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Public Meeting Comments and Responses

A public meeting was held on 29 April 2009 from 6:30 pm to 9 pm at Grace Episcopal Church, 3700 Canal Street, New Orleans. The date and location of the public meeting was published as a display ad for four days (including a weekend) in the local newspaper and on the project website. In addition, information about the meeting was emailed to anyone who had previously registered at a public meeting during the Tier 1 NEPA compliance process associated with the proposed project. The purpose of the meeting was to gather information from members of the public about the three alternative designs for the proposed project.

A total of 77 individuals registered their attendance at the meeting. The first 30-minutes of the meeting allowed participants to view the proposed design alternatives and talk directly with Federal and State representatives. This was followed by presentations about the Tier 2 NEPA Process, and about the Development of the Designs. The public had an opportunity to provide oral comments, which were documented by a transcript.

A total of 22 individuals spoke at the meeting. Additionally, 11 individuals submitted written questions or comments at the meeting that were read into the record. During the 14-day comment period, 29 individuals sent e-mail or hand-written comments. Of those 29, five also spoke at the meeting on April 29, 2009. Therefore, there were 57 discrete sets of comments or questions. Appendix A of this SEA is a summary of public comments received and their responses. Comments were categorized by topic, and the topics are presented in order of their frequency of occurrence to help facilitate their evaluation in this SEA. Specific remarks are summarized below.

1. **Access** – Ten (18%) individuals commented about access to the clinics and the emergency room. Many commented that the clinics and the emergency room were too far from public transportation. One commenter thought the pedestrian approaches were unclear, and another thought the travel route to the emergency room would be confusing.

Response: Patients and visitors utilizing public and vehicular transit can gain access through two main entry points on Galvez Street, similar to the footprint at the VA, and an entrance at Tulane Avenue, which connects to the garage. There is also a shared-entry pavilion that is connected to the clinic and the diagnostic and treatment clinics. In addition to the normal transportation routes, a shared-campus shuttle service is being evaluated that would connect LSU, the new campus, and Tulane's medical campus. In addition, a proposed greenway corridor, the Lafitte Greenway, is located four blocks to the north along St. Louis Street. The Lafitte Greenway is the old Norfolk Southern Rail Line that runs from Basin Street to Canal Boulevard. The project envisions a corridor from Basin Street to Bayou St. John at Jefferson Davis Parkway where it connects with the existing pedestrian and bicycle greenway at Bayou St. John. Once completed, the greenway would provide easier pedestrian and bicycle access to the proposed VAMC and LSU AMC Tulane/Gravier locations. Currently, there are contiguous sidewalks and

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pedestrian signals at most intersections and bicycles could share the road on the lower speed streets.

2. **Surburban Design** – Eight (14%) individuals commented that the design was more suburban in nature and not suited to an urban environment. Some comments suggested the desirability of a “walkable” campus.

Response: The placement of plazas and courtyards along Canal and Tulane is included in the design parameters to create a pedestrian-friendly campus environment for the UMC. The creation of a pedestrian link is currently being investigated that will serve staff, faculty, visitors, and patients. It will connect VA, LSU, and Tulane in one long linear corridor that will provide different experiences. To the greatest extent possible, the design aims to achieve a campus that connects to the adjacent institutions, making the UMC not just a hospital but also an educational campus. As an urban campus, the UMC design creates a setting that promotes ease of pedestrian movement. The project will preserve the connectivity of streets between Canal and Tulane, namely South Roman and South Derbigny. In addition, the building allows visitors and staff a secured connection from the VA through the ground floor of the UMC and continued access to Tulane University Hospital.

The landscaping is consistent with the campus atmosphere prevalent in urban settings, including New Orleans, while meeting the program needs for inpatient towers, ambulatory clinics, diagnostic and treatment centers, and necessary parking. The pedestrian edge of the entire campus is lined with approximately seventy (70) new live oak trees, which will create a distinct campus border. Like all major educational institutions, it is vital that the UMC have elements of open space to support the campus-like character, and more importantly, afford visitors and staff casual links and accessibility to safe outdoor settings. Sensing the importance for secured outdoor environments, the design places occupied program functions adjacent to the plazas and courtyards. For instance, Canal Plaza, at the northwesterly corner of the site, is framed by clinical spaces that view into the plaza. The plaza is crafted with a variety of seating and shading trees.

3. **Saving Specific Properties** – A number of individuals expressed a desire for the design team to try and save specific properties. Five (9%) comments each related to the Blood Center and the Deutsches Haus.

Response: The design team for the new UMC, Blitch Knevel/NBBJ (a joint venture), has thoroughly analyzed both the Deutsches Haus and Orleans House in an effort to retain buildings where possible. Upon evaluation, it was determined that while it is not feasible to retain the Deutsches Haus, it is feasible to retain through avoidance the Orleans House. The process that supports this determination was detailed in the feasibility evaluation addressing retention or avoidance of Deutsches Haus and Orleans House, which was completed as required by the PA. The feasibility study was conducted

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following the completion of the PEA and the execution of the PA, but prior to the completion of this site specific EA.

The design team put forth considerable effort to evaluate retention of culturally significant properties. Due to its location on the boundary of the site facing Canal Street (it is removed from Galvez Street and therefore does not interfere with the synergies with the VA facility) and its specific inclusion in the PA, FP&C made the determination that Orleans House could be avoided from demolition and removed from the overall site requirements of the new facility without significantly impeding future growth. Significant costs anticipated as a result of any possible integration of the building along with the fact that no immediate or future need is identified for this structure to meet programmatic requirements, and the desire to preserve by avoidance led to the decision to not attempt integration into the overall design of the new facility. Additionally, given its location, any adverse effect to the Orleans House from demolition and construction of the new campus can be prevented by providing appropriate protective measures without unduly burdening the project. Unfortunately, the design team was unable to reach a design that did not involve location of a new facility on the site of the existing Deutsches Haus, which is in an area that is central to the function of the hospital and is also located adjacent to Galvez Street, which is next to VA facilities.

Similarly, the Blood Center, which is located at 315 S. Johnson Street, does not meet the programmatic needs of the UMC, which is an integrated campus of inpatient, diagnostic and treatment, outpatient clinics, and research and teaching components, and was not evaluated for inclusion in the design of the new facilities.

4. **Future Expansion** – Five comments (9%) requested more information about the future expansion of the site.

Response: Planning for the new UMC encompasses the immediate, short-term need to restore healthcare training and delivery, as well as the long-term need to allow for future growth to accommodate changing technologies, populations and demographics. The footprint has been developed so that expansion can occur without causing disruption to research, treatment and educational operations, as opposed to vertical expansion, which would almost assuredly interrupt services and treatment provided at the academic medical center. Additional clinics will be expanded in the future to anchor the corner of Tulane and Galvez. The design of hospitals rests entirely on optimal planning and placement of program function to facilitate safe and reliable health care delivery. Functions that are spread too far apart will result in increased travel distances, thus affecting service and safety. Stacking of services increases the frequency of vertical transportation of patients, and ultimately creates conditions that may hinder safe healthcare delivery. In addition, increasing the height of the project introduced excessive costs and a building massing out of scale with the district. The massing proposed affords the best solution that ensures an excellent, safe, and affordable healthcare facility. Despite the current planning, this facility will need to expand in the future. Nationwide,

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urban hospitals are plagued with the challenges of not being able to expand. This will result in a costly expansion scenario that adds disruptions. From a planning perspective, expanding on top of a hospital would not be considered best practice. Horizontal expansion allows the hospital to grow without disruption of services. The surface parking lots currently shown would be the future location for the hospital's expansion, and the location for future outpatient facilities.

5. **Synergies** – Four (7%) comments expressed that the synergy between the proposed VAMC and LSU AMC projects was not evident. One commenter felt the design team should explain that synergy does not mean connected buildings, but shared resources.

Response: At least one shared service agreement has been finalized for use of the Linear Accelerator to be provided by the UMC for VA patients, while other agreements are currently being discussed. Examples of the collaborative clinical opportunities that might be provided by the UMC to VA patients include Trauma, Hyperbarics, Mammography, Radiation Oncology, Complex neurosurgical interventions, Lithotripsy and Teleradiology. Additionally, under current negotiations, VA might provide specialized audiology and Prosthetics to UMC patients. In addition, State and VA are working together to devise the joint utilization of a Central Energy Plant by both sites. As soon as plans are finalized, the State will provide more specific information about shared services between the facilities.

6. **Creation of a Superblock** – Three (5%) comments expressed concern that by closing some of the local streets, the design would create a “superblock,” unfriendly for pedestrians, and potentially exacerbating traffic problems.

Normal: The overall character of Tulane Avenue from I-10 to Broad is transitional between suburban and urban. Tulane Avenue is mainly characterized as a major road artery. Given the dominance of the vehicular routes, lack of left hand turn lanes, and abundance of adjacent vacant lots, Tulane Avenue will require pedestrian-friendly development to achieve a vital retail corridor. To this end, a revitalization effort is underway to locate housing, retail and street improvements along Tulane. On Galvez and Claiborne, the Galvez site edge will function as a campus connector linking the VA and LSU campuses. The existing character of Galvez will need to be transformed to serve as a major campus link.

The Proposed Actions would change the routine traffic patterns in the area due to the closure of local streets and increased traffic on the major arterials along the perimeter of the proposed location. These changes in traffic patterns could have an adverse indirect impact on local residents and business owners in the Tulane/Gravier area surrounding the proposed location by increasing work commute times or redirecting consumer traffic. The impact of closing and diverting the traffic currently using Prieur St, Cleveland Ave, Roman St, Johnson St and Palmyra St to the surrounding community was analyzed.

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Impact to the community was evaluated in terms of increase in driving distance (vehicle miles of travel, VMT), and travel time. Total travel distance will increase from 1.39 miles before closure of the streets to 2.72 miles after closure of the streets (diversion). Average travel time from one side of the closed road to the opposite side is expected to increase from 28 seconds to 41 seconds, which is an extra 13 seconds of travel time compared to pre-closure travel time. In general, the closure of all roads currently passing through the proposed UMC site is expected to potentially create extra time of 78 seconds from one side to the other. However, positive indirect impacts include additional public transportation, better pedestrian and cycling options in the area, and enhanced landscaping and cityscape, all of which could result in a better sense of community in the area.

7. **Project Funding** – Three (5%) comments questioned the status of the project's funding.

Normal: Funding for the design and construction of the UMC has been identified and the business plan for the project has been approved. Additional funding (if necessary) for the construction of the facilities will be obtained through debt financing and the State will also use whatever funds it receives from FEMA for hurricane-related damage to Charity Hospital under the Federal Stafford Act. At this time, FP&C has \$800 MM available for construction of the UMC. Remaining funding required for the construction of the facilities will come from debt issued by the UMC. The State is currently working with financial advisors to secure HUD-underwritten financing for a portion of the construction costs of the project.

8. **Landscaping** – Three (5%) individuals commented about landscaping. One commenter thought the City Parks Department should be responsible for the landscaping. Other suggestions included having a playground for children of families visiting the hospital, and providing seating, shade and water at patient drop off points.

Response: Like all major educational institutions, it is vital that the UMC have elements of open space to support the campus-like character, and more importantly, afford visitors and staff casual links and accessibility to safe outdoor settings. Sensing the importance for secured outdoor environments, the design places occupied program functions adjacent to the plazas and courtyards. For instance, Canal Plaza, at the northwesterly corner of the site, is framed by clinical spaces that view into the plaza, which is crafted with a variety of seating and shading trees.

The design alternatives propose to retain and reuse existing major trees in the landscape design, where possible. The landscaping is consistent with the campus atmosphere common in urban settings, including New Orleans, while meeting the program needs for inpatient towers, ambulatory clinics, diagnostic and treatment centers, and necessary parking. The designs propose approximately 70 new live oak trees along the perimeters

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and along pedestrian walkways, which will create a distinct campus border. Other indigenous trees such as cypress, magnolia, crepe myrtle, and azaleas would be planted throughout the campus. Palms would be planted in ceremonial spaces and plazas. With the live oaks, there are provisions for landscaping at both campuses and there will be locations for outdoor gathering spaces. The provisions will provide a mixture of both perimeter and internal outdoor spaces in size and quality.

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Response to First Design Review Meeting Comments

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Several Consulting Parties submitted comments to the first design review session and presentation conducted by the design team for the University Medical Center (UMC) on March 13, 2009. A second design review meeting and presentation will be announced shortly, in which the design team will address design progress, design options and compatibility with the Mid City National Register Historic District. The design team is considering a range of facility development solutions, which will incorporate the design goal outlined in Stipulation VI.C.2(d) of the Programmatic Agreement.

In accordance with the PA, the UMC design team is providing the following responses to the substantive comments received from the first design review session.

1. **Deutsches Haus**

The design team has evaluated the Deutsches Haus for avoidance or integration into the design plan. The team took a number of factors into consideration, including those listed in the Programmatic Agreement. The team has preliminarily determined that the Deutsches Haus cannot be avoided or integrated into the design because of its location near Galvez Street. Designers are seeking to achieve the goal of locating the UMC in close proximity to the VA hospital in order to maximize operational efficiencies and facilitate easier access for pedestrian traffic between the facilities for healthcare professionals, patients, visitors and staff who will utilize both campuses.

2. **Orleans House**

As with the Deutsches Haus, the design team also evaluated the potential to avoid or integrate Orleans House into the design plan. The team considered the same factors. The preliminary determination is that the Orleans House can be avoided. The design team is currently evaluating the potential for integration of Orleans House into the design.

3. **McDonough School**

Although not required in the PA, the design team also evaluated the potential to avoid or incorporate the McDonough School into the design plan. The preliminary determination is that the McDonough School cannot be avoided or integrated into the design because of its location within the center of the site.

4. **Parking (Exterior of garages, retail/commercial at base, quantity)**

The design team is seeking ways to reduce the visual impact of parking, and will design the facility to provide enough parking to prevent an impact on the surrounding neighborhoods. For the parking provided on the site, we are currently evaluating methods to reduce the visual impact. To minimize the effect of surface parking on the surrounding neighborhood, we are seeking to utilize landscaping buffers. For the structured parking, we are considering the use of potential commercial space at the

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ground level adjacent to public streets and façade treatments to soften or disguise their impacts.

In response to comments regarding the number of surface and structured parking lots presented in the design review session, this number was based on the analysis performed in the MCLNO Strategic and Campus Master Plan Update Pre-Design Study of May 2007. The study indicated what would be required to provide sufficient parking space for the inpatients, outpatients, visitors, healthcare professionals and support staff of the UMC, without causing overflow of parking in the surrounding residential areas. The initial estimate of the need for parking spaces was subsequently reduced by the design team.

5. Site Uses, Expansion, Public-Private Partnerships, Mixed Use opportunities

Because of the future expansion needs of the UMC, the planning of the facilities to be immediately constructed will account for and include the areas which will be required for future buildings. One consideration for choosing the selected site is its ability to facilitate the long-term growth and expansion of the UMC. As we move forward with design for immediate construction, we are evaluating options to provide an “edge” to our site where the future buildings may be located. This edge is intended to promote interim use of the space upon which construction will not immediately occur, while accommodating future needs for expansion. We are considering the potential of Public-Private-Partnerships to encourage commercial development at these edges until the sites are required for future expansion.

6. Connection to the Department of Veterans Affairs (VA) Hospital

The VA Medical Center (VAMC) and UMC design teams have been working together to optimize the site designs to reinforce the relationship between the two facilities. The current design places the LSU buildings near Galvez Street to reduce the distance required to travel between the facilities and to better achieve operational efficiencies for the doctors, residents, medical students and staff who must travel between both facilities to treat patients. Operationally, the two organizations continue to pursue additional shared service opportunities.

While some of the comments urged increased connectivity to the buildings on the riverside of Claiborne Avenue, the design team recognizes that connectivity to the VA and massing toward Galvez Street conflicts with suggestions to better connect to the downtown area. Although the designers acknowledge these challenges, they are considering possible solutions to attempt to assure connectivity with the areas on the opposite side of Claiborne Avenue.

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7. Public Transit and Vehicular Access to Site

Designers are working to create a plan that encourages the use of Public Transit. We have identified current bus and Streetcar stops and are developing pedestrian paths from these points to the entrances. In addition, we are planning vehicular entrances and drop-offs to accommodate bus route modifications, which allow buses to enter the site and stop at the main entrances.

Despite the efforts to optimize connections to public transit, there remains a need for vehicular access onto the site. The different vehicular flows to and from the site have been studied to determine the appropriate number of access points. Vehicular traffic includes outpatients, inpatient visitors, patient discharge pick-up, staff pick-up/drop-off, staff parking, emergency, ambulance, cabulance (nursing home patients), police and service (deliveries, etc.) These will require multiple access points onto the site from the surrounding streets.

8. Courtyards

The design will program each of the courtyards to support the internal functions of the hospital. These uses include patient healing gardens, outdoor dining, and outdoor conference spaces. The uses adjacent to these courtyards at the ground level are generally administrative and will provide many “eyes” into these spaces.

9. Public Green Space

Exterior Green spaces will be divided into those spaces internal to the hospital and those external to the hospital. We are currently developing landscape plans for the exterior public spaces open to the public with the intent of providing neighborhood amenities. We are also evaluating a potential pedestrian link running parallel to Canal Street from S. Claiborne Avenue to the medical center.

10. Active Street Edges

Canal Street - We are currently studying ways to provide for commercial uses along Canal Street. We are studying options both for the area adjacent to the buildings to be immediately constructed and for the area between these buildings and S. Claiborne Avenue.

Tulane Avenue – For the structured parking, we are considering the use of commercial space at the ground level adjacent to Tulane Avenue. If the Central Energy Plant is located along Tulane Avenue, we are considering the use of commercial space on the ground level. If at the corner, this could extend along Claiborne Avenue.

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Galvez Street – If the Ambulatory Care Building is located at the street edge on S. Galvez Street, any future expansion is expected to also be located at the Galvez street edge.

Claiborne Avenue – This is the most difficult challenge due to the elevated Interstate Freeway and the off-ramp that extends into the site. It is also difficult to design the facility with increased connectivity to Claiborne Avenue, given the goal of achieving operational efficiencies with the VAMC (such as ease of access for doctors, residents, and staff who will travel between the two facilities). We are currently evaluating near- and long-term options for the important corner at Canal Street and S. Claiborne Avenue. The design team will look for possible solutions to this challenge to address connectivity with the areas on the opposite side of Claiborne Avenue.

11. Alternative Design Considerations

In response to comments concerning the seeming similarity of the design options presented, the design team has considered several variations to achieve the programmatic requirements for the UMC and also to achieve the goal of connectivity to the VAMC. The design variations presented at the review session are those that preliminarily best accommodate the operational efficiencies for the facility and the synergistic efficiencies anticipated with the VAMC. They were also selected for presentation based on the analysis and vision of the planners and designers of the best practices for construction of a state-of-the-art academic medical center. The design team continues to evaluate options for the best layout of the UMC in order to achieve the goals specified including orientation of the major buildings toward each of the site borders.

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Some Consulting Parties have submitted comments to the second design review session and presentation conducted by the design team on August 18, 2009, for the new state UMC. The design team has considered a range of facility development solutions to meet the design goals outlined in Stipulation VI.C.2.(d) of the Programmatic Agreement (PA). In accordance with the PA, the Academic Medical Center design team is providing the following responses to the substantive comments from the second design review session received on or before September 1, 2009.

1. Urban Characteristics and Compatibility of Design with the Surrounding Area

Some comments questioned whether the design for the academic medical center was compatible with an urban setting, and the Mid City historic district. The design team evaluated a full range of design solutions to improve compatibility with the Mid-City Historic District, and is satisfied that the current design meets the goal of increasing compatibility to the extent possible by the unique challenges posed by the scale and massing of the project and the heterogeneous architectural characteristics of the district.

Mid City Features and Characteristics

Designers took into account as a starting point that one of the defining features of the district is the concentration of single and double residential homes. However, these are less evident on the periphery of the district, a portion of which lies within the site slated for construction of the new UMC. The design team found that the areas adjacent to the site for the academic medical center contained commercial and industrial buildings, including the commercial corridor to its north on Canal Street, the proposed VA hospital to its west across Galvez, the institutional buildings owned by LSU to the south, and the I-10 and Claiborne elevated highways to the east of the site, across which lie skyscrapers of downtown New Orleans. The properties immediately surrounding the site vary with respect to enhancing the historic qualities of Mid-City, and the project area contains more non-contributing elements to the Mid City District than contributing elements. Along Canal Street, the properties consist of occupied and vacant light commercial structures of no historic significance. On the opposite side of Galvez Street (continuing towards Rocheblave), which will house the new VAMC, can be found the most immediate concentration of historic structures;

The area across Tulane Avenue from the site is primarily defined by institutional projects. And finally, Claiborne is devoid of any significant historic character within the project area, as it contains an elevated expressway.

The Mid-City district is situated between the Central Business District (CBD) and the residential neighborhoods near Lake Pontchartrain. In essence, the project site exists within a transitional zone from urban to suburban. The design acknowledges the importance of its transitional nature by embracing the character of Canal Street. Canal is a major organizing element for the City of New Orleans, and equally so for the Mid-City

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neighborhood. The character of Canal changes dramatically riverside of I-10 (its urban side) to lakeside of I-10 (its more suburban-like area). Riverside, the buildings are situated at the face of property lines, and the neutral ground has a ceremonial quality with a procession of palm trees surrounded by paved areas. Lakeside, the sidewalks are lined with mature live oak trees and the neutral ground is landscaped. Lakeside of I-10, the buildings on Canal Street consist of commercial, residential and institutional uses. The institutional buildings are setback from Canal to create formal landscaped fore courts. Again, the site's character is neither purely urban nor suburban, but rather a transition between both qualities.

The overall character of Tulane Avenue from I-10 to Broad is also transitional between suburban and urban. Tulane Avenue is mainly characterized as a major road artery. Given the dominance of the vehicular routes, lack of left hand turn lanes, and abundance of adjacent vacant lots, Tulane Avenue will require pedestrian-friendly development to achieve a vital retail corridor. To this end, a revitalization effort is underway to locate housing, retail and street improvements along Tulane. On Galvez and Claiborne, the Galvez site edge will function as a campus connector linking the VA and LSU campuses. The existing character of Galvez will need to be transformed to serve as a major campus link.

Compatibility Solutions Incorporated into Design

Mid-City's historic importance goes beyond the properties adjacent to our site. Designers were sensitive to the areas farther to the interior of the district, and have attempted to design the facilities to transition from the high rises of the downtown area, to the more residential areas within the district's interior, while designing a campus which is consistent with the areas adjacent to the site. In considering the appropriate design response, the project identified site edge characteristics that attempt to enhance the existing character along Canal:

1. Front buildings along Canal Street. The inpatient towers are prominently placed along Canal Street.
2. Maintain the site edge character of Canal by preserving the live oak garden-like nature of Canal Street.
3. Provide for a formal open space to introduce the project on Canal Street – much like the other institutional projects along the length of Canal Street.
4. Modulate the massing of the inpatient towers along Canal. The design provides for an active varied placement of building massing, and avoids placing an uninterrupted building façade along Canal.

Setbacks and Landscaping

The setbacks of the buildings aligning Canal Street are consistent with the institutional buildings already located within the district, and are also necessary for practical

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considerations such as the location of utilities. In addition, the design's response to the Tulane site edge is to reinforce the on-going community efforts to revitalize the retail aspects of Tulane Avenue. The design places retail at the base of the proposed garage and intends to continue this approach with the future garage structure. Galvez Street will become the shared entrance approach for both the VA Hospital and LSU. The design plan illustrated the position of the buildings along Galvez Street to accommodate the primary design goal of proximity with the VA Medical Center located adjacent to the state academic medical center site. Both campuses are locating their outpatient facilities along Galvez, and looking for opportunities to provide elevated links.

The placement of plazas and courtyards along Canal and Tulane acknowledges the importance of creating a pedestrian-friendly medical district. To the greatest extent possible, the design aims to achieve a permeable and porous campus – a campus that connects to the adjacent institutions making the AMC not just a hospital but also an educational campus. The pedestrian edge of the entire campus is lined with approximately seventy (70) new live oak trees, which will create a distinct campus border. Like all major educational institutions, it is vital that the AMC have elements of open space to support the campus-like character, and more importantly, afford visitors and staff casual links and accessibility to safe outdoor settings. Sensing the importance for secured outdoor environments, the design places occupied program functions adjacent to the plazas and courtyards. For instance, Canal Plaza, at the northwesterly corner of the site, is framed by clinical spaces that view into the plaza. The plaza is crafted with a variety of seating and shading trees.

As an urban campus, the AMC design creates a setting that promotes ease of pedestrian movement throughout the campus. The project preserves the connectivity of streets between Canal and Tulane, namely South Roman and South Derbigny. In addition, the building allows visitors and staff a secured connection from the VA through the ground floor of the LSU hospital and continued access to Tulane University Hospital. The landscaping is consistent with the campus atmosphere prevalent in urban settings, including New Orleans, while meeting the program needs for inpatient towers, ambulatory clinics, diagnostic and treatment centers, and necessary parking.

Scale and Massing

Limiting the massing of the buildings to three stories or less was evaluated, but was proven to increase inefficiencies to service by increasing travel distances of patients and staff. Conversely, constructing high rise buildings is not compatible with the overwhelming majority of the buildings contained in the district, including the areas immediately adjacent to the site. Given the size and massing of the proposed project, it is difficult, if not impossible, to superimpose a residential style onto a hospital building. However, the design strives to embed residential characteristics to the treatment of the building massing. The intent is to mitigate the scale of the massing. The Mid-City

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residential neighborhoods are characterized by a variation of architectural styles with separate and distinct qualities. However, each style shares a common use of repetitive elements (windows, doors, awnings) that add variety to the treatment of the buildings.

The design of the hospital attempts to avoid the institutional appearance that is characteristic of hospital designs. Focusing on the uniqueness of the patient, the treatment of the patient bed tower employs a complex array of slender vertical windows and sunshades. The proportions of the vertical elements recall the proportions of the traditional slender windows of the historic residential structures. In addition, the patient bed tower ends are accentuated by outdoor terraces that are synonymous with the use of balconies on traditional buildings.

Materials and Appearance

The selection of appropriate materials that are compatible with the district created a difficult challenge since, as stated in the documentation supporting nomination of the district, “the overwhelming majority of the structures in the district are wood framed houses with some type of wood skin.” Therefore, the design team evaluated the use of more appropriate materials for building a medical center of this type. While the nomination documentation also mentioned that stucco and brick were generally chosen for larger commercial and institutional buildings located within the district at the time of nomination, designers have determined that pre-cast would provide the best material for the construction of the facilities of the academic medical center.

The materials selection should not prove incompatible with the district, since pre-cast simulates the appearance of stucco, and also given the lack of any consistent materials used for commercial and industrial buildings within the district, the site location on the periphery of the district near the Central Business District, and the pre-existing intrusion of commercial buildings located along the lower half of Canal Street which was acknowledged in the documents which supported the Mid City nomination. Furthermore, the State gave strong consideration to the costs of materials and maintenance, and the selection of the best materials to meet its primary goal of satisfying the project’s program needs.

Unlike contemporary residential structures, the exterior material palette of the hospital needs to withstand hurricane force impacts that comply with stringent codes. In addition, the exterior material palette must be as maintenance-free as possible. In examining the range of materials available for consideration, the design incorporates precast panels with a variation to the texture and treatment. The panels would be shaped to create repetitive patterns that will be further expressed as shadows are cast.

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The design strives to achieve compatibility not through imitation, but rather by providing a treatment of scale and textures that reinforce the vibrancy and variety of Mid-City's character.

2. Parking for the Academic Medical Center Inpatients, Outpatients, Staff and Guests

Some comments were directed toward issues surrounding parking for the new facilities. The mixture of surface and structured parking displayed in the design presentation satisfies the programmatic parking requirements for an academic medical center (AMC) consisting (initially) of a 424-bed inpatient hospital, diagnostic and treatment center and 205,000 square feet ambulatory care clinic. The design plans call for 1,400 structured parking spaces and 1,400 surface parking spaces. The programmatic needs were identified in the May 2007 Strategic Master Plan for the replacement facilities and the parking provided is consistent with the programmatic requirements. As one commenter noted, the lack of parking for the former Medical Center of Louisiana-New Orleans (MCLNO) forced patients, as well as staff, to park blocks away from treatment areas and increased parking congestion in surrounding areas.

While the State acknowledges that structured parking is a more desirable alternative than grade level parking lots, constructing an additional structured parking building would significantly increase the costs of the project, adding millions to the overall costs to the citizens and taxpayers of Louisiana. These expenditures would unduly increase the costs of the project, especially in light of the facts below describing the condition of the properties slated for surface parking.

Currently, more than half of the area designated for surface parking is already made up of parking lots (35% of the area) or green space (22% of the area). Another 22% of the area dedicated to surface parking in the current design plan consists of vacant commercial and vacant residential properties. All told, 79% of the area designated for surface parking is currently vacant, unoccupied, is already a parking lot or is currently green space. Only 23 parcels – 12 residential parcels and 11 commercial parcels - that will be converted to parking areas are currently occupied within the Academic Medical Center site. The attached Figures 1,2 and 3 detail vacant and occupied parcels within the Academic Medical Center site.

3. Area to be Acquired for Immediate Construction and Future Growth of the AMC

Some comments have questioned why the State needs the total area to be acquired for the Academic Medical Center, since not all of the property to be acquired is needed for immediate construction. However, those comments ignore the fact that, under the current design plans, all of the property affected will in fact be used for the operation of the facilities to be immediately constructed, either for the location of the buildings or to meet

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the programmatic needs for parking identified above. Surface parking will be an interim use of the property that is necessary to accommodate future growth. Some have questioned why the design cannot spread more of the program throughout the site, build more garages, and reduce the amount of surface parking.

Others have suggested stacking more of the building program to reduce the need for the acreage. In the initial stages of planning, both scenarios were carefully evaluated before arriving at the preferred massing. The design of hospitals rests entirely on optimal planning, and placement of program function to facilitate safe and reliable health care delivery. Functions that are spread too far apart will result in increased travel distances, thus affecting service and safety. Stacking of services increases the frequency of vertical transportation of patients, and ultimately creates conditions that may hinder safe healthcare delivery. In addition, increasing the height of the project introduced excessive costs and a building massing out of scale with the district. The massing proposed affords the best solution that ensures an excellent, safe, and affordable healthcare facility. Despite the current planning, this facility will need to expand in the future. Nationwide, urban hospitals are plagued with the challenges of not being able to expand. This will result in a costly expansion scenario that adds disruptions. From a planning perspective, expanding on top of a hospital would not be considered best practice. Horizontal expansion allows the hospital to grow without disruption of services. The surface parking lots currently shown would be the future location for the hospital's expansion, and the location for future outpatient facilities.

The vision for the new Academic Medical Center is to become a “world class” UMC. Any design for an Academic Medical Center of the type envisioned by State planners that does not provide for future growth would be short-sighted. There is no doubt that, at a minimum given projected growth rates for the area, there will be a need to expand the patient towers and ambulatory clinics in the foreseeable future. Limiting future growth to vertical expansion would significantly increase costs and disrupt operations during construction. Also, the land area necessary for projected future growth will be used immediately to provide surface parking to meet the programmatic requirements of the academic medical center project.

4. Traffic, Elevation, and Drainage

Under the plans for immediate construction, the current street grid through the site would be maintained, although the streets would not be open for vehicular access to the general public for through traffic. However, connectivity within the site will continue, as the project preserves the connectivity of streets between Canal and Tulane, namely South Roman and South Derbigny.

The street grid will be altered or terminated in the future, as required by future growth needs and construction. The proposed elevation for the buildings above current grade is

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only 3.5 to 4.0 feet, which is significantly less than other buildings currently within the district, such as the Pan American Building, and should not make any noticeable difference from the street view. The design also addresses drainage and provides for a subsurface drainage system to capture runoff to ensure that there is no negative effect to the surrounding area of the academic medical center.

5. Shared Services and Synergies with the VA

Some comments have requested specific information on the shared services envisioned between the two adjacent medical centers. At least one shared service agreement has been finalized for use of the Linear Accelerator to be provided by the AMC for VA patients, while others are currently being discussed. Examples of the collaborative clinical opportunities that might be provided by the state academic medical center to VA patients include Trauma, Hyperbarics, Mammography, Radiation Oncology, Complex neurosurgical interventions, Lithotripsy and Teleradiology. Additionally, specialized audiology and Prosthetics might be provided by the VA to AMC patients under the current negotiations. In addition, State and VA are working together to devise the joint utilization of a Central Energy Plant by both sites. As soon as plans are finalized, the State will provide more specific information about shared services between the facilities.

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Facility Planning and Control (FP&C) provides the following responses to comments received from the February 25, 2010 web design presentation. FP&C agreed to conduct this additional design presentation at the request of the ACHP, who requested comment from the consulting parties regarding the materials and documents presented to the ACHP in October and posted to the consulting party website on October 23, 2009. Oral comments were documented during the presentation and FP&C received written comments from two consulting parties as a result of this additional meeting and presentation. Responses to the substantive comments received are provided below and will be posted for review by consulting parties on the consultation website.

FP&C notes that most of the comments received from the two consulting parties were thoroughly addressed in previous responses to the two design review presentations conducted in accordance with the PA, and/or have been addressed in the draft site-specific environmental assessment (SSEA) released for review on March 12, 2010.

1. Setbacks

One comment questioned the sufficiency of the setback of the hospital buildings which will align Canal Street. As presented and discussed in the additional design review meeting, the project designers surveyed and considered setbacks of commercial and institutional buildings within the Mid-City historic district, and specifically buildings along Canal. See attached photographs illustrating setback variations within the district. The setback analysis was also provided and documented in the SSEA, p. 3-9 and Figure 3-2 of the SSEA on p. 3-10. As discussed in the documents and presentation, there are no consistent setbacks within the Mid City district, whose setbacks vary from 47-90 feet. The setback for the buildings along Canal Street is 71 feet for building edges and 56 feet for courtyards. These setbacks are consistent with and fall within the range of setbacks identified in the area by designers.

2. Height of the buildings

One comment complains about the massing of the buildings in relation to the surrounding buildings in the project area. Massing was discussed at length in all three design presentations, and comments regarding building height were addressed previously and also discussed in the SSEA, p. 3-10 and p. 3-11. Building height in the immediate surrounding area ranges from 16 to 18 feet for residential buildings to 130 feet (St. Joseph's church). The height of the inpatient tower, the tallest building in the UMC campus, will be 115 feet. See Figure 3-4 of the SSEA, which shows comparable building heights in the area. See also the attached photographs of various buildings within the Mid City historic district that exceed the height of the UMC inpatient tower. The six-story building height is a compromise between the ideal height for a medical complex of this nature (typically eight stories). The designers chose to work with six story towers to lessen the impact of the buildings on the Mid City district. The adjacent VA facilities will be slightly taller than the State facilities, which lie on the periphery of the district, only a portion of which falls within the State site.

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3. Parking

Comments focused on the amount of parking for the facilities, and complain that the area dedicated within the site for parking is excessive. Parking was discussed at length in prior responses to comments submitted in relation to the two design reviews conducted as required in the PA. The program requirements for this facility are 2800 spaces, and will be provided through a combination of 1400 structured parking spaces and 1400 surface parking spaces. To provide all parking for the UMC staff and guests through structured parking would increase costs to taxpayers by approximately \$30 Million Dollars. Additionally, much of the UMC site currently consists of parking lots (nearly 40%). Therefore, the area within the UMC footprint reserved for future growth and expansion will be put to use immediately to meet the parking needs for staff of the UMC academic medical center being constructed. Designers are identifying and have discussed landscaping features, such as bioswale planting isles, mature trees, and other landscaping measures that will be utilized to minimize the aesthetic effect of the parking lots.

4. Materials Selection

One comment complained that the selection of textured precast concrete is not consistent with other commercial and institutional buildings within the Mid City Historic District. Materials selection was discussed in the comment responses to the second design review meeting and is also contained in the SSEA, p. 3-12. As previously noted, there is no consistent use of materials within the Mid City district for commercial or institutional buildings. Designers discussed the range of factors they considered in the third design review presentation. The precast concrete will simulate the appearance of stucco in order to more effectively complement other large scale buildings within the district with similar surface treatments. In addition, precast is less expensive than stucco, and meets the impact requirements for hurricane force winds.

5. Live Oak Trees

One comment questioned if the live oak trees around the site would be impacted by site preparation and construction. Designers and state officials anticipate that the live oak trees along Canal and Galvez Streets will not be affected. As discussed within the responses to the second design review meeting, designers have included the addition of seventy (70) new live oak trees along the campus border.

6. Site Layout/Building Footprint

Comments noted that the site layout is suburban rather than urban, with half the site devoted to surface parking. As an urban campus, the UMC design creates a setting that promotes ease of pedestrian movement. Previous design review comments have indicated that the placement of plazas and courtyards along Canal and Tulane is included in the design parameters to create a pedestrian-friendly campus environment for the UMC. The landscaping is consistent with the campus atmosphere prevalent in urban settings, including New Orleans, while meeting the program needs for inpatient towers, ambulatory clinics, diagnostic and treatment centers, and necessary parking. As noted above, programmatic needs and cost limitations have dictated the

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parking requirements which must be met, and FP&C is providing additional landscape buffers throughout the parking areas. Planning for the new UMC encompasses the immediate, short-term need to restore healthcare training and delivery, as well as the long-term need to allow for future growth to accommodate changing technologies, populations and demographics. The footprint has been developed so that expansion can occur without causing disruption to research, treatment and educational operations, as opposed to vertical expansion, which would almost assuredly interrupt services and treatment provided at the academic medical center. In addition, the designated area for future expansion assures the surrounding community that UMC would limit expansion within the specified area.

7. Synergies

Comments again questioned the synergies between the UMC and VA Medical Centers. Synergistic opportunities were discussed in the PEA, design review comment responses, and again in the SSEA, p. 2-6 – 2-7. The main synergies justifying the proximity of the two facilities, and the most important, are the human resources – doctors, residents, and staff - who will provide the care to patients in both hospitals. Examples of the collaborative clinical opportunities that might be provided by the UMC to VA patients include Trauma, Hyperbarics, Mammography, Radiation Oncology, Complex neurosurgical interventions, Lithotripsy and Teleradiology. Additionally, under current negotiations, VA might provide specialized audiology and Prosthetics to UMC patients. As soon as plans are finalized, the State will provide more specific information about shared services between the facilities.

8. Building Design

Comments complained of the fenestration and other aesthetic characteristics discussed in the additional design review presentation. The fenestration was addressed in the response to ACHP comments, and further discussed in the third design review presentation. The use of fenestration to mirror and complement the district was developed as a combination of architectural interpretation and functionality, based on the characteristics found within the district (however, as per the attached photos, there is no consistency of design within the district). Questions were posed regarding the use of balconies and porches. In an effort to demonstrate compatibility, the patient bed tower ends are accentuated by outdoor terraces that are synonymous with the use of balconies on traditional buildings. In addition, porches were designed with the dog-trot theme in mind, characterized by a central breezeway that separates two single units under a common roof, as depicted on slides 104 and 105 of the presentation. The window proportions simulate the slender portion and character of the traditional historic windows found within the district and throughout New Orleans. In addition, vertical shading fins are patterned after the traditional shutters.

9. Urban Fabric

Concerns regarding the existing urban fabric were also raised. As discussed in the SSEA, p. 3-7, the proposed project site lies within a transitional zone from the urban character of the Central Business District to a suburban-like mixed neighborhood of residential and commercial

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properties, bordered by two major arterial roads, Canal Street and Tulane Avenue. This viewscape changes as Canal Street proceeds lakeside of I-10 into a more suburban-like area, indicated by the presence of mature live oak trees lining the sidewalks, and the presence of a more mixed-use building environment, consisting of commercial, residential and institutional uses. The design of the campus' Canal edge reflects the character of the immediate area, and mitigates the scale of the building by offering landscaped courtyards and pedestrian friendly environment. The Tulane edge is organized to accommodate future retail type development with buildings fronting onto the sidewalks.

10. Preservation of Deutsches Haus and McDonogh No. 11

Questions pertaining to the preservation of the Deutsches Haus and McDonogh No. 11 were also raised; however, as previously noted, the existing location of the Deutsches Haus is within the footprint of the Ambulatory Care building and cannot be avoided. Similarly, the design team also evaluated the potential to avoid or incorporate the McDonogh School into the design plan. The determination was made that the McDonogh School cannot be avoided or integrated into the design because of its location within the center of the site.

11. Access to UMC by neighboring medical facilities

An elevated pedestrian bridge is located along Galvez, connecting the LSU Health Science facilities located adjacent to the proposed UMC campus to medical facilities the downtown area. Pedestrian access to the proposed UMC campus from neighboring medical facilities will be able to utilize the existing bridge, and a connector bridge will be constructed along S. Prieur, connecting the existing bridge to the new campus. In addition, the new facility will be more centrally located to all staff and resources projected to utilize these facilities.

12. Site Elevation

One comment requested a topographic map and other information regarding the elevations which will be realized within the footprint. There is no topographical map available; however, designers have evaluated the areas throughout the site and determined that the lowest point on the current existing grade of the site is -2.0 feet below NAVD 88 and the highest point on the current existing grade of the site is approximately 0.0 feet NAVD 88. This information was gathered and evaluated for meeting the design requirements based on FEMA floodplain management standards.

The analysis indicates that the discharge will be controlled such that the peak rate of stormwater discharge from the site during the 10-year storm event will not exceed the current rate of discharge from the site. The design anticipates maintaining or reducing the discharge rate in several ways. View of a topographic map fails to illustrate that the anticipated project site design increases the amount of pervious areas (green space, landscaped areas, swales, and parking islands) on the site by approximately one-third compared to existing conditions. This will ultimately assist in reducing the overall discharge rate. In addition, design elements to the roof

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systems and site features such as cisterns, swales and landscaped areas, will also assist in controlling the time of concentration, which is a factor in overall discharge rate.

13. Pedestrian Approaches

Comments were expressed regarding the “walkability” of the campus in relation to other medical facilities. As contained in the response to comments included as Appendix A of the SSEA:

“...the placement of plazas and courtyards along Canal and Tulane is included in the design parameters to create a pedestrian-friendly campus environment for the UMC. The creation of a pedestrian link is currently being investigated that will serve staff, faculty, visitors, and patients. It will connect VA, LSU, and Tulane in one long linear corridor that will provide different experiences. To the greatest extent possible, the design aims to achieve a campus that connects to the adjacent institutions, making the UMC not just a hospital but also an educational campus. As an urban campus, the UMC design creates a setting that promotes ease of pedestrian movement. The project will preserve the connectivity of streets between Canal and Tulane, namely South Roman and South Derbigny. In addition, the building allows visitors and staff a secured connection from the VA through the ground floor of the UMC and continued access to Tulane University Hospital.

14. Retail facilities

As discussed in previous comments, by law, the State is limited with respect to the amount of retail space that can be developed on public property. The primary focus and objective of this project is to rebuild modern, state-of-the-art healthcare facilities to fully restore the infrastructure in the greater New Orleans area. Nevertheless, the uses of retail space will be evaluated to best suit the needs of the surrounding community.

In sum, the attached photographs of buildings located within the Mid City historic district prove that the design, scale, massing, materials and setbacks of comparable commercial and institutional buildings within the district are not homogenous or consistent in any way.

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ATTACHMENT

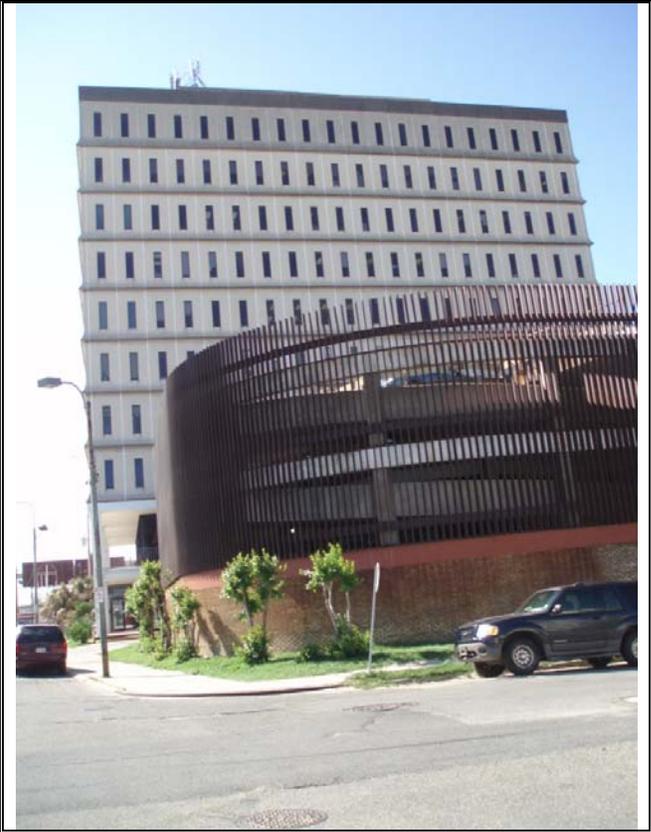
**PHOTOS OF VARIOUS BUILDINGS WITHIN THE
MID-CITY HISTORIC DISTRICT**

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Photograph No. 001



Photograph No. 003



Photograph No. 002



Photograph No. 004

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Photograph No. 005



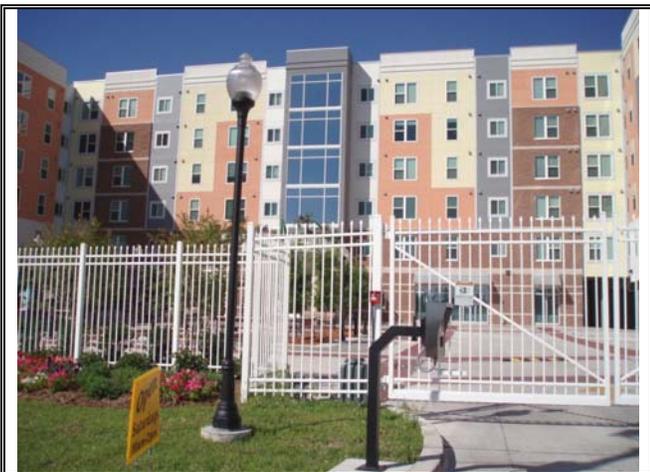
Photograph No. 008



Photograph No. 006



Photograph No. 009



Photograph No. 007



Photograph No. 010

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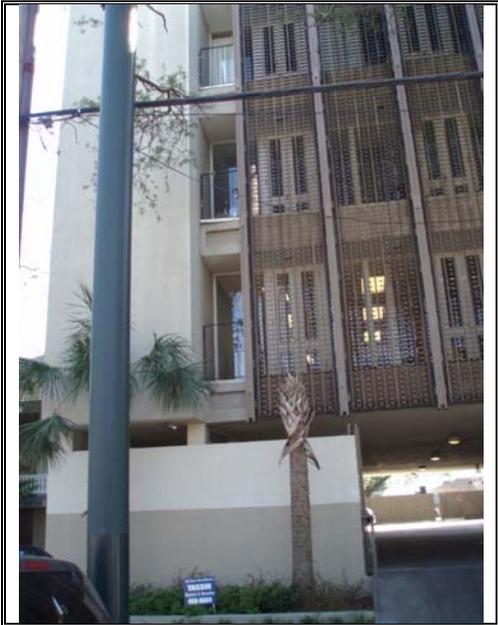
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Photograph No. 011



Photograph No. 013



Photograph No. 012



Photograph No. 014



Photograph No. 015

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On 23 March 2010 a public meeting was held from 6:30 pm to 9 pm at Grace Episcopal Church, 3700 Canal Street, New Orleans. The date and location of the public meeting was published as a display ad for three days (including a weekend) in the local newspaper and on the project website. In addition, information about the meeting was emailed to anyone who had previously registered at a public meeting during the Tier 1 NEPA compliance process associated with the proposed project and to Section 106 Consulting Parties. The purpose of the meeting was to share the findings in the draft SEA with the public and to receive their questions and comments regarding the draft SEA.

A total of 14 citizens registered their attendance at the meeting, in addition to various agency and applicant representatives. The first 30-minutes of the meeting allowed participants to view the proposed design alternatives and talk directly with Federal and State representatives. This was followed by presentations about the Tier 2 NEPA Process, and about the Development of the Designs. The public had an opportunity to provide oral comments, which were documented by a transcript.

Eight individuals asked questions or gave comments at the meeting. Additionally, during the 30-day comment period, eight individuals sent written comments via email. Of those eight written comments, one also spoke at the meeting on March 23, 2010. Therefore, there were 15 discrete sets of comments or questions. Some of the comments received expressed either the individual's support or opposition for the proposed project and did not have a specific question or comment regarding the SEA. Appendix A of this SEA includes a summary of public comments received and their responses. Comments were categorized by topic, and the topics are presented in order of their frequency of occurrence to help facilitate their evaluation in this SEA. Specific remarks are summarized under each topic followed by a general response.

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Comment Category	Comment Summary	Response	Location in SEA where addressed
Transportation			
	Several questions were raised about the traffic data. Specifically regarding:		
	<ul style="list-style-type: none"> • the numbers provided for the new 24-hour vehicle trips that would result from the UMC 	The traffic numbers shown in Section 3.12.1 represent projected traffic for a 24-hour period. The traffic numbers in Section 4.10.1 represented cumulative projected traffic for just the morning or afternoon peak hours. This was used to calculate the LOS for various intersections because the peak hour or rush hour traffic is typically the worst.	Section 3.12.1.2, page 72; and Section 4.10.1, page 4-20
	<ul style="list-style-type: none"> • whether the Tulane Beautification Project still being considered and how it might impact the traffic 	A Tulane Beautification Project is currently being evaluated by the LADOTD and the RPC. The scope includes modifications to Tulane Avenue. The projected traffic associated with the UMC project would be incorporated into the analysis.	Section 4.10.1, page 4-23.
	<ul style="list-style-type: none"> • whether LOS F requires an EIS 	Information to clarify the LOS F conditions has been added to the Traffic discussion in the SEA. Additionally, a discussion of how the significance criteria for determining whether to conduct an EIS has been added.	Section 4.10.1, page 4-23 and Section 1.3, page 1-17.

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Comment Category	Comment Summary	Response	Location in SEA where addressed
	Additional information regarding how the Tulane doctors would get to the VAMC.	Tulane doctors, professors and interns, as well as LSU doctors and staff working in the downtown area, can access the UMC in one of four ways. They can 1) take the above grade pedestrian bridge from the District Energy Garage near Tulane's Medical Center to the UMC; 2) take a shuttle bus that will be part of the shuttle system established when UMC is operational; 3) walk Cleveland Avenue between UMC and the Tulane MC; or 4) take a private vehicle to the UMC staff parking lots.	Section 2.3.2.6, page 2-11
Floodplain			
	Concern for the potential project to worsen flooding of the adjacent areas.	Engineering calculations show that the runoff that would result during construction and operation of the UMC is less than the runoff that occurs for the existing condition. These calculations are included in the SEA.	Section 3.7.1, page 3-37 and Section 3.7.2, pages 3-39 to 3-43
	Include floodplain study in the SEA.	A description of the methodology used for calculating runoff is in the SEA. Also, the calculations used to determine runoff for the existing conditions, during construction, and during operation of the UMC are included in the main body of the SEA.	Section 3.7.1, page 3-37 and Section 3.7.2, pages 3-39 to 3-43
Site Fill			

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Comment Category	Comment Summary	Response	Location in SEA where addressed
	Additional information regarding site topography, including a before and after topographic map of the site.	Topographic maps of the existing condition as well as the proposed site grading plan, have been included as Appendix D.	Appendix D
	Would the elevation of the perimeter streets be raised.	Fill would be added to the site in the vicinity of the building locations. The perimeter roadways would remain at their current elevation. Because of the building setbacks, the transition from the perimeter roadways to the buildings, would be gradual. Several figures have been added to show the gradual transition from Canal Street to the Inpatient Towers.	Section 2.3.2.1, pages 2-4, 2-5, and 2-6
CEP			
	Description of the Charity Boiler Plant, including if all of the boilers would be elevated or just the new one.	The existing Charity Boiler Plant operates three 52.9 million British thermal units per hour (MMBTU/hr) natural gas boilers and one emergency generator. Two 52.9 MMBTU/hr boilers would be added. All emissions would be routed through the existing stack.	Section 2.3.2.3, page 2-8
	Clarification of Charity Boiler Plant flood waters during Katrina.	The existing Charity Boiler did receive floodwaters following Hurricane Katrina, however the three existing boilers were not impacted, as they are on a structure at approximately 3.5 feet above grade. The new boilers would be elevated to 12 feet	Section 2.3.2.3, page 2-8

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Comment Category	Comment Summary	Response	Location in SEA where addressed
		above grade.	
Landscaping			
	Would upgrading the infrastructure impact the ability to save the trees.	The current plan is to save all Oak Trees currently located along Canal and S. Galvez Streets.	Section 3.2.2.2.1.1, page 3-10
	Description of a bioswale.	A bioswale or vegetated swale is a shallow planted depression that briefly stores stormwater runoff, slows its flow, and lets it soak into soil while pollutants adhere, degrade, evaporate, or are taken up by plants. A figure and a photo have also been added.	Section 2.3.2.2, pages 2-6 and 2-7
Lighting			
	Suggestion regarding comparing the lighting associated with the LSU HSC to what is being proposed	Existing properties and roadways in the immediate vicinity such as the LSU HSC, Tulane Avenue and Canal Street contribute to the existing light pollution in the vicinity of the project area. Based on the limited data collected regarding existing light levels at the proposed UMC site, anticipated lighting levels from the proposed UMC lighting plans would not substantially exceed current levels. Certain measures would be integrated into the plan to provide appropriate light levels, reduce nuisance glare and light trespass, and to safely and attractively light	Section 3.4.1.1, page 3-21

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Comment Category	Comment Summary	Response	Location in SEA where addressed
		the proposed facility.	
	What is the definition of light-sensitive receptors.	Sensitive receptors are groups of individuals who are considered more sensitive to impacts than other populations. Locations that may contain a high concentration of these sensitive population groups with respect to lighting impacts include residential areas, hospitals, schools, and elder care facilities. However, the nearest residential area is across S. Rocheblave Street, and schools and elder care facilities are not located in close proximity to the UMC facility. The lighting goals of the proposed UMC would be designed to be sensitive to the patients and staff using these facilities.	Section 3.4.1.1, page 3-21
Environmentally Friendly Materials			
	Additional information regarding the use of environmentally sensitive materials and designs.	Information about Sustainable Design features was included in Appendix B of the draft SEA. However, we have move that information to the body of the SEA to make it more accessible.	Section 2.3.2.7, page 2-11
Cumulative Impacts			
	The separate consideration of the two hospitals does not allow for adequate information on the projects as a whole.	Cumulative impacts occur when the effects of an action is added to the effects of other actions occurring in a specific geographic area and	Section 4.0, page 4-1

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Comment Category	Comment Summary	Response	Location in SEA where addressed
		<p>timeframe. The analysis is based on CEQ's guidance: <i>Considering Cumulative Effects Under the National Environmental Policy Act</i> . The cumulative impact analysis included consideration of the UMC, VAMC, and other development in the project vicinity.</p>	
	<p>All areas surrounding the LSU-AMC complex should be considered in the cumulative effects, including the proposed VAMC, the CBD, the Medical Historic District, Tulane Medical Center, Cancer Consortium, LSU Health Science Center and the surrounding neighborhoods.</p>	<p>This SEA evaluates the cumulative effects that could result from the design, construction, and operation of the UMC in conjunctions with the replacement VAMC and other recent past, present, and reasonably foreseeable future projects. The geographic scope of this analysis included the Mid-City Historic District, the Tulane/Gravier Neighborhood, and the proposed New Orleans Medical Historic District within the CBD. The NEPA team researched other projects in the study area and included all of the relevant projects that were identified. These are listed in the SEA.</p>	<p>Section 4.1, page 4-1 and 4-1</p>
	<p>Increasing the elevation of both the VAMC and UMC sites could impact drainage and runoff in the surrounding area.</p>	<p>Although both the VAMC and UMC floodplain analyses were conducted separately, each study took into account factors that would impact the stormwater runoff and provided runoff estimates for</p>	<p>Section 3.7.1, page 3-37 and Section 4.5, page 4-15</p>

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Comment Category	Comment Summary	Response	Location in SEA where addressed
		each site. Both studies demonstrated that the stormwater runoff rates would be controlled at or below existing levels.	