 was very important for me to be here. The
9 first question they asked me at both these
10 hospitals I was at, one, St. Elizabeth's two
11 days ago, and I was over in St. Luke's the
12 other day. The first question they asked me,
13 where's your driver? They didn't ask anything
14 else. I've had good service at both places.
15 The staff is fantastic. I don't think we need
16 a hospital downtown. I don't want to have my
17 houses on Hawthorn Ave to be devaluated and pay
18 taxes the rest of my life. I don't know how
19 much more I've got to live. It's just that I
20 don't want to pay taxes on it. My children do
21 not want the houses that I do have. They say
22 I'm putting too much money into them, too much
23 work. My son always tells me you're spending
24 my inheritance on the houses. And I said -- my
25 daughter is an occupational therapist, she is

1 not in this area. She cannot get a job in this
2 area. She's in Hershey Medical Center. The
3 area -- I've gotten -- my daughter is 26 years
4 old making a fine living down there in Hershey,
5 she will not make it up here. She has a house
6 that she has here, she doesn't even want it.
7 So if the planning board is thinking these
8 millennials or all these people -- and the
9 other thing, when I was in surgery, my wife did
10 not go to any local restaurants, she stayed
11 right there with me, she did not go buy
12 groceries, she did not buy any cup of coffee at
13 any restaurants, she stayed right with me. It
14 is not the economic impact. She did not do
15 anything outside of the hospitals. She drove
16 me back home. She didn't buy anything, we
17 didn't go to eat afterwards either after I had
18 my surgery. But, I mean, this downtown does
19 not make sense. The only thing down there that
20 would make sense would be a transportation
21 museum so that people can walk around downtown
22 Utica, but that's the way it is. But you can
23 find pleasures, St. Luke's did a nice job with
24 me. And I hope across well because my nose is
25 dripping because of this stupid nose and I hope

1 I can come across expressly. Thank you for
2 letting me speak, I appreciate it.

3 MS. MARTIN: Katie Martin, K-a-t-i-e
4 M-a-r-t-i-n. I wasn't going to speak tonight
5 either, but then I heard a lot of comments that
6 was in favor of the hospital speaking on behalf
7 of the millennials and young entrepreneurs and
8 professionals. But I just wanted to add as
9 being one, I'm 28 years old. We opened up our
10 coffee shop in downtown Utica about a year ago
11 and to think of 25 acres of downtown of
12 potential places to grow, for livelihood,
13 music, restaurants, cafe to be demolished for a
14 health care facility, that's not what we're
15 looking for. I moved out of state, moved back
16 because we wanted to be here, and it's one of
17 the biggest obstacles that it's just really
18 frustrating of how this will impact local
19 businesses. If it's going to happen to the
20 Corrigans, what's to say it's not going to
21 happen to us. It's an ongoing frustration and
22 we're not the only young couple minded business
23 thinking this. I haven't gotten through the
24 draft all the way in its entirety yet, I
25 question how many people in here have. I just

1 wanted to add one piece of -- a quote came to
2 mind as I was reading it from Edward Tufte:
3 "Confusion and clutter are the failure of
4 design, not attributes of information." That
5 quote seems to resinate an ongoing theme with
6 much of this downtown proposal that they
7 believe. And I guess one other person
8 mentioned would we even have a downtown
9 hospital, and a quick study will show you that
10 thousands don't and the majority actually
11 don't, and what we do have is driving retail
12 restaurants, cafes and music and that's what
13 millennials are looking for. Please take that
14 into consideration. Thank you.

15 MR. MATRULLI: Does anyone else care to
16 speak? I want to thank everybody for all the
17 comments. I think there was some very
18 comprehensive information that surfaced tonight
19 and it definitely will be taken into account.
20 So just a reminder that any written documents
21 that you would like to submit need to be in
22 before December 27th, and that will be very
23 helpful obviously and would impact the final
24 statement. I want to thank everybody for
25 coming tonight, and with that we can make the

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motion.

MR. MITCHELL: I'll make the motion to
adjourn.

MR. COLON: Second.

MR. MATRULLI: Thank you everybody.

(Whereupon, the hearing concluded)

-oOo-

C E R T I F I C A T E

I, **LISA M. SCHUSTER**, a Shorthand Reporter and
Notary Public in and for the State of New York, DO HEREBY
CERTIFY that the foregoing is a true and accurate
transcript of my stenographic notes in the above-entitled
matter.

Dated: January 3, 2019.

Lisa M. Schuster