TO: Cape Cod Commission DRI Subcommittee, Jack McCormack, Chair  
From: Felicia Penn  
RE: Cape Cod Healthcare Tower Addition  
Date: January 6, 2020

I have a conflict and cannot attend this important hearing. I have several issues and questions about this project, which I hope you will consider as this project proceeds.

My first concern is about Cape Cod Hospital’s strategy for growth and how this new tower is consistent with the strategy previously outlined to the Town of Barnstable about ten or so years ago, when the hospital secured over 40 acres of land and created a road off what was then Hadaway Rd (now Attucks Way in Independence Park) to...”serve Cape Cod Hospital’s initial phase of development for its ambulatory medical campus.” At the time, the hospital’s goal was to move the vast majority of out patient services away from the harbor where access was difficult to a more centralized area easily accessible from all areas of the Cape. The plan at the time was to build three or more buildings, over 260,00 square feet of space in three phases. Currently there is one building on this property. How does this six-story tower at the harbor campus fulfill the mission to move ambulatory services away from the harbor area? Has the hospital abandoned this plan? The Cape Cod Commission negotiated a Development Agreement with Cape Cod Healthcare at this location, and has extended it to 2027. How does this tower fulfill the intent of this agreement?

Excerpted from the Original Development Agreement in 2003:

WHEREAS, CCH is a Qualified Applicant, as that term is defined in Chapter D of the Regulations, that has proposed a coordinated, planned phased development on the Property over the next five (5) to twelve (12) years; and  
WHEREAS, the proposed, development will be an ambulatory outpatient medical campus with associated infrastructure, parking, and landscaping in a village-like setting (the "Project"); and . . .  
WHEREAS, the Commission and CCH wish to accommodate changes in fundraising, technology, and patient needs through project phasing; and  
WHEREAS, the RPP encourages improvement of health care facilities and services on Cape Cod; and . . .  
WHEREAS, CCH has recently completed an extensive long range planning process to identify anticipated growth in population and healthcare needs for Cape Cod over the next twenty years in conjunction with master planning efforts at the Hospital, and anticipates that the Project will include the development and offering of ambulatory services such as ambulatory surgery, imaging, women's healthcare, rehabilitation and fitness, medical offices, preadmission testing, infusion therapy, and oncology (the "Project Services"); . and . .  
WHEREAS, CCH has demonstrated that the current square footage per patient at the Hospital falls short of national and state standards, and the
Project will allow the transfer of certain ambulatory medical services and uses from the existing Hospital located in Hyannis to the Property; and **WHEREAS**, the space vacated within the Hospital will not be filled by additional uses, but will be used to increase the size of already existing departments or areas which are currently undersized or have insufficient space to meet patient needs or accreditation requirements;

A clarification from the hospital as to what happened to change their plans and how they expect the remainder of the 40 acres to be used would be helpful and is appropriate at this time.

I noted in the traffic report only land-based “future-built” projects are listed for consideration. Seeing that this project is less than 1/8 mile from two major regional ferry and marine transportation companies, the Steamship Authority and Hy-Line, did anyone think to inquire as to what the future expansion plans are for these two entities? If not, why not? These two entities cause more year round commercial (truck) and passenger vehicle trips than any other use in downtown Hyannis, including the hospital, and therefore, it is irresponsible to ignore them and their future plans. In addition, they both greatly affect one of the main access points to the hospital, mainly South St and Lewis Bay Rd.

Concerning the traffic impact analysis: I challenge the credibility of the hours used in this report. This project is in downtown Hyannis. This project, as I mentioned above, is adjacent to two regional marine transportation companies. Between these two companies, in 2018 alone, there were more than 1,420,000 passengers who rode these ferries from Hyannis to the islands. The schedules for these ferries run from 6:10 in the morning to 11:00 in the evening. The traffic impact report MUST adjust its analysis to include the times of the return ferry trips and also must include when the hospital has a shift change. For example, the roads south and east of Main Street heading East and North are gridlocked between 2:45 and 3:30 or so every afternoon, so looking at typical traffic peak hours beginning at 4:00 does not provide accurate information. This project is located in downtown Hyannis, not in Framingham, Worcester or any other town. Therefore the hours that are used for traffic impact report **MUST** be tailored to THIS Project in THIS village, and not Anyplace USA. The traffic impact report is incomplete as submitted.

In addition, in reviewing the intersections scheduled for improvements, I noted that the traffic maps do not include Pleasant St or School Street which both connect Main St with South Street. I strongly suggest that the intersection of Pleasant St & Main Street be added to the list. This intersection requires a “by-pass” lane on the right side heading East to West so that traffic can still flow when vehicles stop to make a left turn onto Pleasant St. The same needs to happen at the intersection of Yarmouth Rd and Main Street, but in the westbound lane. If the goal is to keep traffic moving, these two intersections must be improved.
I noted in the report in the Energy section that CCH has agreements with six off-Cape solar installations. Since they apparently refuse to build a structured parking facility, why don’t you insist that they cover every single surface parking space they have with a solar array? I see they explain that they can’t place solar panels on the roof of this new tower, but what is the reason they can’t build solar over the vast parking spaces they have? There are no trees to prevent this. Spaulding did this in Sandwich, why not here?

I did not see any information contained in the reports regarding where the additional vehicles will park both for patients and employees. Was there discussion regarding creating under-building parking? If not, why not? This portion of Hyannis is becoming one large paved parking lot. Where are the additional patients and employees going to park?

Regarding the actual new tower capacity, it appears to me that the new wing will be built to accommodate 40 beds immediately when open, but also have the capacity to add an additional 36. Same is true of “patient bays”...they plan to add 17 new patient bays, but have room for more in the future. Were the traffic and other studies based on this building at full capacity? If not, they need to be redone to reflect the full build out. It is unclear with the information as presented. The staff report is based on immediate build out only. This does a disservice to the public, as once the building is built, there will be no chance for the public to have input or for any review if and when new floors/beds/bays are added. All reports and reviews should be based on the building’s full capacity, not the introductory use. No entity spends $180 million dollars and doesn’t utilize the entire space. Please make sure all analysis is based on full build-out capacity! [Since the traffic impact studies should be redone to reflect the ferry traffic, they can include the maximum capacity of this new building at the same time.] The time to plan for the traffic increases is now. There will not be another chance later.

The Hospital, in presenting its case for the need for this building, indicates that approximately 8,000 patients annually go over the bridge to seek hospital care, but they do not state what their targeted capture rate is of these 8,000 patients. It appears that if they are as successful as they want to be, this tower may not be large enough to accommodate the increase of prospective patients. A clarification of their targeted percentage would be helpful. Does the committee know the exact
number of patients for all outpatient services in a year, and how they are split between the Wilkens building and CCH?

The hospital indicates that the average wage for employees excluding physicians is $75,000. This includes Sr Staff/Leadership. Please inform the committee what the average wage is minus Sr. Staff, as the inclusion of Mr. Laufer’s $1.8+ million compensation and others severely skews the wage numbers. What is the average compensation for the rank and file?

What is the fiscal impact on the village of Hyannis—particularly the Eastern and Southern areas? The Hospital, over the years, has removed properties assessed at over $28 million from the tax base in the village of Hyannis (mostly for parking or acquiring practice space), leaving the residents to shoulder the burden of the purchase and maintenance of fire equipment large enough to service the hospital’s 5 and 6 story buildings. Due to our unique situation, the Town of Barnstable has separate taxing fire districts, and therefore the commercial and residential properties specific to Hyannis are responsible for any and all investments to serve this medical campus, including ambulances, and ladder trucks. The residents of Hyannis pay the highest taxes for fire services in the Commonwealth. You saw the numbers of emergency room patients. You read about the growth of the hospital, and its intended future growth. You also read how the hospital is obligated to support the local community. However, the hospital does not pay one single cent toward the village infrastructure that supports them. It’s time for Cape Cod Hospital, as part of their mitigation agreement with the CC Commission to agree to a payment in lieu of taxes (PILOT). If they would agree to pay the equivalent of the fire district (and not the real estate) tax to the Hyannis Fire Department the residents in Hyannis would become your biggest fans. As it is now, a great amount of resentment exists, as the year round residents feel ignored, neglected, abused and used due to the hospital’s lack of interest in supporting them via a PILOT program. It’s the right thing for the Hospital to do.

With all due respect to the architects who designed the new tower, there is nothing that evokes anything remotely consistent with Cape Cod, New England or the Ocean in this design. It doesn’t even blend well with the existing medical complex. It is a large, ugly block of a building right on the Harbor. It looks industrial. It WILL dominate the skyline...forever. If this were a condominium project or a hotel, would you accept this design???? The photo taken of the imposed image from “Hyannis Harbor” was taken at the end of Channel Point Road, which is already in the Inner harbor, and not from the channel entering the harbor, or from points beyond. You must know that when the Mugar wing was added, every single boater thought it was ugly and used to joke that unless
there is thick fog, they no longer needed their GPS from several miles out to locate the entrance to Lewis Bay, as all they had to do was line up on the new hospital wing. (I understand from some friends of mine who are private pilots, that they, too, use Mugar as a site point in approaching the airport). This new building will compound that. There is nothing else to say. It’s too big and it’s very ugly, and Hyannis residents and our boating visitors will have to look at it indefinitely. I couldn’t disagree more with staff’s comment, which is very subjective: “Although visible from the Hyannis Harbor, the building is designed so that it does not result in any adverse visual impacts from the Harbor.” It makes me think that none of you have ever approached Hyannis from the ocean, otherwise you could never write a sentence like this. If this project doesn’t represent an adverse visual impact, what will?

I noted a discrepancy in documents provided. Some indicate the area under construction is 6.7 acres. Others indicate is 4.5 acres. Which is it?

The Construction Waste Management Plan, on page 370, indicates the plan submitted is for Easthampton High School. Why is that?

The Staff Report did not mention anything about the requested Waiver of Section 9 of the RPP. Please elaborate.

Perhaps I am naïve, but the construction for this project has already begun. Is it not the norm for a project to go through the DRI review first, before putting a shovel in the ground? There are too many assumptions already made on this project. Just because they are the only hospital we have doesn’t mean they can bend the rules completely.

I hope that at this first hearing, you take my comments, questions and suggestions as constructive, as intended.

Sincerely Yours,