

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

SUBCOMMITTEE ON ZONING AND
FRANCHISES

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July 16, 2025
Start: 11:08 a.m.
Recess: 2:34 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Kevin C. Riley,
Chairperson

COUNCIL MEMBERS:

Shaun Abreu
David M. Carr
Kamillah Hanks
Francisco P. Moya
Yusef Salaam
Lynn C. Schulman

A P P E A R A N C E S (CONTINUED)

Dan Baker
Emergency Physician and President of Lenox Hill
Hospital

Sharon Pope Marshall
Executive Director of CIVITAS

Marina Tassant-Solet
CROLHN, in opposition

Johnathan Cogswell

Tomas Rossant
Self

Valerie Mason
Chairperson of Manhattan CB8

Nuha Ansari
Friends of the Upper East Side

Jimmy Aguirra
Local 28

Tomas Rossant

Jim Stinks

Mike Hoke

Lisa Lau
AICP, Inc

Nick Williams
Self

Daniel Baker
Self

A P P E A R A N C E S (CONTINUED)

Melanie Meyers
Self

Peggy Rosenblatt
Auxiliary, Lenox Hill Hospital

Hank Soderlund
Local 3 IBCW

Kate Steinburg
CPOLHN

Marlene Schneider
Self

Alan Harris
Self

Jessica Zhang
Senior Policy Manager for 32BJ Health Fund

Terrell Martin
Self

Robert Foster
New York City District Council of Carpenters

Clevelaned Cyris
Local Union 3

Brett Thompson
Steamfitters Local 638

Mia Wagner
Community Service Society of New York

Stephanie Reckler
In opposition to Lenox Hill

Stacy Krusch
Self

A P P E A R A N C E S (CONTINUED)

Anthony Cohn
Self

Marco Tamayo
Self

Anthony Guerrero
SMART Local 28 Sheet Metal

Robert Rofolo
Local 28

Michael Grunert
Local 3 I.B.E.W.

Lois Uttley
Community Voices for Health Accountability System

Todd Stein
Self

Alida Camp
Self

Vanessa Aronson
Self

Dennis McSpedon
Local 3 IBEN

Jeffrey Lafata
Self

Emmanuel Debois
Local 28

Casandra Berger
Self

Doon Arebus (SP?)

A P P E A R A N C E S (CONTINUED)

Neil Selkirk
Citizens Concerned

Anne Namm
Self

Bryan Verona
78th Street Block Association

Rachel Starch
Self

Lenore Pasavante (SP?)
Self

Andrea Goldwin
New York Landmarks Conservancy

George Janes
CPOCH

Dan Dunham
Self

Patricia Raciti
Self

Amy Attis
Self

Susan Fall Hill
Self

Richard Scharf
Self

Lynal Breck
Self

A P P E A R A N C E S (CONTINUED)

Benjamin Marcus
Self

Jan Terhar
Self

Evelyn Finster
Self

Pierre Van Boxdale
Self

John Auxman
Self

Anne Goodbody
Self

Cloey Davis
Self

Michelle Jeffrey
Self

Raya Sinha
Self

Elaine Levy
Self

Feliz Cohen
Self

Eileen Toback
Self

Barbara Zinn Moore
Self

Kevin Brown
Self

A P P E A R A N C E S (CONTINUED)

Chad Perky
Self

Loney Levy
Self

2 SERGEANT AT ARMS: This is a microphone check on
3 the Committee of Zoning and Franchises recorded by
4 James Marino on July 16, 2025 in the Chambers.

5 SERGEANT AT ARMS: Good morning and welcome to
6 today's New York City Council Hearing for the
7 Subcommittee on Zoning and Franchises. At this time,
8 we would like you to silence all cell phone and
9 electronic devices and do not approach the dais
10 unless your name has been called. Chair, we are
11 ready to begin.

12 CHAIRPERSON RILEY: [GAVEL] Good morning and
13 welcome to a meeting of the Subcommittee on Zoning
14 and Franchises. I am Council Member Kevin Riley,
15 Chair of this Subcommittee and I am joined today by
16 Council Member Powers.

17 Today we are scheduled to hold one public hearing
18 regarding the proposal known as Lenox Hill Hospital
19 in Council Member Powers district. Before opening
20 the hearing, I will first go over the hearing
21 procedures. This meeting is being held at hybrid
22 format. Members of the public who wish to testify
23 may testify in person or through Zoom. Members of
24 the public wishing to testify remotely, may register
25 by visiting the New York City Council's website at

1 www.council.nyc.gov/landuse to sign up. And for
2
3 those of you here in person, please see one of the
4 Sergeant at Arms to prepare and submit a speakers
5 card. Members of the public may also view a
6 livestream broadcast of this meeting at the Council's
7 website. When you are called to testify before the
8 Subcommittee, if joining remotely, you will remain
9 muted until recognized by myself to speak. When you
10 are recognized, your microphone will be unmuted. We
11 will public testimony to two minutes per witness. If
12 you have additional testimony, you would like the
13 Subcommittee to consider or if you have written
14 testimony you would like to submit instead of
15 appearing in person, please email it to
16 landusetestimony@council.nyc.gov.

17 Written testimony may be submitted up to three
18 days after the hearing is closed. Please indicate
19 the LU number and/or project name in the subject line
20 of your email. We request that the witnesses joining
21 us remotely remain in the meeting until you are
22 excused by myself as Council Members may have
23 questions. Lastly, for everyone attending today's
24 meeting, this is a government proceeding and decorum
25 must be observed at all times.

2 Members of the public are asked not to speak
3 during the meeting unless you are testifying. The
4 witness table is reserved for people called to
5 testify and no video recording or photography is
6 allowed from the witness table. Further, members of
7 the public may not present audio or video recording
8 as testimony but may submit transcripts of such
9 recordings to the Sergeant at Arms for inclusion in
10 the hearing record.

11 I will now open the public hearing on
12 Preconsidered LU's relating to the Lenox Hill
13 Hospital proposal on the upper east side. The
14 applicant is seeking to modernize and enlarge the
15 hospital, which has been at this site since the
16 1800's. The current hospital consists of ten
17 buildings and the proposal involves demolitions, some
18 of the existing buildings to construct a new building
19 and renovate in the remaining buildings.

20 For anyone wishing to testify on this item
21 remotely, if you have not already done so, you must
22 register online by visiting the Council's website at
23 council.nyc.gov/landuse.

24 For anyone with us in person, please see one of
25 the Sergeant at Arms to submit a speakers card and if

1
2 you are filling out a speakers card, please make sure
3 to indicate whether you are testifying in favor or in
4 opposition. As always, if you prefer to submit
5 written testimony, you may do so by emailing it to
6 landusetestimony@council.nyc.gov.

7 I would now like to recognize Council Member
8 Powers for his remarks.

9 COUNCIL MEMBER POWERS: Thank you Chair Riley.
10 Good morning and thank you for being here and those
11 tuning in online, welcome as well. City Council
12 Member Keith Powers representing the Lenox Hill
13 hospital site in the upper east side, which we are
14 discussing today. It's been my great privilege to
15 represent to this area for the last eight years. I
16 want to thank everyone who is here today. I want to
17 thank many of my constituents and community board
18 members who are here. I want to thank the team at
19 Lenox Hill Hospital and Dr. Baker for being here as
20 well to discuss an important project on the upper
21 east side and for the city.

22 As many of you know, I've heard feedback from
23 many constituents in this area who feel strongly
24 about this proposal and many that you will hear from
25 today. While I think many of us have supported

1
2 modernizing an outdated hospital, we all feel the
3 final proposal must better reflect to communities
4 understandable concerns about the construction
5 timeline, whether that means to limit a construction
6 zone and ultimately about the height and the scale.

7 A successful plan here would deliver excellent
8 health care at a more appropriate scale with less
9 disruption. This proposal has gone through numerous
10 iterations, so I just want to give a little bit of
11 background on the previous versions of this project.

12 In 2019, Northwell originally proposed a 516 foot
13 hospital building, with a 490 foot residential tower.
14 I agree with the community and ultimately we worked
15 with Northwell that this was out of scale with the
16 neighborhood and we convened a taskforce with the
17 borough president to suggest a more suitable plan.

18 Northwell responded by revising this proposal to
19 a 436 foot proposal building and remove the Park
20 Avenue Tower and then more recently presented a new
21 option lowering the height to 390 feet on Lexington
22 Avenue and spreading the building across the mid-
23 block. That is a short cut to a very long
24 conversation that took place in between all of that
25 but here we are today with two options before us in

1 terms of two proposals I should say before us and
2 after hearing neighbors' concerns about disruptive
3 construction, we have been able to reduce the
4 duration from 11 to 9 years, though I think I echo
5 the concerns of many constituents that while this is
6 progress, there is still a lot more to do. Despite
7 these improvements the proposed building is still
8 very tall and too tall and the construction timeline
9 is too long.

11 The neighbors have had reasonable concerns. They
12 fear construction noise will make their quiet
13 residential streets unbearable. Parents worry about
14 kids walking to school through a dusty construction
15 zone and anyone who lives in this area continue to be
16 concerned about what the ten year or nine year
17 timeline will be like to live in.

18 I am determined to find a real estate plan that
19 better reflects those community concerns, while also
20 ensuring that we can maintain cutting edge health
21 care at Lenox Hill Hospital. It's important not to
22 lose site of the critical purpose of this building
23 and this block. It's health care for patients in
24 their most vulnerable moments. Lenox Hill Hospital
25 treats 144,000 patients a year, employs 5,000 health

1 care workers and has served New Yorkers for over a
2 century.

3
4 There seems to be - not to mention the many other
5 jobs that would be part of this construction as well.
6 There seems to be an unanimous agreement that Lenox
7 Hill Hospitals current outdated building does not
8 meet the standards of modern medicine. The
9 renovation would expand the emergency department,
10 upgrade the operating rooms, and give every patient a
11 single bedroom. It's our hope that the final plan
12 will be able to deliver quality health care while
13 understanding and respecting the communities
14 concerns.

15 I want to thank the many members of the coalition
16 and the community members who have spent countless
17 hours with my office and my team walking through
18 their concerns. I want to thank the Community Board.
19 I know our Community Board Chair and other members
20 are here today for their input in this process as
21 well and I want to thank the team at Northwell for
22 their continued listening and for being here today to
23 present on their plan. And of course, I want to
24 thank my team to Carolyn and Ben who have also spent
25 countless hours with the Community Board members,

2 with the coalition members, and the hospital
3 applicant to also make sure that this conversation
4 brings in all voices.

5 I also want to thank Chair Riley and all the
6 staff at the Council Land Use division for your work
7 on this application and many other applications that
8 come through your Committee. With that, I look
9 forward to hearing everyone's testimony here today
10 and look forward to continuing this conversation
11 afterwards. Thanks so much.

12 CHAIRPERSON RILEY: Thank you Council Member
13 Powers. Just for the record, the LU Numbers for this
14 project is LU 339, 340 and 341. I will now call the
15 applicant panel for this proposal, which consists of
16 Johnathan Cogswell, Tomas Rossant, Jim Stinks, Mike
17 Hoke, Lisa Lau, and Nick Williams. Can you please
18 come to the podium and Dr. Baker?

19 Counsel, can you please administer the
20 affirmation?

21 COMMITTEE COUNSEL: Yes, could you all please
22 raise your right hand and could you state your name
23 for the record, starting from right to left? You
24 have to turn on your microphone.

25 DANIEL BAKER: Daniel Baker.

2 MELANIE MEYERS: Melanie Meyers.

3 JOHNATHAN COGSWELL: Johnathan Cogswell.

4 LISA LAU: Lisa Lau.

5 COMMITTEE COUNSEL: Can you please keep your
6 right hand raised and do you swear to tell the truth
7 and nothing but the truth in your testimony today and
8 in response to Council Member questions?

9 PANEL: I do.

10 COMMITTEE COUNSEL: Thank you.

11 CHAIRPERSON RILEY: Thank you for the viewing
12 public. If you need an accessible version of this
13 presentation, please send the email request to
14 landusetestimony@council.nyc.gov and now the
15 applicant team may begin. Please state your name and
16 organization for the record before you begin. You
17 may begin.

18 DAN BAKER: Good morning Council Members and
19 thank you for the opportunity to present to you. We
20 are exceptionally excited to talk about the
21 redevelopment of Lenox Hill Hospital. My name is Dan
22 Baker. I am an emergency physician and I am the
23 President of Lenox Hill Hospital. Next slide.

24 It is important that we recognize and are very
25 core this project is a health care project and as was

1 stated by the Council Member, we are so proud of the
2 patients of the communities that we have served for
3 the past 160 years. This project is equally about a
4 renewal and a modernization. An investment in our
5 infrastructure to lift our facilities could measure
6 it to the care that we provide to our patients each
7 and every day. Next slide.

9 This project puts the patient at the center of
10 everything that we want to do. That's part of our
11 mission statement. It's represented in the accolades
12 that we have developed on clinical care with six of
13 our specialties ranked in the top 50 nationally per
14 US News and World Report and for the fourth year in a
15 row, health grades has listed us as a top 50 best
16 hospital.

17 We equally understand the foundational pillar
18 that a hospital represents to a community and we work
19 with many community parties to continue that
20 integration. We screen all of our patients for food
21 insecurity and we work with Gods Lovers We Deliver
22 for those who qualify to assure that they have the
23 food they need for health. We've worked with the New
24 York City Department of Education and Future Ready
25 NYC to take young New Yorkers and show them the path

1 to health care and we have many vaccination clinics,
2 screenings for blood pressure, vision, chronic
3 diseases to move out into community and meet patients
4 where they are to assure they again have the health
5 care they need. Next slide.

6
7 When we look at who we are, we represent
8 something that's far bigger than the geographic
9 location we have on the upper east side. We have
10 approximately 144,000 visits a year, which includes
11 4,000 deliveries, 14,0000 surgeries, greater than
12 50,000 emergency department visits, and when we look
13 at that patient population in terms of where they
14 come from, the graph on the right will show that
15 about 46.5 percent of our patients come from
16 Manhattan County, another 12.8 percent from the
17 Bronx, 11.3 percent from Brooklyn and 10.9 percent
18 from Queens. All told three quarters of our
19 patients come from New York City at large.

20 Equally over 60 percent of our patients use
21 public insurance, that being both Medicare and
22 Medicaid and 55 percent of our patients identify as
23 non-White. This is a population that represents a
24 greater New York City population and one of which
25 we're very proud. Next slide.

1 When we think about renewing our facility, this
2 has to do with the way that we have been on this
3 block over the course of decades and we have stitched
4 ten buildings together. On the right side of the
5 diagram you see that we have buildings from the
6 1800's and into the 1900's and then our newest
7 building on Park Avenue is from 1972, which is now
8 over 50 years old. There are infrastructure problems
9 that prohibit renewal. Floor to ceiling heights, the
10 different configurations and then in addition, the
11 four buildings which are marked in orange here,
12 structurally cannot house inpatient care, which is
13 why our redevelopment and our proposal focuses on the
14 eastern end our block on Lexington Avenue.
15

16 The majority of our beds are in shared rooms not
17 commensured with where we want to be. Our operating
18 rooms are undersized for the modern technology and
19 the ability to really care for the patients that we
20 serve and our emergency department, which has been
21 home for me for so many years offers exceptional,
22 efficient care and a wholly undersized environment.
23 Next slide.

24 When we look at the need to renew and how we
25 built our hospital from this, we had to start with

1 the clinical services that we provide to the
2 community on a daily basis. Some of which are listed
3 on the right, that stems from behavioral health to
4 multiple surgical specificities, to cancer care and
5 maternal child. We additionally looked at the
6 population growth, at the aging population and the
7 rising demand for specialized care and that's how we
8 put together our proposal and ended up with the
9 building that we did.

11 It's thinking about a failure of proposed
12 rezoning and a failure in investment and
13 infrastructure that unfortunately would cost us to
14 think about what services can we no longer offer.
15 We've seen that played out with the closure of St.
16 Vincents and most recently, with the closure of Mount
17 Sinai Beth Israel and that is not a story that we
18 would like to have be ours. Next slide.

19 Key drivers in this project stem from single
20 bedded rooms. This is definitively better for
21 clinical outcomes that puts the patient at the
22 center, one patient, one bed, one bathroom, with any
23 one that they want to bring in with them to receive
24 care. We equally can better bring care to the
25 patient, rather than the patient to care. It's

1 better operationally. We don't have to match gender,
2 sickness, disease, in order to allow a patient to
3 actually enter into a bed that might be otherwise
4 available. We need to modernize our OR's again,
5 those six specialties, which really push the clinical
6 frontier of that care. They need space for the
7 robots, for the monitors, for the people who are
8 operating those and they need to improve. And then
9 again, our emergency department, we need to be able
10 to put patients into private locations so they have
11 privacy, less anxiety and that we can provide all the
12 care that we need to where they are.

14 The bottom right picture is what a modern
15 emergency department would look like and what the
16 emergency department at Greenwich Village Hospital
17 does. Importantly, we have a commitment to our
18 patients and our mission that we will maintain
19 ongoing operations throughout this project. We
20 cannot nor will we close.

21 Next slide. Taking a look at our program
22 summary, the differences between what we have
23 existing as well as what we have proposed. On the
24 fourth row, you can see that we operate about 450
25 beds in our current state. That is not the same

1
2 number of rooms because right now we have single and
3 double bedded rooms, with over two-thirds of our beds
4 in double bedded rooms at this time. The intent is
5 to increase from 450 to 475 but most importantly
6 every single one of those beds being in its own room.
7 So, beds equaling the room count, again putting the
8 patient at the center of what we want. We will
9 increase the size of our emergency department from 34
10 to 48. This is benchmarked against 50,000 plus visit
11 annual emergency departments and again allows for the
12 privacy and care they need and we'll talk about the
13 ambulance base as well as the material center that we
14 will have in a few slides.

15 Looking at the street environment and access
16 improvements, we have a \$20 million commitment to the
17 six subway stop. This is what I take to and from
18 every work. I know that the congestion exists there
19 but we are now going to bring this into our building.
20 We will make it ADA compliant. We will make it
21 commensurate it with what an Upper East Sider should
22 experience on the six train, which is highly
23 utilized.

24 Equally, we understand that we have to be better
25 at our block and that's one of the goals of our

1 projects. Instead of having 77 Street be our
2 ambulance bay, we will now incorporate those and
3 internalize those into the hospital. No longer
4 causing substantial congestion all the way down 77th
5 Street and equally again, being the patients centric,
6 faster care with no exposure to inclement weather.
7 And on the 76th Street side, we will right size the
8 number of material size base that we have to be able
9 to incorporate the trucks that we do. It will be
10 site on scene to our communities and our neighbors so
11 they do not experience what they do now. Next slide.

12 A little bit about our project development.

13 We've been going at this for quite some time. We
14 came out in 2019 with initial zoning board and
15 community board 8 presentations and at that time, the
16 proposal was 516 feet on Lexington with a residential
17 tower. We formulated a taskforce with Keith Powers
18 as well as with Gale Brewer and there was a lot of
19 dialogue that occurred in that time period. We were
20 then unfortunately interrupted by the COVID-19
21 pandemic but through listening to the community and
22 the dialogue that occurred, we came out of that
23 pandemic in 2023 with a new proposal, which
24 substantially reduced the height to 436 feet on
25

1
2 Lexington and eliminated the residential component
3 which was universally disliked.

4 We then went through pre-scoping and scoping and
5 then further or application developed such that we
6 entered the ULURP with a new option. We tried to
7 continue to listen and continue to reduce the height.
8 We're now under 400 feet at 395 and pushing just
9 slightly into the mid-block. Next slide. A little
10 bit about how our ground floor will change. We move
11 our entrance to the hospital to 76th Street and
12 Lexington. It's much larger, it's much more
13 spacious. It's more consistent with inviting the
14 community and our patients in and it removes the
15 pedestrian traffic that goes to the mid-block. There
16 will be a small retail, which is a pharmacy. There
17 will be an emergency walk in entrance immediately
18 adjacent to the subway, a staff entrance and then
19 past all of those entrances will be the incorporation
20 of those ambulances again within our facilities and
21 off 77th Street. There's a mother, baby entrance on
22 Park Avenue and then continuing on to 76th Street,
23 that's where we'll have multiple receiving bays that
24 again allow for the trucks to pull in quickly, fast
25 folded doors so that no one has to receive the

materials as they are delivered to the hospital.

Next slide.

Here's the schematic of Option versus Option 2, this is looking northbound from 76th Street. On Option 1, you can see the height with mechanicals. It's currently at 436 feet. On Option 2, the height with mechanicals is 395 feet, on Lexington with 360 feet in the mid-block. Next slide.

A couple of quick renderings. This is what Option 1 would look like looking southbound from 79th and Lexington. Next slide. This would be Option 2. Next slide. This is what our entrance could look like and again, currently illustrative but much more grand and inviting to the community and much easier for our patients to access. Next slide. The subway entrance as we spoke to incorporated into our building with an overhang that allows you to walk the length of the block. Next slide. And then lastly a view from 75th and Park and what is difficult to see in this is just how our building would peak out over its neighbors. It really does not cause massive disruption to what we see on Park Avenue. And now I'm going to turn it over to my colleague Melanie Meyers for a summary of the zoning actions.

MELANIE MEYERS: Thank you and next slide please.

My name is Melanie Meyers, Land Use Council with Fried Frank. So, just a quick overview of the actions. There are three actions before this Committee. It's a Zoning Map Amendment, a Zoning Text, and a special permit to allow for the hospital redevelopment. There is also an authorization for transit improvements for the subway that Dr. Baker described and a certification for the easement volume that the subway will be located in. Next slide.

First is the Zoning Map Amendment. The current site is located in three zoning districts. On the Park Avenue frontage, it is an R10 District within the Park improvement district that allows for a community facility at 10 FAR and for residential at 12 FAR with the City of Yes zoning.

In the mid-block, it is zoned REB. The current building does not comply with that but that would allow for a community facility FAR of 5.1 and then on the Lexington Avenue Frontage, it's currently C18X which allows for nine for community facility, 10.8 for residential. What we're proposing to do is to rezone the mid-block to C18, the Lexington Avenue Frontage to C19 and the Park Avenue frontage would

1 remain unchanged. That would allow for a base FAR
2 for community facility of ten over the entire block,
3 which is consistent with many of the other hospital
4 institutions in the city.
5

6 The next slide please. The Zoning Text
7 Amendments, there are four. The principle one is
8 creating a new special permit under an Article 7
9 Chapter 4 that will allow for a floor area bonus for
10 the modification and upgrade of an existing hospital
11 where they occupy a full block in these districts.
12 The second text amendment would allow for the special
13 permit to be used in conjunction with the transit
14 improvement bonus. The third would make the hospital
15 special permit available in the parking improvement
16 district with some details and finally, as a
17 technical matter, we would be amending Appendix F to
18 make the rezoned area a mandatory, inclusionary
19 housing area. Next slide.

20 The hospital special permit itself would be
21 asking for the 20 percent floor area bonus for the
22 upgraded hospital. It would allow for an additional
23 .5 of additional transit bonus. There would be
24 height and setback modifications and other bulk
25 intervals and finally, it would establish an envelope

1 for development on the project block, so that there
2 would be certainty with regards to the project and
3 development. Next slide.

4
5 So, looking at, these are the two envelopes that
6 are part of the application itself. You're looking
7 at the 76th Street is on the sort of lower, to lower
8 right and Park Avenue is on the lower left. So, you
9 can see the taller portion of the envelope Option 1
10 rising to a base height of 195 feet then stepping
11 back to the 436 foot height that was mentioned. And
12 then the envelope would drop down and as you move
13 closer to Park Avenue you'd see that the envelope
14 actually wraps around, it's generally the same height
15 of the buildings that exist today.

16 On the left, you have Option 2 and again base
17 height of 195 feet then a set back to the 395 foot
18 height and then as you step into - further into the
19 mid-block and to the west, there's a component that
20 would drop down to a height of 360 feet and again,
21 when you get to the Park Avenue Frontage, the
22 envelope would wrap around the existing buildings.
23 Next slide.

24 And then finally, so these actions were
25 authorizations from the City Planning Commission but

1 there are authorizations and certifications
2 associated with the envelope, or with the transit
3 improvements that Dr. Baker described. That includes
4 removing the stairs on the sidewalk and creating a
5 new, larger stair within the volume as well as ADA
6 accessibility from the street level to the platform
7 itself.
8

9 Next slide please. So, we also just wanted to
10 point out in terms of the - uhm, in terms of
11 precedent, every larger complex has received
12 approvals. Hospital need to grow and they have been
13 able to grow or they've been able to be successful.
14 So, with this, the Long Island Hospital proposal, the
15 Lenox Hill proposal will be at a little over one
16 million square feet of floor area, well within the
17 scale of the hospital facilities that have been
18 approved in the past including by the City Council.
19 Next slide.

20 Similarly in terms of the height that we're
21 asking for, the tallest element of our proposal
22 between 395 and 436 feet is well within the height
23 and scale of other buildings that have been built in
24 hospitals and that have been approved. And so, while
25 we recognize that this is a project that is a

1 significant project and one that deserves a lot of
2 attention, we also think that it's well within the
3 zoning precedents that have been seen before. Next
4 slide. And with that, we have members of our
5 architect team, our facilities team and our
6 environmental team and we're happy to answer any
7 questions.
8

9 CHAIRPERSON RILEY: Thank you so much. I have a
10 few questions and then I'm going to turn it over to
11 Council Member Powers. In 2019, Northwell Health
12 initially proposed a 500 foot tall hospital building
13 that you discussed earlier Dr. Baker, with an
14 adjacent residential building. You discussed how the
15 community was universally something that everyone
16 didn't agree with. How is this revised proposal more
17 responsive to the communities concerns?

18 DAN BAKER: So, the revised proposal is
19 responsive in two ways to that initial proposal.
20 First in removing the residential component piece.
21 That was something that through the taskforce was not
22 wanted and we subsequently removed that. So, that
23 entirely came out of our proposal.

24 Second was an understanding that the community
25 felt that 516 feet was too tall. So, we reduced it

1 over 80 feet to 436. Again, I understand that there
2 is a desire for further reduction but we built this
3 based on the clinical services that we proved and so,
4 when we think about the care that we provide across
5 the different services, that's what gets us to that
6 height and further reduction in height causes us to
7 have to think about what does the hospital no longer
8 offer to the community?
9

10 But I feel again that this was something where
11 while it might not have to the degree that the
12 community wanted it was still very much listening
13 about height being important and again, the removal
14 of the residential equally so.

15 CHAIRPERSON RILEY: You spoke about the beds.
16 Can you state how many beds you guys currently have
17 now or how many beds that you're proposing and you
18 said single beds you're proposing now correct?

19 DAN BAKER: Correct. So right now we have 450
20 beds. The proposal has a modest increase to 475
21 total beds. The real difference here and what
22 changes in terms of the zoning and massing as
23 twofold, one is current code and regulation where
24 everything got a bit bigger as health care continued
25 to evolve and secondly, over two-thirds of those 450

1
2 beds exist in private rooms. Those individuals come
3 into the hospital. They share a bathroom with
4 someone they don't know. All of their family members
5 are in there together. They have a combined closet
6 and you don't know again as you enter in a time
7 period of probable great anxiety for yourself who is
8 going to be in there with you, and we need to change
9 that and that's what this proposal does by making it
10 so there is an equitable distribution of single
11 bedded rooms across all of our patients.

12 We also understand as this often come up,
13 Medicare currently reverses those. They do across
14 the United States. They do in New York as well and
15 they will continue to do so in the future when we
16 have them.

17 CHAIRPERSON RILEY: So, just for my
18 understanding, 475 of the beds will be single beds or
19 just two-thirds of 475?

20 DAN BAKER: All 475.

21 CHAIRPERSON RILEY: All 475 will be single beds
22 and you'll be able to provide the services directly
23 within the rooms?

24 DAN BAKER: It allows us to do many things about
25 bringing services to the rooms. We have technology

1 such as ultrasound or echocardiograms or these
2 different pieces that often we then have to take the
3 patient, transport them to the department, perform
4 the procedure or the imaging there and then bring
5 them back.
6

7 And this really allows space for us to bring that
8 technology into the room and do it right at the
9 bedside.

10 CHAIRPERSON RILEY: Okay, I guess I have a
11 technical question now because I have a friend who is
12 a transporter. So within that career position, what
13 happens with that job within the hospital?

14 DAN BAKER: We will still have great need for
15 transporters.

16 CHAIRPERSON RILEY: Okay.

17 DAN BAKER: There are still many places that
18 patients will need to go whether that's the operating
19 room, whether it's to a procedural unit like
20 endoscopy or any of those different pieces and most
21 importantly, getting patients from the emergency
22 department to the beds they need.

23 CHAIRPERSON RILEY: Okay, alright. New York City
24 has experienced a series of hospital closures in
25 recent decades, including Mount Sinai, Beth Israel,

1 and Cabrini Hospital in Gramercy Park and St. Vincent
2 Hospital in Greenwich Village. Why is it important
3 to operate Lenox Hospital at this location and have
4 you explored relocating to a different location given
5 that you need significant infrastructure upgrades?
6

7 DAN BAKER: So, uhm, that's a great question and
8 if we look at a couple of those different closures,
9 when St. Vincent's closed, Northwell came in and did
10 a community needs assessment to understand why we
11 couldn't build a hospital on that location. We ended
12 up opening up the state's first standalone emergency
13 department. And that building, which is now
14 Northwell Greenwich Village Hospital, later on at the
15 end of July early August will open the state's first
16 standalone cardiac catheterization lab and inpatient
17 beds becoming really a micro-hospital and building
18 back care into that environment.

19 So, we see that across Northwell where we're
20 consistently looking at our hospitals, at our
21 populations across the different boroughs and
22 investing in every single one of those locations.
23 Unfortunately, it's not so easy to just say we're
24 going to move everything that we do to a different
25 location. The patients rely on us where we are.

1
2 They rely on the six train capabilities of getting to
3 us. They rely on the services that we provide and
4 equally, our community does too. I understand there
5 are multiple hospitals that are on the upper east
6 side but there are many, many, many people who live
7 on the upper east side equally and we need to provide
8 services to those people.

9 CHAIRPERSON RILEY: Okay, I want to recognize
10 Council Member Moya has just joined us remotely.
11 What were your considerations in determining the
12 appropriate zoning district to facilitate the
13 renovation of this hospital?

14 Do you want me to repeat that?

15 DAN BAKER: Yes, if you don't mind.

16 CHAIRPERSON RILEY: Okay, what were your
17 considerations in determining the appropriate zoning
18 districts to facilitate the renovations of this
19 hospital?

20 MELANIE MEYERS: Chair Riley, if it's okay, I'll
21 take that. So, this was a long process as Dr. Baker
22 has indicated. When we started looking at the zoning
23 for the site, we looked at the districts that existed
24 there today but we also looked at the precedent of
25 other hospital institutions in the area, including on

1 the upper east side. The C19 that we're proposing
2 along Lexington Avenue is a zoning district that you
3 would see in just every campus, other campus on the
4 upper east side. That includes Mount Sinai, that
5 includes the Memorial Sloan Kettering and it includes
6 New York Presbyterian, it includes Hospital for
7 Special Surgery.

8
9 So, that so made sense for us as well. The mid-
10 block zone, which is also a zone that you would see
11 in many of the hospital institutions. Campuses is
12 one that also allows for that standard 10 FAR based
13 zoning for community facility. It has a lower
14 potential for residential and since this was a
15 community facility project it was a zone that we felt
16 was appropriate for the block. We also worked with
17 City Planning in terms of thinking about the Zoning
18 Map and in terms with City Planning staff and so that
19 was also - it informed the decisions that we made.

20 CHAIRPERSON RILEY: So, speaking about these
21 different factors in a C19, can you explain the main
22 difference between the C19 district proposed along
23 Lenox Avenue in the C18 district proposed on the mid-
24 block?

1
2 MELANIE MEYERS: Sure, on the C19 is a - for a
3 community facility project, there is actually
4 relatively little difference. The base remains 10
5 FAR for both of those sites. For a residential - the
6 difference is actually if this were a residential
7 project, the residential project, the residential
8 density in the mid-block would be lower.

9 CHAIRPERSON RILEY: I took a tour there last year
10 with Dr. Baker and I just wanted to confirm that you
11 guys are addressing the congestion issue because when
12 we did walk the block, we did see the huge congestion
13 issue that was on 77th Street, I believe, right? Can
14 you discuss your plans on addressing that issue?

15 DAN BAKER: Sure, we're ongoing, trying to adjust
16 it to begin with on the 76th Street Side for example,
17 we eliminated the use of the larger semi-tractor
18 trailers that we used to have that would impose
19 themselves into the middle of the street. So, we
20 have demanded from our vendors smaller trucks.
21 Smaller trucks mean more deliveries though so there
22 are more trucks that are going down the block again.
23 So, the new loading docks would allow for both the
24 bigger and the smaller trucks but they would not
25 stick out into the street, on the sidewalk or block

1 any of the vehicular or pedestrian traffic and you
2 wouldn't see what we have going on behind closed
3 doors. So, that's helps on the congestion on 76th
4 Street.
5

6 On 79th the main congestion is due to our - I mean
7 77th excuse me, the main congestion is due to our
8 ambulances. We receive thousands of patients a year
9 in our ambulances and as they come down the block,
10 they are trying very quickly to take that patient
11 inside. And so, that quickness can be at the cost of
12 allowing traffic columns to move down the street and
13 that's what we want to change with bringing the
14 ambulances into our building, so that they turn in.
15 You don't see them. They don't block as they are
16 unloading. They don't block at all from that
17 perspective. The patient goes quicker into our
18 facility and doesn't have to experience again the
19 weather as they do so.

20 The other pieces of congestion is that we have a
21 lot of pedestrian traffic that makes its way down
22 77th Street because all of our entrances to our
23 hospital are on the street side rather than the
24 avenue side. So, while patients come out and our
25 team members come out of the subway, they then turn

1 and go down that block causing a lot more traffic
2 down the block then they otherwise would. And what
3 our intent is to put all of those entrances adjacent
4 toward the Lexington side, so people could come in
5 very quickly, be off the street and then not bother.

6
7 CHAIRPERSON RILEY: So, there will be no entrance
8 on that side of 77th Street.

9 DAN BAKER: Correct.

10 CHAIRPERSON RILEY: Okay, why is it necessary to
11 create a new special permit and order - excuse me,
12 why is it necessary to create a new special permit in
13 order to facilitate this renovation instead of
14 mapping a zoning district with more density?

15 MELANIE MEYER: The value of having a special
16 permit as opposed to a zoning district itself, the
17 zoning district would be a roadmap that allowed for
18 any volume, any kind of institution to use that
19 additional density without there being any sort of
20 controls. The special permit establishes the
21 development envelope, so that clear where the
22 development will occur but it will be located
23 primarily on the Lexington Avenue frontage. So,
24 there's a certainty associated with the special
25 permit because it's project specific then a simple

1 zoning map, which would be available to any
2 institution and any use that would be able to take
3 advantage of that additional density.
4

5 CHAIRPERSON RILEY: Okay I just have one more
6 question then I'm going to turn it to Council Member
7 Powers for his lines of questions.

8 Can you explain, please explain what kind of
9 regulatory approvals are needed from the New York
10 State Department of Health in order to move forward
11 with this renovation and what the process of
12 obtaining those approvals entails?

13 DAN BAKER: So, the process of obtaining the
14 regulatory approvals through the Department of Health
15 at the New York State is part of the CON process.
16 The Certificate of Need process. That is a process
17 that happens after positive outcome on a ULURP and
18 you know what you're building and we design the
19 hospital. Then we will be working with the state on
20 achieving those certificate of need component pieces
21 to their agreement.

22 We have already presented to Department of
23 Health. We went up in advance about a year ago now
24 to talk with them because we know that that will be a
25 complex process given the nature of this project.

1
2 They are very excited about the project. They are
3 very excited about the renovation and the
4 modernization of the hospital and understanding that
5 this investment in health care is dooly needed
6 particularly in New York City.

7 So, it will certainly be a long process that we
8 have to work very closely with the state on but it's
9 one that ultimately I think that we will achieve that
10 CON.

11 CHAIRPERSON RESTLER: Thank you Dr. Baker and
12 thank you to the panel. I'm going to turn it to
13 Council Member Powers for his questions.

14 COUNCIL MEMBER POWERS: Thank you. Thank you
15 Council Member Riley, Chair Riley. Thank you guys
16 for that testimony. I have a long set of questions.
17 I just wanted to just pick up from where the Chair
18 left off on the Certificate of Need process. Could
19 you just elaborate on what would the timing of that
20 be? When would you go to the Department of State,
21 Department of Health for the Certificate of Need?
22 What that process looks like? What they will be
23 looking at? And when you would expect to get a
24 determination on that?

1 DAN BAKER: The duration and timing I won't be
2 able to answer today. I'll have to actually - I'll
3 gladly get back to you on that and this is a process
4 that goes back and forth in terms of the Department
5 of Health having a requisite amount of information
6 they're going to need on our programming, what
7 changes there whether that's the change from 450 beds
8 to 475. The change in our merchant department. All
9 of these different pieces and we showcase the need
10 through a complex, very specific process with
11 strategic planning and looking at what those needs
12 really are from a health care standpoint.

14 It includes a financial viability assessment. It
15 includes a health care equity assessment in that CON
16 but will be I believe that it will be an at least a
17 year long process in terms of working with the state
18 on this.

19 It's not uncommon to go through a strategic need
20 with the department. We do multiple aspects of that,
21 sometimes we have what's called a limited CON if
22 we're changing something just on the small basis in
23 the hospital. We need that same process, when we
24 looked at the Northwell Greenwich Village site and
25 opening up the catheterization lab in the inpatient

1
2 beds, we went through the same process. So, we have
3 avenues working with our corporate sponsors at
4 Northwell and really making sure that we can achieve
5 this.

6 COUNCIL MEMBER POWERS: Okay, appreciate that and
7 if you can let us know as you get information after
8 the hearing about whether the general expectation is
9 on a timeline, that would be helpful. Just to jump
10 into a lot of questions here, I'll start sort of the
11 big level here.

12 Obviously, you come into a proposal. You come
13 into a process like this with a level of certainty.
14 The plan is varied, still a lot of conversations to
15 go. What is the alternate plan here if there - or
16 what would - what is the alternate scenario of this
17 doesn't move forward? We're in obviously a
18 conversation, I think we all agree it's a hospital
19 that needs modernization. It's part work of
20 buildings from various centuries but if this did not
21 move forward, what would be the plans for Northwell
22 Hospital and what would be the ultimate scenarios?

23 DAN BAKER: So, we don't have a formalized
24 alternative plan at the moment that says this is
25 exactly what we'd do if this process does not end in

1 a positive result. Part of that is something we have
2 to go back and really think very strongly about what
3 that will mean and what that will do. The aspects
4 and the need of the project are very real and they
5 will have very real implications on the ability of
6 Lenox Hill to offer the care that it does for the
7 next decade and generations to come. Again, we saw
8 this at St. Vincents. We saw the need at St.
9 Vincents. We saw St. Vincents actually apply for a
10 rezoning and that didn't actually go through and St.
11 Vincents closed. The same with Mount Sinai Beth
12 Israel, when we look at what they were doing from
13 afar, there was a lack of an investment in the
14 infrastructure side. There was a lack of ability
15 again to rebuild due to zoning regulations and all
16 these different pieces and this unfortunately causes
17 massive repercussions into the ability to operate
18 health care. That is something that we're going to
19 have as a very real piece. It will be very real
20 about looking at the hospital, the future of what
21 Lenox is actually able to provide within the space
22 that we have. We will of course do our very best to
23 assure that we continue what we can and we will
24 certainly look at every available option to us
25

1 outside of this as to what could be done. But there
2 is no formal proposal of an alternative.
3

4 COUNCIL MEMBER POWERS: And what services do you
5 think would be most impacted if you did not modernize
6 or renovate or - yeah.

7 DAN BAKER: So, I think the services that would
8 be most impacted first is our emergency department
9 where 50,000 some patients a year rely on the
10 emergent care that we offer them in a very small
11 space. That continues to grow that the Israel's
12 emergent department unfortunately shuttered, all
13 emergency departments got busier, including ours both
14 Lenox Hill as well as Northwell Greenwich Village and
15 we see again with what we see in administration and
16 the budgets that that's likely to continue to happen
17 in many different hospitals without investment.

18 So, emergency care would certainly be something
19 that would suffer. We'd have to look very careful at
20 behavioral health. We'd have to look very careful at
21 reducing a maternal child and our mother baby care.
22 We'd have to think strongly about the pediatrics that
23 we offer and equally some of these other very
24 important services Stroke, the reason these services
25 - these are the services that are less entangled in

1
2 everything else that we do and that we can take a
3 look at how we would have to unfortunately reduce
4 and/or cut them. They're necessary services and
5 they're not services that we want to do this with.
6 This is not an ideal situation for us, nor something
7 that we would want but that is what we're looking at.

8 COUNCIL MEMBER POWERS: Thanks. Will Northwell
9 and Lenox Hill commit to maintaining the permitted
10 use of sort of the maintained permanent hospital use
11 on the entire lot? And are there any plans at any
12 point to change any part of the campus back into
13 residential or any other use?

14 DAN BAKER: We are fully committed to hospital
15 throughout our block with no change or plans to
16 develop anything residential.

17 MELANIE MEYERS: And I'd just - the small detail.

18 COUNCIL MEMBER POWERS: Yeah.

19 MELANIE MEYERS: The application has a 2,500
20 square foot pharmacy retail space on Lexington
21 Avenue. So, that is the very small exception to the
22 100 percent community facility.

23 COUNCIL MEMBER POWERS: Got it, appreciate that
24 nuance. I think we mostly, we consider that within -
25 because as you know the community members put in

1 community boards resolution had called for capping
2 the height at 215 across the entire lot. What kind
3 of renovation is possible within the existing
4 footprint and if you were to try a renovation in this
5 footprint, could you tell us what you'd be capable
6 of?
7

8 DAN BAKER: So, uhm there are massive challenges
9 to actually renovating and rebuilding within what we
10 currently have. When you look at a building that is
11 built in 1913 or 1930, you have to understand the
12 underlying infrastructure of what's used. Even in
13 the 1970's, galvanized plumbing, radiant heating,
14 these types of things, which are not modern standards
15 of how you would really want to care for patients and
16 really offer their comfort equally.

17 Anytime we touch anything within the hospital, we
18 bring it to its current code and that causes
19 everything to be bigger, so any renovation in our
20 hospital generally means a reduction in how many beds
21 that we have or in the services that we can really do
22 if we were to fully renovate.

23 I understand the communities desire for a lower
24 height, what I struggle with is that we have a
25 neighbor in the car lot between Madison and Park

1 Avenue which is at 436 feet and I'm not quite certain
2 while a hotel with a resident component piece to it
3 is allowable at that level equally across our
4 immediate block or multiple buildings which are
5 higher than 210. There's a 500 foot tower on 77th
6 and 2nd Avenue and the list goes on and on at
7 buildings which are over 400 to 500 feet in the upper
8 east side, so I struggle with understanding why you
9 want to limit the ability for us to provide care to
10 communities and to patients, which is an altruistic
11 mission in what we're doing based on this height.

12 COUNCIL MEMBER POWERS: Yeah understood and I
13 think that the aspiration here still is to try to
14 make sure that the space being used here is not only
15 kind of like urgent if necessary to the uses being
16 associated with it but also that with the
17 construction timeline and other things that are
18 associated with larger scale construction that that
19 for residential neighbors, they don't feel
20 overwhelmed or pick the term by that. Obviously,
21 some of the things that we talk about - we talk about
22 you know modernizing is including the use of single
23 rooms from double rooms. Is that a requirement and
24 if so for new construction, if so, can you just point
25

1 us to where or more importantly, have you
2 investigated like a hybrid model, where you'd have
3 some private rooms, you'd have some shared rooms?
4 There might be some services or short term care or
5 somebody might care or matter, you know whatever the
6 terms less to - I know the outpatient outcomes might
7 matter less. Would it be possible to renovate the
8 hospital, continue to offer double bedrooms and can
9 you talk to us about what is required here?
10

11 DAN BAKER: So, there is a regulation within New
12 York State that new builds of hospital rooms are
13 required to be single bedded. New York State is not
14 alone in this endeavor. We see this across the
15 country and that is really the standard of care.
16 When we look at the use of a mixed model, those
17 single and double beds, we have that now and
18 unfortunately it leads to inequity and it leads to us
19 making choices on which patients can have what,
20 whether it's a medical need due to an isolation or
21 whether it's not a medical need and then therefore we
22 have to make this choice of who gets it.

23 We don't want to be in that situation again
24 because we find that it's not the right thing to do
25 clinically. When we look at the build of a new

1
2 single bedded room, it will be bigger than what would
3 currently qualify and previous code is a double
4 bedded room. So, any level of that, no matter what
5 level of care this provided in that, any new room is
6 automatically going to have a better experience for
7 the patient than that previously existing double
8 bedded rooms.

9 Then we simply can't build double bedded rooms.
10 If it were possible, they would be twice the size as
11 any one of the single bedded rooms. That's kind of
12 the nature of how they would be and then the entire
13 zoning and massing would be bigger. So, we have
14 looked at that. We understand that it's a model that
15 we live at the moment. We don't think it's the right
16 model and that's why we're trying to move to all
17 single bedded rooms.

18 COUNCIL MEMBER POWERS: Okay how does the
19 proposed height of the hospital today compared to the
20 heights and square footage for other hospitals on the
21 upper east side?

22 DAN BAKER: So, we have that in one of our
23 slides, if you want to go back uhm, one slide I
24 think. Uhm, if somebody on Zoom is listening. There
25 we go. So, uhm this is what the maximum building

1 height looks like from our hospital competitors and
2 so, when we really look at where we are, you can see
3 that the shortest of this is at currently 194 feet
4 but you see anywhere from NYU all the way through to
5 MSK being between 374 and 430 feet with MSK newest
6 building being higher. So, we're not asking to
7 outbuild what a hospital would normally build in
8 terms of height in that perspective. Equally what
9 waws brought up before in our process at City
10 Planning was this idea of how much square footage do
11 you really need and why do you need so much square
12 footage and it's easy to take a number and say that
13 it's big and twist it in that regard but when you
14 look at the slide previous to this, you will see that
15 we will still be the smallest campus of those of our
16 Manhattan competitors.

17
18 So, while I understand it, we are smaller now.
19 We will still remain smaller and so we are not trying
20 to outgrow the clinical services that we offer, nor
21 are we trying to compete with NYP Columbia or Mount
22 Sinai MSK in terms of the campuses that they have in
23 Manhattan.

24 COUNCIL MEMBER POWERS: Got it. What's the
25 current occupancy rate at the hospital, average?

1 DAN BAKER: So, we generally operate based on the
2 average daily census around 80 percent. There is
3 great literature and benchmarks that exist to show
4 that that is a good place to be. In particular, when
5 you have as many double bedded rooms as we do. The
6 challenge with a double bedded room again like I said
7 is that you could have a patient who is waiting in
8 the emergency department who is a man and there is a
9 bed available but it's in a room with a woman and we
10 can't then put that person immediately in that bed.
11 But the number of computations that exist on there
12 just continue to grow because it's not just gender.
13 It's do you have an infectious disease that we can
14 expose to a brand new patient who comes out from a
15 knee replacement because you shouldn't have those in
16 the same room.

18 Do you have particularly in the following winter
19 time RSV, flu, AB COVID, all of these different
20 pieces, all of which we test for prior to allowing a
21 patient to go into a room so that we make certain
22 that their safe and that causes great problem
23 operationally. No hospital is able to operate 100
24 percent. It's just not possible from a way that
25

1 patients come and go throughout, so that is again
2 around where we are at 80 percent now.

3
4 COUNCIL MEMBER POWERS: Thank you for that.

5 Obviously a lot of this conversation is about - I
6 know they talked about these sort of services inside
7 the building. So whatever numbers we're looking at
8 sort end of the day about you know patient care and
9 it is about what is kind of - I don't want to say
10 necessary but let's use the word necessary inside the
11 building here.

12 What opportunities are there to shift some of the
13 services here offsite to other locations or nearby to
14 accommodate some of the concerns that have been
15 raised? Have you looked at other sites to be able to
16 put some of the services here? Obviously some of its
17 mechanical space, you know other things that become
18 necessary to operate in any sort of building here but
19 can you just talk to us the process of looking at
20 other sites, either nearby or elsewhere to look at
21 how to shift some of these off this location to
22 another location?

23 DAN BAKER: Absolutely. So this is something we
24 look at on a regular basis. Uhm, one there are
25 natural flows with health care where things that used

1
2 to have to be done in the hospital no longer have to
3 be done in the hospital. Those naturally tend to
4 come out of the hospital and we work with the
5 multiple departments on assuring that that occurs.
6 Often though those can be backfilled with more
7 complicated care. As there becomes more complicated
8 surgeries, more complicated diseases, as our
9 population again tends to age, live longer, have
10 multiple comorbidities.

11 With that said, we've taken a look at our other
12 sites with Northwell Greenwich Village, there's a
13 commitment to opening up in-patient beds there.
14 There's a limited number of beds that we can do but
15 again looking at that and trying to keep that
16 community that exists there that may need admission
17 in that community. We know that's important.
18 Equally, we look at a site that we have, Manhattan
19 Eye, Ear and Throat Hospital on 64th and 2nd. We
20 moved the entire of our medical oncology teams there
21 and that is where they are currently. We took them
22 out of the hospital because it was not an inpatient
23 need so we're consistently looking at those different
24 pieces in terms of what we can do. What we're left
25 with and the remainder there is still a myriad of

1 services that required inpatient environment. When
2 we look at a stroke patient, for example, a patient
3 who comes in with the signs and symptoms of a stroke.
4 They come into the emergency department. They're
5 seen by an emergency department physician and all of
6 the clinicians there. They're then seen by the
7 neurologist and the neurology team. If they go then
8 immediately to imaging, so that imaging has to be
9 present in the hospital to be able to see whether
10 that stroke is present and where it is present. They
11 are often then given an intervention to remove that
12 clot which requires the interventional suite, the
13 neurosurgical team and from that perspective and then
14 they end up in the ICU before they end up in a tele
15 unit before they end up being discharged. So, that
16 is the complexity of something like a program that
17 causes is hard to move fully out.

19 COUNCIL MEMBER POWERS: Thanks. You plan to
20 remained up say during the renovation. Can you talk
21 to us how operations will continue during
22 construction and what steps will be taken to minimize
23 disruption to patients? And I guess a question that
24 people asked is, if you are a patient in the hospital
25 while undergoing construction, what is that

1
2 experience? Is that going to be an experience that
3 is going to be pleasant and how will you ensure there
4 are sort of good patient outcomes and safety while
5 living in sort of a construction area?

6 DAN BAKER: Right, understood and understand that
7 nobody you know wants to live in a house that they're
8 renovating and I understand that aspect of things.
9 We have multiple teams looking at different
10 mitigation efforts. We have projects that are
11 construction projects that are ongoing in the
12 hospital as we speak and we have to work with uhm our
13 patients to understand that. So, when we redesigned
14 our mother/baby facility to be again, this is a
15 patient population that we now have the ability to
16 offer single bedded rooms to, but to do that we had
17 to change some things that required some
18 construction. We then worked with the teams on the
19 tiers above and below them to assure that it was done
20 in the least disruptive way possible.

21 Equally then rebuilding one of our intervention
22 suites, that caused noise down to mother/baby and
23 that's something that we then had to work very
24 closely with the teams on that mitigation, the hours
25 when we're working and how we make it best for those

1 patients. So, we will continue to find every avenue
2 we can to make this as best an experience for the
3 patients but first and foremost, as a health care
4 entity safety is at the center of what we do and I
5 think that there's a lot of discussion that suddenly
6 this construction for some reason is going to be the
7 most unsafe construction. There have been no less
8 than five major construction projects in a ten block
9 radius around us in the last five years.

11 We haven't seen any substantial impact to that
12 from a safety perspective, from an injury
13 perspective, from an environmental perspective.
14 There are construction component pieces I understand
15 where it does cause different levels of congestion
16 and what not during those. I won't pretend that it
17 doesn't but the safety of it has been maintained and
18 we've shown that in our 3rd Avenue build. It's been
19 one of the most safe environments that we've been
20 able to operate. We have doubled down on what that
21 means and what that looks like and we will continue
22 to do that for our community.

23 COUNCIL MEMBER POWERS: And for the let's go -
24 not from the people in the building, people nearby
25 outside the building, now your construction timeline

1 is obviously, could very well be a very significant
2 burden for the neighbors, late night noise, early
3 construction, noise, dust, obviously a nuisance to
4 your daily patterns of life. I know you've
5 distinguished between interior and exterior
6 construction. What portion of the construction
7 timeline is going to be the external versus internal?
8 How are you going to ensure compliance with noise
9 ordinances? How are you going to make sure the
10 neighbors can live peacefully? What is the
11 expectation around late night noise and weekend work?
12 And let's start there.

14 DAN BAKER: So, uhm, a couple of things. There's
15 no one more aligned with trying to drive down the
16 duration of this project than me. I understand fully
17 the impact that not only does it have to do with the
18 community but to our patients and given the need that
19 we're presenting, the faster we get that need, the
20 better that our patients will experience the care
21 that they deserve.

22 I'm fully confident that through a successful
23 ULURP process, we'll be able to then subsequently
24 decrease the construction time period. Right now
25 what we are putting forward is an envelope, not

1 necessarily a building. It's the ability to build
2 that building within that envelope. After that
3 process is approved, we can then go to our teams,
4 work with our architects, work with our construction
5 teams and say, what can you do offsite? What can you
6 do onsite? What can be done marginally? How can you
7 think about construction in a modern world that will
8 compress that timeframe? I'm fully confident we'll
9 be able to do so.

11 Right now it's a nine year construction period.
12 As you indicated, it is down from 11. I understand
13 the community would like it down further and that's
14 no as much a reduction they would like but it is
15 still a good percentage of time. Of that nine years,
16 in Option 1, six years is external and the remainder
17 is internal.

18 And of Option 2, six and a half years is external
19 and the remainder is internal. We will have to again
20 work with our communities and we fully intend to set
21 up a taskforce as we agree to with Manhattan Borough
22 President Mark Levine in that process of the ULURP to
23 make certain that we are listening. To make certain
24 that we are making our community aware. We have done
25 that with 3rd Avenue. It just is a highlight from

1 that perspective. We worked very, very closely with
2 the Wagner School, which is adjacent to our 3rd
3 Avenue project. When it came time to AP exams, we
4 paused all construction so that they had a noiseless
5 environment for the AP exams. We want them to get
6 the fives they deserve to be able to go to college
7 and utilize those scores. We're going to have to
8 continue to work with our community in those types of
9 examples on an ongoing basis throughout this duration
10 and that is our intent to do so.

12 COUNCIL MEMBER POWERS: As part of the task-
13 thank you. As part of the taskforce, will you commit
14 to having a member of the community board on there?
15 We have a representative from the local neighborhood
16 and the coalition on there. And so, those are two
17 questions and then who do you anticipate will be on
18 that taskforce?

19 DAN BAKER: I look forward to working with you to
20 define who is on there.

21 COUNCIL MEMBER POWERS: Okay, well, I would start
22 with those two recommendations.

23 DAN BAKER: Absolutely.

24 COUNCIL MEMBER POWERS: Are you committed to
25 hiring union labor as part of any project you do?

DAN BAKER: 100 percent.

COUNCIL MEMBER POWERS: The neighbors have raised concerns about costs or renovation that we passed onto patients. Do your reimbursement rates vary about whether patients are in a private or shared room?

DAN BAKER: No.

COUNCIL MEMBER POWERS: Will Medicaid or Medicare cover private rooms? Can you guarantee that health care costs won't increase because of our created facilities?

DAN BAKER: So, Medicare currently reimburses a single bedded room as it does a double bedded room. In fact, Medicare doesn't know that a patient is in either. The way that hospitals are reimbursed is based on something called a diagnosis related group. That's the predominant way of reimbursement, which is regarding the diagnosis rather than actually the room type whether that's ICU, otherwise single or double bedded rooms.

We see for example, Intermountain Health Care, there's an Intermountain Medical Center and I spent a lot of time with them just learning from them last year, they have only single bedded rooms and they

1
2 have a population that is heavy on Medicare and
3 Medicaid in the State of Utah. While the Medicaid
4 might be different, the Medicare is not and that is
5 fully reimbursed as it is across the country. And as
6 we see it, in our institution currently.

7 COUNCIL MEMBER POWERS: Uhm, and I just want to
8 go back to the question before that. When you say -
9 you said it very clear, no, that reimbursement -it's
10 vary whether - no not vary whether a patient is in a
11 private or shared room. Can you just elaborate on?

12 DAN BAKER: So, right now, unfortunately the way
13 that a single and a double bedded room with a cost
14 difference, is that due to the inequity of the
15 ability to provide everybody in a single bedded room?
16 We imply a charge for the guarantee of having a
17 single bedded room if you do not need one for a
18 medical necessity. If you come in with something
19 that requires isolation, we put you in a room that is
20 isolated. That's a medical need, there's no
21 increased or change in any aspect of the cost of
22 care. If you say, "I simply do not want to be in a
23 double bedded room, I demand a single bedded room."
24 There is a charge associated with that to attend to
25 assure that you can have that. That's the real

1 difference in what happens between a single bedded
2 and a double bedded but on the reimbursement side,
3 there's no change.
4

5 COUNCIL MEMBER POWERS: Okay. I wanted to just
6 talk a little bit about community improvements in
7 this area being that even today, I think we've talked
8 about a number of concerns that exist today and
9 regardless of where this proposal stands, I think
10 there are some improvements that deserve
11 consideration and conversation. You guys are a major
12 user of this area and this block, which for the
13 neighbors today live with a number of issues that you
14 mentioned whether it's about ambulances or deliveries
15 or just like the sort of wear and tear of a lot of
16 foot traffic coming in and out of that area, for a
17 lot of the businesses in that area. I'm sure they
18 deeply appreciate having a large footprint there but
19 you know for anybody whose stood out there; I've
20 stood out there many times on the campaign trail,
21 that subway station. I know how and in my daily job,
22 I know how frantic it gets on not just the hospital
23 but of course -

24 Uhm, we'd love to talk more about just existing
25 things. So, for instance the sort of traffic

1
2 patterns in the area lead to lots of different
3 conditions on the street scape. When we talk about
4 the ambulances today. We talk about trash and
5 sanitary conditions, which we get frequent complaints
6 about at this intersection. Just sort of the more
7 broad question here, which is as a major stakeholder
8 and a neighbor here, what are some kind of what you
9 believe today you are willing to make around helping
10 maintain better street conditions? Obviously we'll
11 talk about ambulances in the context of this project
12 but either way, sort of figuring out how to handle
13 deliveries and ambulances in a different manner and
14 other improvements that you might be willing to
15 discuss as part of your just role and responsibility
16 in the neighborhood today and moving forward.

17 DAN BAKER: Sure, I don't know that we'll be able
18 to come up with definitive answers or solutions to
19 what you're saying but more than willing to work on
20 this. You know we're a micro-economy to the upper
21 east side. We have as you pointed out 5,000 team
22 members and we essentially live and eat on the upper
23 east side for a good portion of the day. We're
24 previewers of Butter Fields of Don Falipos, Rap and
25 Run. You know you name the establishment that has

1
2 existed there. We have individuals who are
3 consistently eating there, including the visitors who
4 come to our hospital. We need to do better with the
5 street scape and our intent is to do that in the
6 project but there are certain things that you and I
7 can work on from a perspective of what that looks
8 like now, including redesigning the corner of 77th
9 and Lexington such that is not a massive puddle that
10 exists there that causes all sorts of different uhm,
11 dangers and safety issues and issues with trash.

12 So, all of those things I think that we can work
13 together with and ensure you and the community that
14 we intend on being very good community neighbors.

15 COUNCIL MEMBER POWERS: We will get you a list.
16 I want to just do a last few questions because I know
17 we have a lot of members from the community I'd love
18 to hear from. In the existing plan today, I just
19 want to dive into a couple of details about the
20 existing plan in terms of the - I think there's
21 probably a slide on there but just a different floor
22 heights and sort of pieces of the plan. For
23 instance, you have certain floors in the plan that
24 are like, today are 13 stories. You have other ones
25 that are 13 and a half I think and 16. I might have

1 done the half in the wrong place but 13 and a half
2 and 16 feet. Different size floors for patients
3 rooms. Can you just talk us through, I think we've
4 asked this but like just talk us through why there's
5 a variation between different rooms in terms of what
6 they represent for the patient beds and whether there
7 is an ability to sort of equalize those?
8

9 DAN BAKER: Gladly, it's a bit complicated and so
10 I'm going to call on a friend and colleague here
11 Johnathan Cogswell.

12 JOHNTHAN COGSWELL: Hi, Johnathan Cogswell, I'm
13 the VP of Design and Construction for Northwell. So,
14 the 13 and a half floor heights that you see on the
15 lower section, are there because our existing floor
16 to floor heights are 13 and a half feet and we have
17 to make those consistent across the block to be able
18 to create floor plates that are usable across the
19 block. You will note that we actually have one floor
20 plate in the new tower section that actually does not
21 align because from an OR perspective, we just can't
22 achieve that 13 and a half foot floor to floor height
23 and it's really a combination of structure of the
24 building, the drop beams that come down to support
25 the building itself in tandem with infrastructure

1 that's required to run above the ceiling line. As we
2 look at the building and trying to maintain floor
3 plates that are as consolidated as we can, you will
4 note that we have kind of spread our mechanical
5 spaces to the roof top to median floor and down in
6 the cellar level. That requires us to bring risers
7 up through the building and the duct work that we are
8 required to run in the ceiling line to get to all of
9 the spaces around the outside is just a little bit
10 larger. If we wanted to swish that floor to floor
11 height, it would require us now to actually add
12 square footage to the floor plates to put
13 decentralized mechanical spaces to reduce that duct
14 work size so that we can just continue to distribute
15 the volume of air that's required to support all the
16 spaces.
17

18 COUNCIL MEMBER POWERS: You're talking about
19 getting such a wider versus taller, am I right about
20 that?

21 JOHNATHAN COGSWELL: We would either have to get
22 wider or taller for us to add the square footage that
23 we would need to bring mechanical spaces,
24 decentralized mechanical spaces versus the
25 centralized.

1
2 COUNCIL MEMBER POWERS: Have you guys looked at
3 moving some of the mechanical space either to more
4 subsurface? I mean obviously this is like a big,
5 when you look at the plan, a big piece of it is that
6 internal mechanical space in the mid building and
7 certainly a lot that's like at the top and high. I
8 know some of that I think, I believe is subsurface
9 today which I believe is where the hospital exists
10 below there today. I could be wrong with that. Have
11 you just thought about moving more of that subsurface
12 to try to free up that space or relocate or move or
13 even amend the size of some of that space that's
14 there today and the mechanical space?

15 JOHNATHAN COGSWELL: I think the challenge with
16 additional subsurface mechanical is kind of twofold.
17 For us to achieve additional subsurface mechanical,
18 we would have to dig down further, which then brings
19 us to the challenge of noise and an elongated
20 schedule you know that we've talked about but it
21 also, that increases again, increases the size of
22 vertical risers.

23 If we take say that mechanical room and we take
24 that and put it subsurface, I now have to go further
25 with all of the services that I'm bringing from a

1
2 centralized mechanical room, which thus makes it
3 larger because I'm supplying more spaces, which is
4 why we kind of try to break in thirds. So, you can
5 feed up and down. You could feed down and you could
6 up and to reduce the size that you need of the
7 vertical members of the infrastructure system.

8 COUNCIL MEMBER POWERS: Okay, uhm, I have a lot
9 more questions but I also have a lot of people who
10 are testify and I want to give them the opportunity
11 to be able to do that too uhm and hear from folks,
12 from community and others that are invested in this
13 project as well. So, I'll hand it back to the Chair
14 Kevin Riley. Thank you.

15 CHAIRPERSON RILEY: Thank you Council Member
16 Powers. There being no more questions, this panel is
17 excused. For the members of the public.

18 PANEL: Thank you.

19 CHAIRPERSON RILEY: Thank you. For the members
20 of the public here to testify, please note that
21 witnesses will generally be called in panels of four.
22 If you are a member of the public signed up to
23 testify on the proposal, please stand by when you
24 hear your name being called and prepare to speak when
25 I indicate that you may begin. Please also note that

1 once all panelists in your group have completed their
2 testimony, you will be excused as a group and the
3 next group of speakers will be introduced. Once
4 removed, participants may continue to view the
5 livestream broadcast of this hearing on the Council's
6 website. Members of the public will be given two
7 minutes to speak. Please do not start until the
8 Sergeant at Arms has started the clock. We currently
9 have 38 people in person and 20 online, so we will
10 get to online testimony within an hour to an hour and
11 a half.
12

13 Okay, the following individuals who I call should
14 come up now to the witness table to testify. We're
15 going to start first with Sharon Pope-Marshall,
16 Marina Tassant-Solet, Valerie Mason, and Nuha Ansari.
17 The following panel after this panel will consist of
18 Jimmy Aguirra, Tomas Rossant, Peggy Rosenblatt and
19 Hank Sodal. We'll begin first with Ms. Sharon Pope
20 Marshall and please remember, you have two minutes
21 when you hear the Sergeant at Arms say that you end,
22 please start wrapping up in five to ten seconds.
23 Thank you.

24 SHARON POPE MARSHALL: Can you hear me?

25 CHAIRPERSON RILEY: Yes, we can hear you.

1 SHARON POPE MARSHALL: Thank you Chairperson
2 Riley and Council Member Powers. My name is Sharon
3 Pope Marshall, Executive Director of CIVITAS.
4 CIVITAS opposes the Lenox Hill expansion plan as
5 presented for three reasons. It's massive floor
6 plate, it's height and it's ten year build program.
7 CIVITAS supports a modernized Lenox Hill Hospital,
8 however the deadly combination of size, height and
9 build program will conspire to destroy a neighborhood
10 and including its livability of the surrounding
11 neighborhoods at the expense of a grossly out of
12 scale institutional expansion. We ask that the City
13 Council modify the Lenox Hill Hospital development
14 proposal as presented consistent with community
15 concerns. The building is still too tall. The
16 timeline is still too long and there is significant
17 encroachment in the mid-block.

18 That's the end of my remarks but I also want to
19 add that the community has endured significant
20 institutional expansion over the past several years
21 and that is something that I think that the Council
22 should consider. We have several hospital
23 facilities, institutions. At least two who are in
24 the process of either planning to expand or are in
25

1 the construction mode. The community is overwhelmed
2 and we'd appreciate if you'd take that into
3 consideration.
4

5 CHAIRPERSON RILEY: Thank you. Next, we'll hear
6 from Marina.

7 MARINA TASSANT-SOLET: Hello, good afternoon. My
8 name is Marina and I just graduated from High School
9 and I'm testifying against Northwell's proposal.

10 If a developer were to requests nine zoning
11 variances which exceed the current zoning limits by
12 250 to 500 percent and take ten years to do that
13 construction in the middle of dense residential
14 neighborhood, it would arguably be thrown out
15 summarily for making a ridiculous proposal. Yet
16 Northwell, because it is as health care provider
17 wants you to believe that the benefits of this
18 project outweigh any harm.

19 Over 7,000 signatures in our petition, over 400
20 attendees at every public meeting, thousands of
21 letters submitted by our neighbors and other
22 community groups in opposition to the project declare
23 that this is simply not true. The upper east side
24 has the highest hospital beds in resident areas in
25 New York City. It is referred to as "bed pen alley"

1 and does not need any more beds being served by the
2 largest and best hospitals in the world. Northwell
3 wants to change Lenox Hill from being the successful
4 community hospital it has been for the past 160 years
5 into its Manhattan flagship competing against its
6 largest competitors. Northwell is building for ego
7 and market share, not for market need and is trying
8 to do this in a small area where their dream simply
9 does not fit.
10

11 We've provided expert testimony about the harm to
12 our community, about the needs for health care in
13 other others of Manhattan and the outer boroughs
14 especially about the increased cost that this over \$2
15 billion development will create for all patients and
16 offer the net gain of 25 beds.

17 You've received numerous letters from parents and
18 clergy and elderly residents about how this decade of
19 construction will ruin their lives and we beg that
20 this Council to reject the request and send Northwell
21 back to work with the community to develop a sensible
22 and affordable plan as Community Board 8 did when
23 they rejected the proposal by a margin of two to one
24 and ask for a new submission. You should do the same
25 and any zoning variance granted should be provisional

1 and that if Northwell does not build as permitted
2 within five years, the variance will be rescinded.
3 Northwell should not be able to resell this property
4 with new zoning to a builder who could never get such
5 variances granted.
6

7 CHAIRPERSON RILEY: Thank you. Next, we will
8 hear from Valerie.

9 VALERIE MASON: Good morning. I'm Valerie Mason
10 and I'm the Chair of Community Board 8, Manhattan
11 Community Board 8. It's nice to be with all of you.
12 We have been discussing this project at Community
13 Board 8 for many years. You, I believe, have a copy
14 of our Resolution and I will be submitting written
15 testimony. I just want to take this opportunity to
16 sort of talk to the status of this plan and I think
17 it would be who of the City Council to also look back
18 at the hearing that the City Planning Commission
19 conducted. What has been happening here is a lot of
20 questions are being asked but we are not really
21 getting really definitive answers. Is something
22 wrong? People seem distracted. Uhm, okay.

23 CHAIRPERSON RILEY: No, nothing is wrong. I'm
24 just trying to get some silence in here, so I can
25 hear your testimony.

1 VALERIE MASON: Okay, thank you. I appreciate
2 that.
3

4 CHAIRPERSON RILEY: Go ahead Valerie.

5 VALERIE MASON: So, we disapprove this project.
6 We felt we had to disapprove the project. We didn't
7 feel that there was enough interaction between the
8 hospital and the community talking about these very
9 issues. I mean, we're 50 days away assuming that you
10 approve this. 50 days, less than 50 days away from
11 the vote of the City Council to approve this
12 monstrous building and when I say monstrous, I'm not
13 commenting on the quality of the construction or
14 anything like that, it's just a huge project. Dr.
15 Baker cites a building at 77th Street and 2nd Avenue.
16 That's a completely different zone and if the City
17 Council and the City of New York wants to tell us
18 that we have a 210 foot height limit on 2nd Avenue,
19 I'll walk away today very happy. I don't think
20 that's going to happen. But what is being asked for
21 is a huge ask and we are not seeing where the
22 benefits lay. I also think we have been left out of
23 the process in many, many ways and you'll hear that
24 from the communities here. Our disapproval - I mean
25 our community board worked really hard on this

1 project and I think Councilman Powers can attest to
2 that. And we have been disregarded at every turn and
3 we're asking the City Council to put this project on
4 hold and put it back to where it belongs. It is
5 incredulous to us that someone would come forth with
6 such a huge project.
7

8 CHAIRPERSON RILEY: Thank you Valerie.

9 VALERIE MASON: And not have a plan B if it
10 doesn't go forward and you heard that here today.
11 There is no plan B.

12 CHAIRPERSON RILEY: Thank you.

13 VALERIE MASON: We shouldn't have to suffer for
14 it.

15 CHAIRPERSON RILEY: Next, we'll hear from Nuha.

16 NUHA ANSARI: Chair Riley, Council Member Powers,
17 my name is Nuha Ansari, speaking on behalf of Friends
18 of the Upper East Side to express our strong concerns
19 about the proposed redevelopment of Lenox Hill
20 Hospital by Northwell. Friends believes that Annex
21 call, this is a zoning issue. Northwell is
22 requesting an enormous upzoning of the hospital site
23 that would completely upend the carefully designed
24 zoning framework that has long protected the
25

1 character of Lexington and Park Avenues and their
2 rise mid looks.
3

4 The city's own planning documents underscore
5 this. A 1983 Department of City Planning report
6 described Lexington Avenue as a uniquely narrow
7 retail oriented corridor with a "very special
8 neighborhood character." The character has been
9 presented for decades through community driven
10 planning and zoning tolls that support livable,
11 contextual development in one of the city's densest
12 neighborhoods. Northwell's proposal includes a 436
13 foot tall tower with oversized floor plates,
14 completely out of scale with the surrounding area.
15 This is poor planning and the sharp departure from
16 zoning principles that have served this area well.
17 We support the need to modernize hospital facilities
18 but Northwell has failed to present a more reasonable
19 alternative or to consider its broader role within
20 the city's health care network at large. Whether the
21 bulk is placed on Lexington Avenue or shifted to the
22 mid-block, the result disregards the neighborhoods
23 urban fabric and sets a troubling precedent for
24 institutional overreach. We urge the City Council to
25 reject this proposal in its current form and also

1
2 move well to return with a plan that adheres more
3 closely to as of right zoning and respects the scale
4 and character of Lenox Hill. Thank you.

5 CHAIRPERSON RILEY: Thank you so much for your
6 testimony. Council Member Powers.

7 COUNCIL MEMBER POWERS: Thank you. Just a very
8 quick question. There was a discussion earlier about
9 existing, I know one of them is just for our friends.
10 Existing buildings that are in this sort of - some
11 that are in the upper east side, some of them are in
12 the immediate vicinity that are at something like the
13 430 feet height institutional in their own way
14 hotels. One of them that was sited, others obviously
15 residential. How does that factor into this? Like
16 you mentioned of like institutional overreach I think
17 was the term. How does one assess this is adding an
18 institute? Like there's an institution nearby with a
19 similar situated building? That was kind of the
20 example used. How do you assess that as a some
21 nearby buildings that have similar heights?

22 NUHA ANSARI: Uhm, I think Dr. Baker mentioned
23 the Carlyle Hotel and that's on Madison Avenue,
24 that's not Lexington. I was talking about the
25 specific zoning district that was created in 1984 for

1
2 Lexington Avenue. It's found the C18X zonings, it's
3 found only along Lexington Avenue and includes 170
4 foot height limit. And then the mid-blocks as well
5 were rezoned in 1985 with a 75 foot cap. And so, I'm
6 not exactly certain of what the zoning is for the
7 Carlyle Hotel on Madison but I think that this is
8 comparing apples to oranges. I don't think that that
9 is uhm -

10 COUNCIL MEMBER POWERS: What is the height cap on
11 Madison Avenue?

12 NUHA ANSARI: Sorry?

13 COUNCIL MEMBER POWERS: What is the height cap on
14 Madison Avenue?

15 NUHA ANSARI: I'm not sure of what the uhm, what
16 it is but I can uhm -

17 COUNCIL MEMBER POWERS: Anyone have a number?

18 VALERIE MASON: I think it's 175.

19 COUNCIL MEMBER POWERS: 175. Okay, would you
20 oppose of Carlyle if it was built today on Madison
21 Avenue?

22 NUHA ANSARI: We'll it depends very much on the
23 context. You know we haven't seen an alternative
24 really from Northwell Health about Lenox Hill. As
25 Valerie mentioned at the hearing that was held at the

1 City Planning Commission. So, there was a lot of
2 testimony from the community that presented a lot of
3 alternatives to move well to help them stay in this
4 neighborhood to renovate their facilities and to have
5 a height that would be acceptable to community
6 members and they didn't even entertain it as we you
7 know discovered when the City Planning Commission has
8 sort of voted on it. We haven't seen any
9 alternatives that were really sort of presented. And
10 so, we're just - we're wondering why they won't meet
11 us halfway. Like, why they won't consider you know a
12 perfectly reasonable renovated building that is more
13 contextual. That you know won't be so high and so
14 bulky on narrow Lexington Avenue. And you know would
15 be a much better solution for the community.

17 SHARON POPE MARSHALL: In fact, I'm sorry, Dan
18 Gorodnick who is the Commissioner for the City
19 Planning Commission, he specifically asked what we
20 think that the height should be. He specifically
21 invited suggestions and recommendations and CIVITAS's
22 position is that it be below 400 feet and that there
23 is no longer any incursion into the mid-block as well
24 as a reduction in the massive floor plate as Nuha has
25 said also Valerie.

1 COUNCIL MEMBER POWERS: Just say that to me one
2 more time, 400 feet, under 400 feet no mid-block and
3 -
4

5 SHARON POPE MARSHALL: And also the ten year
6 build program. At this juncture, it is hopeful that
7 the City Council under your leadership will look at
8 implementing modifications to the proposal consistent
9 with the communities concerns and mainly if the ten
10 year build program, it is also the building height as
11 I said, as well as incursion into the mid-block.

12 COUNCIL MEMBER POWERS: Got it. So, what - on
13 Option 2 that exists today, it sounds like your only
14 objection is to the mid-block piece of it?

15 SHARON POPE MARSHALL: That's a good question
16 Council Member Powers.

17 COUNCIL MEMBER POWERS: I appreciate that. I
18 thought of it myself.

19 SHARON POPE MARSHALL: Well, if it were left up
20 to me it would be more than 395 feet because I am
21 also concerned about the view corridor particularly
22 from the surrounding area and walking up Park Avenue
23 in fact. So, from that perspective, we do not have a
24 guarantee that they are going to build less than 400
25 feet but there are other significant factors and

1 that's the ten year build program but Council Member
2 Powers, you know this to be true that this community
3 is burdened with hospital expansions and it's
4 overwhelming and it's almost like a death of a
5 thousand cuts. You're not able to walk more than ten
6 blocks without experiencing some type of hospital
7 institutional expansion. So, we're hoping that under
8 your leadership and guidance, that this community
9 could see some relief.
10

11 MARINA TASSANT-SOLET: Can I just also just -

12 COUNCIL MEMBER POWERS: Sure.

13 MARINA TASSANT-SOLET: In terms of and I think
14 Council Member Riley mentioned this in terms of the
15 congestion and the heights of the building. Every
16 avenue on the upper east side is unique. Lexington
17 is the narrowest of the avenues. I mean when they
18 showed the health care zoning precedent chart, all of
19 those other hospitals are on York Avenue primarily,
20 which is a much wider avenue, which has a different
21 zoning height limit. And you have to look at them in
22 the context of what you're asking to build and I
23 think it's very nice of you to ask us you know what
24 we could limit at a height and sort of a little bit,
25 with all due respect, a little bit disadvantageous to

1 us. We're not the ones with the architectural
2 schematics etc. I mean, we, Community Board 8 worked
3 very closely with MSK and we approved their project
4 conditionally. We didn't like the height but they
5 just came down 70 feet below 500 feet. So, there is
6 room to do this and we believe that the hospital can
7 work with us to do this but on this avenue in
8 particular, the narrowest of avenues it's already
9 beyond congested along the sidewalks, etc..

11 So, you can't just say even if there is a 400
12 foot build on Madison Avenue, it's a completely
13 different profile for the avenue and everything has
14 to be looked at uniquely I think. And I think also
15 too, in the context of this build, things are
16 happening every day to the health care industry. You
17 know what is Medicare going to cover? What is
18 private insurance going to cover? I think that you
19 know again, we're looking for real modifications from
20 the Council but at this point and time given where we
21 are, I think we can have modernization of this
22 hospital without such a huge building in terms of
23 mass and height and it's just not the height, it's
24 the mass of the building as well and what it means.
25 The spill over effect for the avenue and I appreciate

Council Member Riley coming and actually walking the avenue to figure out what it's like over there.

Thank you.

COUNCIL MEMBER POWERS: Okay, thank you.

CHAIRPERSON RILEY: Thank you. There being no more questions, this applicant group is excused.

Thank you.

PANEL: Thank you very much. Thank you.

CHAIRPERSON RILEY: Next, we're going to call on Jimmy Aguirra, sorry if I mispronounced your name.

Tomas Rossant, Peggy Rosenblatt and Hank Soderlund.

The following panel will consist of Kate Steinberg,

Marlene Schneider, Alan Harris and Jessica Zhang.

That will be the following.

COMMITTEE COUNSEL: Chair Riley, Tomas Rossant, I was on the panel, I won't be testifying.

CHAIRPERSON RILEY: Okay, no problem. Thank you.

We will begin first with Jimmy.

JIMMY AQUIRA: Hi, good afternoon.

CHAIRPERSON RILEY: Good afternoon.

JIMMY AQUIRA: My name is Jimmy Aquira; I was born and raised in Queens. Right now I'm currently living in Jamaica and I am a proud Local 28 member of the Union Building Trades. When we hear about

1 hospitals closing in other parts of the country, it
2 is discouraging but here in New York, Northwell is
3 doing something different. They are investing in
4 health care and in the people who build this city.
5

6 Upgrading Lenox Hill Hospital means jobs for
7 skilled workers like me, jobs with fair wages,
8 training and dignity. It means young people can
9 enter careers where they build something that lasts
10 and provides for their families. We don't just need
11 better hospitals; we need better futures. This
12 project helps deliver both. Thank you.

13 CHAIRPERSON RILEY: Thank you. Next, Peggy.

14 PEGGY ROSENBLATT: My name is Peggy Rosenblatt-

15 CHAIRPERSON RILEY: Hey Peggy, can you press the
16 button? There you go.

17 PEGGY ROSENBLATT: Better?

18 CHAIRPERSON RILEY: Yeah.

19 PEGGY ROSENBLATT: My name is Peggy Rosenblatt
20 and I've been a resident of the upper east side for
21 over 50 years. I've been a member of the Auxiliary
22 of Lenox Hill Hospital for over 30 years. I am
23 currently the patient Co-Chair of the Hospital
24 Surgical and Patient Family Partnership Council. My
25 family and I have all been patients at Lenox Hill

1 Hospital many times over the years. As an upper east
2 side resident, I've seen the area change dramatically
3 over the years. I have lived immediately adjacent to
4 and in close proximity to many, many construction
5 sites. I understand why those opposed to the project
6 don't want to endure the imposition in their
7 immediate neighborhood but it's time to stand back
8 and consider the greater good.

10 As you've heard, Lenox Hill Hospital serves a
11 broad reach of the city. After evaluating many
12 aspects of patient experience through my work on
13 inpatient surgical stays, I can say without
14 hesitation that the need for an updated hospital is
15 critical for the future care of the wide range of the
16 population served every day. The proposed single
17 bedded rooms provide patients with more opportunities
18 for quality rest, which is essential for a successful
19 recovery. They also allow important segregation for
20 infectious patients.

21 Single bedded rooms allow family member privacy
22 with their loved ones. Something that should be
23 available for all. This is not a luxury but a
24 necessity. The demand for emergency services will
25 not decline in the future. An updated and expanded

1
2 emergency department will continue to save lives and
3 treat a wide variety of medical problems. Updated
4 operating rooms that can accommodate rapidly changing
5 technology will benefit every surgical patient in the
6 years to come. It is time to stand for the greater
7 good. To my mind, it is irresponsible to accommodate
8 the preferences of a few at the cost of sacrificing
9 future quality medical care for the many. Thank you.

10 CHAIRPERSON RILEY: Thank you. Next, we'll hear
11 from Hank.

12 HANK SODERLUND: Hi, my name is Hank Soderlund.
13 I represent the International Brotherhood of
14 Electrical Workers Local Number 3. I've been
15 fortunate enough to work, go to school, teach and
16 build the physical infrastructure of the Manhattan
17 skyline. I care about our city deeply and with that,
18 Lenox Hill is the foundation of our city's health
19 care system. In this time of economic uncertainty, I
20 think it is of utmost importance that we create good
21 paying jobs. Not only good paying jobs that are good
22 for the community but they allow the education,
23 background, health insurance, retirement and pension
24 that is much needed in an economy that the rents are
25 rising and you don't have the physical stability.

1 This project is so important. It will create so many
2 good union paying jobs. And with that, also
3 investing in New York City's future.
4

5 After COVID we all realized that any improvement
6 to our health care system is being proactive instead
7 reactive, which is necessary for our future health
8 care needs not knowing what they might be. Also with
9 this project not really impeding upon the physical
10 blueprint of the existing project, I ask that this
11 City Council does whatever it needs to do to make
12 this project happen and I thank you for your time.

13 CHAIRPERSON RILEY: Thank you. There being no
14 questions, this panel is excused. The next panel
15 we'll hear from consists of Kate Steinburg, Marlene
16 Schneider, Alan Harris, and Jessica Zhang.

17 The following panel will consist of Terrell
18 Martin, Robert Foster, Cleveland Cyris and Brett
19 Thompson. We'll begin first with Kate Steinburg.

20 KATE STEINBURG: Hello everyone. My name is
21 Katie Steinburg and I am a 19 year old girl who has
22 lived on the upper east side my entire life, just two
23 blocks away from Lenox Hill Hospital.

24 I'm here today to urge you to vote no on the
25 proposed extreme rezoning of Lenox Hill. This isn't

1 just policy discourse for me, it's personal. My
2 younger brother has experienced many life threatening
3 food allergies and has experienced anaphylactic shock
4 multiple times in the past couple of years. Every
5 single time we've relied on Lenox Hill's Emergency
6 Room to save his life. We don't have 20 minutes to
7 wait. We have maybe 5, maybe 3 minutes. Losing
8 immediate access to emergency care during a ten plus
9 construction timeline is not just inconvenient, it's
10 dangerous. It's a matter of life and death for
11 families like mine. This project would cause untold
12 traffic, safety issues and noise for the next ten
13 years, just so that the hospital can add 25 more
14 rooms.
15

16 I agree that there is a need to modernize health
17 care infrastructure and that we should renovate a
18 modernized, just not by building a 436 foot tower in
19 the middle of a residential neighborhood.

20 We're talking about a luxury development at the
21 communities expense. A massive luxury tower, an
22 extreme upzoning doesn't belong in a residential
23 neighborhood like ours. I think it would set a
24 dangerous precedent for over development across the
25 city and violate the scale and character of the upper

1 east side. Our community deserves better. We're not
2 asking for nothing. We're just asking for a smarter,
3 a more transparent community centered hospital plan
4 that puts people before profits. Please stand with
5 me, my brother, and the families in my community and
6 vote no to this extreme upzoning. Thank you.

8 CHAIRPERSON RILEY: Next, we'll hear from
9 Marlene.

10 MARLENE SCHNEIDER: [INAUDIBLE 01:40:28].

11 CHAIRPERSON RILEY: Thank you Marlene. Next,
12 we'll hear from Alan Harris.

13 ALAN HARRIS: My name is Alan Harris. My wife is
14 Roselyn. I oppose this. It is unconscionable that
15 any consideration for new zoning be received before
16 they correct their current despicable zoning
17 violation at 122 East 76th Street. It's illegal,
18 immoral and unethical and Lenox Hill Hospital in
19 Northwell is not believable.

20 We live right across the street from the
21 entrance. Northwell is absolutely, completely, and
22 currently violating the zoning regulation law in my
23 rent stabilized apartment building and has been doing
24 so for 35 years with absolute unabashed impunity.

1 Acting as a slum landlord, they get rid of rent
2 controlled tenants, allowing Lenox Hill to get the
3 variance after corrupting this one is like giving a
4 bottle of whiskey to a person pulled over for DUI and
5 then telling them that it's okay to drive away and
6 drink. We're harassed, we have no water for a year
7 and a half. Lenox Hill came into our apartment,
8 their workers. They lied, they cheated, they stole
9 and they attempted to poison us with asbestos and
10 lead. Our lives are endangered by the conduct. They
11 have taken 25 apartments off the rental market. They
12 hold 7 apartments warehoused. Some for 20 years,
13 where's that revenue? They don't have a legal
14 certificate of occupancy since 2000. They don't pay
15 \$130,000 in DOH violation fines. They fooled the
16 government getting a mixed use variance in 1989 by
17 deceit and they are fooling the government now. No
18 issue of a variance should be issued until that
19 violation is corrected. Lenox Hill does not care
20 about the community. There are ten hospitals just on
21 the upper east side. Northwell has 23 hospitals and
22 700 ambulatory locations. Remember Christine Todd
23 Whitman saying, "the toxins released pose no threat
24 to health."
25

1
2 My wife and I are both very old and extremely
3 ill. We're isolated in a building like a mouse in a
4 glue trap. We expect further retribution. Thank you
5 for the time.

6 CHAIRPERSON RILEY: Thank you Alan. You are not
7 old at all. Jessica, go ahead.

8 JESSICA ZHANG: Thank you. [INAUDIBLE 01:42:57]

9 CHAIRPERSON RILEY: Jessica, can you turn on the
10 mic please?

11 JESSICA ZHANG: Thank you Land Use Committee
12 Members and Council Member Powers for the opportunity
13 to testify.

14 CHAIRPERSON RILEY: Alan, can you sit down until
15 you are excused?

16 JESSICA ZHANG: My name is Jessica Zhang, Senior
17 Policy Manager for 32BJ Health Fund. The Health Fund
18 provides health benefits to over 200,000 32BJ union
19 members and their families using contributions from
20 over 5,000 employers. We oppose rezoning to allow
21 Northwell to expand in the most hospital dense area
22 of New York City because the expansion will
23 contribute to increased health care costs for our
24 members without meeting health care needs.

1 Northwell's Hospital's exceptionally high prices
2 and related business practices burden our members.
3 For example, recently one of our members was charged
4 nearly \$19,000 for a procedure at a Northwell
5 Hospital. The Health Fund paid all but a \$250 copay
6 and yet Northwell still billed the patient \$8,000,
7 insisting on thousands more than the actual charges
8 for the service. This is a practice we see time and
9 again with Northwell.
10

11 A recent city report shows city employees are
12 similarly burdened by these high prices paying for
13 example \$1,000 for a 30 minute doctor's office visit
14 at Lenox Hill compared to the average of \$390 across
15 all New York City hospitals.

16 Research shows that expensive hospitals capital
17 investments like this one lead to higher prices and a
18 costlier health care system. The city should not be
19 granting expansion rates to a private entity with
20 prices and practices that disregard patients health
21 care affordability concerns. This rezoning will lead
22 to a more unfordable health care landscape in New
23 York City and our members will shoulder the cost of
24 this multi-billion dollar expansion, during the
25 project and for decades to come. Thank you.

2 CHAIRPERSON RILEY: Thank you. There being no
3 questions, this panel is excused. Thank you so much.

4 Next, we're going to call on Terrell Martin,
5 Robert Foster, Cleveland Cyris, and Brett Thompson.

6 The following panel will consist of Mia Wagner,
7 Stephanie Reckler, Stacy Krusch and Anthony Cohn.
8 That will be the following panel. We'll begin first
9 with Terrell Martin.

10 TERRELL MARTIN: Good afternoon Chair, Council
11 Member Powers. My name is Terrell Martin and I'm a
12 Council Rep with the New York City District Council
13 of Carpenters. I also stand before you as a dues
14 paying union member. Someone who has worked hard to
15 build a life through the trades and someone who
16 deeply understand what it means to fight for
17 opportunity, dignity, care, not just for myself but
18 for my family and my community.

19 I'm here to speak from the heart in support for
20 Lenox Hill Hospital redevelopment. This is about
21 that mother who rushes her child to the emergency
22 room in the middle of the night. This is about that
23 elderly neighbor who needs consistent quality care
24 close to home.

1
2 My wife is a registered nurse. This is about
3 health care workers who give everything they have
4 every single day and deserve a facility that supports
5 them. Right now, Lenox Hill is doing the best they
6 can but the building is holding it back. The
7 infrastructure is outdated. The space is limited and
8 the people, patients and staff alike are the ones who
9 pay the price. This new hospital will change that.
10 It will mean faster emergency care and the kind of
11 advanced technology that saves lives. It will mean
12 that when someone's loved one is in crisis, they
13 won't have to worry if the hospital can handle it,
14 they'll know it can handle it. And for workers like
15 myself, the project is about good union paying jobs
16 that uplift people. It's about opening doors for
17 young people who want a future in the trades. A
18 pathway to the middle class. It's about showing that
19 when we invest in our city, we invest in everyone,
20 not just the buildings but in lives.

21 I respectfully urge you to support the Lenox Hill
22 redevelopment. Let's give the city a hospital it
23 deserves and a future that it needs. Thank you for
24 your time.

1
2 CHAIRPERSON RILEY: Thank you Terrell. Next,
3 we'll hear from Robert.

4 ROBERT FOSTER: Hello.

5 CHAIRPERSON RILEY: Yes.

6 ROBERT FOSTER: My name is Robert Foster and I'm
7 a proud member of the New York City District Council
8 of Carpenters. I appreciate the opportunity to speak
9 with you today in strong support of the Lenox Hill
10 Hospital Redevelopment project. This project is a
11 critical investment in both the physical and
12 infrastructure of our city and the wellbeing of the
13 people who live and work here.

14 From a labor perspective, this project will
15 create hundreds of good paying middle class jobs for
16 union trades people. These are careers that support
17 families, strengthen communities and ensure the work
18 is done safely, professionally and at the higher
19 standards. Our members are ready to build this
20 project with pride and purpose but the need for this
21 project goes far beyond the economic opportunities.
22 The current Lenox Hill facility is outdated and no
23 longer meets then demands of modern health care. The
24 dedicated doctors, nurses and hospital staff do

1 everything they can within the limits of the existing
2 building but are extremely limited.

3
4 This redevelopment will bring back state of the
5 art hospital to the upper east side. It will mean
6 faster emergency care and access to advanced medical
7 technology. It will improve outcomes for everyone
8 who relies on this hospital, whether they live in the
9 neighborhood, commute to work nearby or visit family
10 in the city. When we approve this project, we are
11 not just approving a building, we are supporting a
12 healthier, safer and more resilient New York. We are
13 ensuring that our health care infrastructure keeps
14 pace with the needs of our growing population and we
15 are putting skilled union workers to work on a
16 project that truly matters.

17 I respectfully urge the Subcommittee to support
18 the Lenox Hill redevelopment. This community
19 deserves it and it's time to act now. Thank you for
20 your time and consideration.

21 CHAIRPERSON RILEY: Thank you. Next we'll hear
22 from Cleveland Cyris.

23 CLEVELAND CYRIS: Good afternoon everybody.

24 CHAIRPERSON RILEY: Can you turn on the mic
25 please?

2 CLEVELAND CYRIS: Good afternoon. My name is
3 Cleveland Cyris, proud member of the Local 3
4 International Brotherhood of Electrical Workers. I
5 stand in strong support of this project. I think it
6 will increase our medical field as we are behind in
7 New York City, the biggest city in the world. It
8 will create jobs, I think more doctors are always
9 needed, and it will beautify our city.

10 In time, you know I know construction is
11 construction but it works when it's all done. This
12 job will - this - I'm sorry, this will strengthen our
13 city in more ways than one. More hospitals will grow
14 and expand at that time. Thank you.

15 CHAIRPERSON RILEY: Thank you and last is there a
16 Brett Thompson here?

17 Okay, there being no questions for this panel,
18 this panel is excused. Thank you so much for your
19 testimony. Next, we'll hear from Mia Wagner,
20 Stephanie Reckler, Stacy Krusch and Anthony Cohn.
21 The following panel will consist of Marco Tamayo,
22 Anothony Guerrero, Robert Rotolo and Michael Grunert.

23 We'll start first with Mia Wagner.

24 MIA WAGNER: Hi. Is it on?

25 CHAIRPERSON RILEY: Yes, it's on.

1 MIA WAGNER: Okay. Hi, my name is Mia Wagner.
2 I'm Senior Health Policy Analyst at the Community
3 Service Society of New York. CSS is a 180 year old
4 organization that seeks to build a more equitable New
5 York for low and moderate income people and assists
6 over 130,000 New Yorkers annually in accessing health
7 care. On behalf of CSS, I would like to thank you
8 for holding this hearing and for allowing the public
9 to weigh in on the proposed expansion of Lenox Hill
10 Hospital.
11

12 The city should not enable a costly project that
13 breaks zoning precedent and serves a well resourced
14 area. While other neighborhoods and boroughs lack
15 hospital beds and cannot provide their populations
16 with needed care. The upper east side has over 10
17 hospital beds per 1,000 people, which is more than
18 four times the citywide average of 2.7 beds.
19 Disparities also exist between boroughs. Queens only
20 has 1.6 hospital beds per 1,000 people compared to
21 Manhattan's 5.8 beds. The proposed expansion of
22 Lenox Hill would add capacity where the city least
23 needs it and likely increase the cost of care at the
24 hospital.
25

1 This year, the Lown Institute Hospital Index
2 ranked Lenox Hill second to last in all hospitals in
3 the state for inclusivity. Additionally, the
4 hospitals overall equity rank is at the bottom four
5 percent of all New York State Hospitals.
6

7 Alongside inclusivity, this metric considers pay
8 equity and community benefit demonstrating that Lenox
9 Hill and its proposed expansion does not serve New
10 Yorkers who need care most. Lenox Hill already has
11 more beds than it can fill. For example, nearly a
12 quarter of beds at Lenox Hill were available this
13 past week, meanwhile only three percent of beds were
14 available at Harlem Hospital Center. This proposed
15 expansion would involve spending \$2.5 billion on a
16 facility that already has excessive capacity to serve
17 its community.

18 CSS strongly urges the city to reject Lenox
19 Hill's proposed expansion and instead approve more
20 modest renovations that adhere to current zoning
21 laws. Downsizing this plan would allow Northwell to
22 focus its efforts on the factors of the system that
23 most urgently need assistance and serve its
24 population more equitably. Thank you for your
25 consideration.

1
2 CHAIRPERSON RILEY: Thank you. Next, we'll hear
3 from Stephanie.

4 STEPHANIE RECKLER: Can you hear me?

5 CHAIRPERSON RILEY: One more. There we go.

6 STEPHANIE RECKLER: Okay, I am in opposition to
7 Northwell's current plans for Lenox Hill Hospital. I
8 have lived all my life ten blocks from the hospital.
9 You might ask why an 81 year old lady is so opposed
10 to the Northwell plans when statistically, I won't be
11 alive when it is completed. Yes, I am in agreement
12 that the hospital needs to be renovated. Northwell
13 has owned it for 15 years and has done very little to
14 modernize it but the size and the bulk do not fit the
15 site. It is an ill conceived project. Either model
16 tower is the equivalent of a midtown office building.
17 It will destroy the residential community. Can you
18 imagine a health care facility meant to help people
19 will kill the neighborhood. The Northwell proposal
20 continues to blatantly ignore overwhelming community
21 feedback. Thousands of residents, local
22 organizations and elected officials have voiced
23 extreme opposition to the project. The project
24 violates the character, scale and fabric of a
25

1 thriving residential community and it undermines the
2 principles of responsible urban planning.

3
4 The tower is Northwell's plan to compete with the
5 five world class hospitals on upper east side. It is
6 a billboard advertisement. Instead, Northwell should
7 strive to be the best community hospital in the city
8 where young families want to move here, where they
9 set an example for other large cities. It should
10 have an excellent ER and maternity wing. Northwell
11 plans will kill our neighborhood. Please vote to
12 downsize the Northwell project and create a micro-
13 hospital. Northwell could spend \$250 million on
14 Lenox Hill Hospital and invest the remaining funds in
15 the areas that are hospital deserts. That is
16 responsible city planning and I thank you very much
17 and I will be submitting a much longer testimony.
18 Thank you very much.

19 CHAIRPERSON RILEY: Thank you Stephanie. Next,
20 we'll hear from Stacy.

21 STACY KRUSCH: Hi, bravo Lenox Hill. Great
22 performance. You know I've seen it so many times, I
23 could practically give it myself, except I'm not
24 buying what you're trying to sell.

1 For six years, I've been involved and trying to
2 make sense of this project and while the players on
3 the hospital team have changed several times over, I
4 have been here the whole time as of my upper east
5 side neighbors and communities steadfast in our
6 opposition. Why? Because we're the people who live
7 here. Not the hospital staff who come into work and
8 then go home somewhere else or the transient patients
9 or visitors, this is our home.

11 All that for 25 more beds and not one more
12 hospital job and not serving one more patient than
13 they currently do. So the community would be under
14 the shadow of a giant tower while the patients have
15 rooms with a park view and lots of visitors - rooms
16 for lots of visitors and family to visit them.

17 When they first proposed a 516 foot tower and
18 came back with a smaller tower they built, that is a
19 compromise and it's not. We all know that trick.
20 The community has in fact compromised with the
21 Community Board 8 outlining a plan that the community
22 does stand by. Yes, they need to renovate and
23 modernize and bring the facility up to 21st Century
24 standards but not at this size and scale, and there
25 will be union jobs for whatever size construction

1 project there is. And Lenox Hill has been the worst
2 neighbor imaginable. Their square block is the most
3 disgusting block in the neighborhood and then now
4 they're promising to be a good neighbor moving
5 forward. I don't believe it.

7 These massive height and bulk buildings have no
8 place in Lenox Hill or any other residential
9 neighborhood. A structure of this magnitude would
10 overwhelm the area and set a dangerous precedent and
11 I'm still waiting for one person who A, either
12 doesn't work for Lenox Hill in some respect or is not
13 a construction union member to go in opposition of
14 this project.

15 And the irony is they don't even need the kind of
16 extreme expansion they're proposing. The east side
17 is already grossly over bedded. It's not what Lenox
18 Hill needs, it's what the people need. Thank you for
19 saying no.

20 CHAIRPERSON RILEY: Thank you and next we'll hear
21 from Anthony.

22 ANTHONY COHN: Okay, thank you. My name is
23 Anthony Cohn. I am an architect and I'm a member of
24 Community Board 8 and I have - I also served on the
25 Borough Presidents Taskforce in 2019-2020. So, I

1
2 have also lived with this project for at least six
3 years.

4 But as an architect, I'm asking you today to look
5 at it from a different viewpoint. Every building
6 exists as a collection of assumptions formed into an
7 architectural program. A document that is more than
8 just an assemblage of rooms but a statement of
9 purpose. This proposal looks the way it does because
10 of those assumptions which are treated by the
11 applicant as categorical imperatives. The first is
12 that the hospital must remain in its current
13 location, despite the obvious changes to the
14 community around it.

15 Lenox Hill hospital moved from downtown in the
16 mid- 19 Century before the train tracks under Park
17 Avenue were covered and Park Avenue became more than
18 just a backstreet filled with stables. If there were
19 not already a hospital in this exact location, would
20 you build one here?

21 That's the first assumption. The second is that
22 the hospital must remain open during construction.
23 Lengthening the construction period.

24 Third, the hospital that currently serves its
25 community must double in size to accommodate the

1 future, a future that even its most ardent advocates
2 cannot predict. All of us have seen first hand the
3 growth of outpatient procedures. When I was born 73
4 years ago, my mother spent a week in the hospital.
5 Mothers now take their babies home the next day.

6
7 The fourth is that it is impossible or
8 unnecessary to provide an elevator for the uptown IRT
9 or to provide any parking at all. If you look
10 skeptically at those assumptions as I have been
11 trained by education and professional experience of
12 over 40 years to do, you cannot in good conscience
13 accept this proposal as presented. Thank you.

14 CHAIRPERSON RILEY: Thank you Anthony. There
15 being no questions, this panel is excused. Thank you
16 so much. Next, we'll hear from Marco Tamayo, Anthony
17 Guerrero, Robert Rotolo and Michael Grunert. The
18 following panel will consist of Louis Uttley, Todd
19 Stein, Alida Camp, and Vanessa Aronson. We'll hear
20 first from Marco. Yes, Marco.

21 MARCO TAMAYO: Thank you City Council Members. I
22 am Marco Tamayo. I am an architect and an upper east
23 side resident. My firm design passive, sustainable
24 buildings that meet the highest energy standards.
25 After extensive training, I can say without

1 hesitation that Northwell's proposed hospital tower
2 is unnecessary and massive. Northwell could cut at
3 least 100 feet from the buildings height without
4 losing any medical space simply by modernizing its
5 outdated medical systems. Right now up to 30 percent
6 of the towers height is wasted. An oversized
7 mechanical rooms and excessive floor heights. Even
8 Northwell admitted at Community Board 8 that they are
9 going to take a trial and error approach to energy
10 assistance. Clearly proof that have no real
11 justification for this block. Worse, there heavy
12 façade, inefficient duct work and oversized windows
13 will turn the building into a giant [INAUDIBLE
14 02:02:16] wasting energy and falling to meet the New
15 York City Local Law 97 net zero target.
16

17 There is no excuse, proven solution exists. A
18 passive building developed with proper insulation and
19 infiltration control. A geothermal system to
20 eliminate bulky coolant towers and cut emissions.
21 Door, fresh air with energy recovery and [02:02:46]
22 to precise efficient ventilation, critical for
23 operation rooms and patient operations. This system
24 would shrink the mechanical food print. Slash energy
25

1 use and cut the tower height by 100 feet, while
2 delivering the full mechanical capacity it needs.

3
4 I urge the City Council to demand a smart,
5 efficient design. No outdated system and
6 institutional access. Our neighbors deserve nothing
7 less. Thank you.

8 CHAIRPERSON RILEY: Thank you. Next we'll hear
9 from Anthony.

10 ANTHONY GUERRERO: Good morning. My name is
11 Anthony Guerrero. I'm a proud union member and serve
12 as the political director for the Sheet Metal Workers
13 Local 28. I'm here today not just in a leadership
14 role but as someone who understands what this project
15 means on the ground, for the workers, for the
16 patients and for all of the New Yorkers City
17 residents.

18 Lenox Hill Hospital has served the city for
19 generations but the buildings are outdated and the
20 people who rely on it. Patients and staff deserve
21 better. This project is not fixing that. It's also
22 about building modern, safe spaces for care, creating
23 union jobs for workers who keep their city moving.
24 Northwell's investment is the right kind of vision.
25 It stead we're not backing down, we're building up.

1 Health care and labor go hand and hand and this is
2 the chance to support both. Let's move this forward.
3 Let's invest in people in progress. Thank you.

4 CHAIRPERSON RILEY: Thank you. Next, we'll hear
5 from Robert.

6 ROBERT ROTOLO: Thank you members of the
7 Committee. My name is Bob Rotolo and I'm a
8 representative with the Workers of Local 28 Sheet
9 Metal Workers who understand what this project means.
10 Not just for Lenox Hill but for New York's future.

11 When we talk about investing in health care,
12 we're also talking about investing in our economy.
13 This redevelopment will put skilled members to work,
14 electricians, plumbers, sheet metal workers, laborers
15 and more. It will also generate new roles in
16 hospital operations and support local businesses in
17 the neighborhood. At a time when hospitals are
18 closing their doors across the country, we should be
19 proud that Northwell is taking a different path.
20 They're saying let's build. Let's invest, let's
21 care. We urge you to support this vision, not just
22 because it's right for today but because it builds a
23 stronger tomorrow and I want to make a point of
24 information. When we talk about these mechanical
25

1 systems in these buildings, that's what my people
2 built. We do the cooling towers on the roof, the
3 subterranean work that you talked about trying to
4 bring it down to the bottom and in the middle of the
5 building. Subterranean is being done away with
6 because when the city floods, it floods and it's
7 gone, then your hospital is shut down for months.
8 So, the idea of putting things in the basement, I'm
9 hoping you lose that idea. Thank you for your time.

11 CHAIRPERSON RILEY: Thank you so much. Next,
12 we'll hear from Michael.

13 MICHAEL GRUNERT: Thank you Committee Council.
14 My name is Michael Grunert. I'm a proud member of
15 Local 3 International Brotherhood of electrical
16 workers and I'm here in support of this project. In
17 today's health care climate, the trend is to shut
18 down or cut back medical services in hospitals,
19 especially when it comes to outdated aging facilities
20 that are in need of modernization.

21 Northwell on the other hand is wanting and
22 willing to invest in the future of New York's health
23 care by updating and restructuring a facility which
24 is over 100 years old. This project not only creates
25 much needed great union jobs for the working men and

1 women of New York City, it also enhances the
2 surrounding community and local businesses, all while
3 ensuring New York City stays on the leading edge of
4 health care along with improving the patients safety,
5 dignity and comfort when they need it most.
6

7 Short term discomfort of a few should not inhibit
8 life changing work and health care for the many.
9 Thank you for your time and attention and
10 consideration on this matter.

11 CHAIRPERSON RILEY: Thank you. This panel is
12 excused. Thank you so much for your testimony.
13 Next, we'll hear from Lois Uttley, Todd Stein, Alida
14 Camp and Vanessa Aronson. The following panel will
15 consist of Dennis McSpedon, Jeffrey Lafata and Emmily
16 Debois.

17 First we'll hear from Lois.

18 LOIS UTTLEY: Yeah, I'm Lois Uttley, a Manhattan
19 resident and coordinator of a statewide network
20 that's dedicated to ensuring the access to hospitals
21 and other health facilities is equitable and
22 affordable for all New Yorkers.

23 I want to suggest to you that this project would
24 increase already glaring inequities and access to
25 hospital care across the city and I really encourage

1 SUBCOMMITTEE ON ZONING AND FRANCHISES 112
2 you to look at this from a citywide perspective. The
3 p0roject would add hospital capacity where it is not
4 needed. While other New York City neighborhoods are
5 losing their community hospitals or have too few
6 hospital beds leading to overcrowding and long waits.
7 As you've heard, the upper east side has 10.5
8 hospital beds for every thousand residents. That's
9 four times the citywide rate of 2.7 beds per
10 thousand. Other areas of the city are in much
11 greater need of more hospital capacity. Queens for
12 example, has only 1.6 hospital beds for thousand,
13 Brooklyn only 2.1. Staten Island Chairman Riley has
14 only 2.3 hospital beds per thousand people.

15 You know, that's where we need more hospital
16 capacity, not the upper east side where all the beds
17 it has and frankly, Lenox Hill Hospital can't fill
18 all the beds it has now. In reports to the DOH,
19 hospital executive said just this week, they had 344
20 beds, not 450. 344 and 25 percent of those were
21 vacant. Moreover, Lenox Hill Hospital does not
22 provide in my view a fair share of hospital care for
23 New Yorkers with low incomes. Only 18 percent of
24 their inpatient discharges were covered by Medicaid
25 in 2022. And of patients giving birth at the

1 hospitals highly rated maternity service, only 15
2 percent were Medicaid enrollees.

3
4 Compare that to hospitals across the city where
5 50 percent or more of the people giving birth are
6 Medicaid insured. So, I urge you, send this hospital
7 back to the drawing board. Downsize this large and
8 expensive project and something more modest and then
9 encourage Northwell to invest the savings in adding
10 hospital capacity where it's really needed in our
11 city, like Staten Island for example.

12 CHAIRPERSON RILEY: Thank you. Next, we'll hear
13 from Todd. Hey Todd, can you push the button?
14 Thanks.

15 TODD STEIN: Thank you for having me here today.
16 The proposed Lenox Hill redevelopment is not
17 thoughtfully designed for the neighborhood where I
18 was born 59 years ago this month. I was raised and
19 still live in this neighborhood and as a member of
20 CB8 I follow the project but today I speak as a
21 concerned neighbor. The massive increase in building
22 size isn't justified by the limited number of
23 inpatient beds. If the goal is to serve more
24 patients then inpatient capacity, not a hotel like
25 amenity should be the focus. My 91 year old mother

1 has been hospitalized three times this year, once in
2 critical condition. Each time she waited days in an
3 overcrowded yard before being admitted. That is
4 dangerous. That kind of exposure at any age to other
5 illnesses yet this plan does not address urgent need
6 for more rooms, faster admissions or adequate
7 staffing. The hospitals location already overwhelmed
8 with subways and emergency traffic can't support this
9 scale of expansion. Lennox Hill is off Lexington
10 Avenue, which is narrower than other major avenues
11 and not equipped for this type of footprint five
12 years ago. This week I suffered a life changing
13 injury, 21 procedures, 9 major surgeries, a spinal
14 cord. What mattered to me was immediate care, being
15 cared for for the several weeks I spent in the
16 hospital, not whether I had a single room or a
17 private bathroom. Prioritizing same gender room
18 matching or visitor comfort over actual patient care
19 is misguided. Keeping it open during the development
20 will stretch a nine year timeline likely to 15 years
21 and completely out of touch. An entire childhood
22 could be passed during this time. Hospitals are not
23 hotels; they are meant to deliver care. This
24 proposal fails to put patients first.
25

1 I appreciate today having the opportunity to
2 share my concerns. I urge the project to be hold
3 until a plan is created that actually meets the
4 medical and environmental needs of this community. I
5 encourage Northwell to explore other locations rather
6 than focusing on an overwhelming project that won't
7 support the needs suggested. This will also if they
8 find other locations, create many union jobs. Thank
9 you today for having me.

11 CHAIRPERSON RILEY: Thank you. Next we'll hear
12 from Alida.

13 ALIDA CAMP: Thank you. Thank you for hearing my
14 testimony. My name is Alida Camp. As then Chair of
15 CB8 when Lenox Hill first presented this plan, I sat
16 on the BP Taskforce. I'm currently a CB8 member
17 though I speak individually. Modernization is
18 necessary but not this way. Hospital beds are needed
19 in New York's hospital deserts. The acute need has
20 grown since the pandemic, including in lower
21 Manhattan as Beth Israel has closed. Tellingly,
22 Lenox Hill brings patients from its emergency room in
23 the village to the Lenox Hill Hospital uptown, miles
24 away to be admitted. While he states that it has a
25 hospital in the village, when questioned, Dr. Baker

1 acknowledged that it has only eight beds. Lenox Hill
2 intends to be a luxury destination. When it unveiled
3 the plans, the website highlighted crystal
4 chandeliers, fall like amenities, a Michelin chef,
5 and quoted patient who liked being in the hospital so
6 much, she didn't want to leave.
7

8 Even now it talks about the views from the tower.
9 Are the views a significant reason for the plan tower
10 height? The hospital's location is a prime selling
11 point. Perhaps it doesn't want to move to a hospital
12 desert because no other hospital has a park avenue
13 location.

14 To credit height reduction from 500 plus feet is
15 to treat imagination as reason. Lenox Hill rejected
16 community input when I was Chair and still rejects
17 it. Compare MSK. Since there is more to do to
18 appropriately scale this plan as Council Member
19 Powers said, it would be appropriate to vote no until
20 it becomes the best it can be for a community and
21 hospital. If they get approval now, where is the
22 incentive to make changes including for late night
23 noise? Modernize but not to build this opposed
24 tower. Zoning and context must mean something.
25 There are alternatives and construction costs more in

1
2 an occupied building. Do no harm the hypocritic oath
3 requires. The building will do harm to the community
4 where it wants to be and the communities where it
5 does not want to be. The last thing, please vote and
6 advocate against the Mayor's Charter Commission
7 proposal that removes City Council and Community
8 Board input from some land use decisions. Thank you.

9 CHAIRPERSON RILEY: Thank you. You could go.

10 VANESSA ARONSON: Thank you. Good afternoon
11 Chair Riley and Council Member Powers. My name is
12 Vanessa Aronson. I live on East 74th Street and I am
13 a local community advocate. I join Community Board
14 8, community to protect our Lenox Hill neighborhood,
15 friends of the upper east side historic district, the
16 New York Landmarks Conservancy Carnegie Hall
17 neighbors, CIVITAS and thousands of community members
18 and strongly urging you to reject Lenox Hill
19 Hospitals proposal in its current form and require
20 the modifications recommended by CB8 are made.

21 Due to the extensive scope of the proposed
22 hospital expansion, there are significant negative
23 impacts to the community and to city hospital
24 infrastructure. Along with members of Community
25 Board 8, I work diligently to analyze and assess this

1 rezoning proposal since it was proposed over six
2 years ago. The application would authorize a
3 protracted hospital expansion to enlarge Lenox Hill
4 Hospital far beyond what is permitted under current
5 zoning all for a paltry increase of just 25
6 additional patient beds.
7

8 As a Lenox Hill patient myself, who delivered my
9 son there just a little over a year ago, I appreciate
10 the need for renovation and do support necessary
11 hospital upgrades and I also applaud Lenox Hill's
12 committed to employ union labor in such renovations.
13 However, the scope of the proposal is not justified
14 and would have detrimental implications.

15 Furthermore, the project would involve prolonged
16 periods of construction during and outside of
17 business hours for at least nine to eleven years,
18 which would be highly disruptive to the community and
19 have implications for citywide hospital
20 infrastructure.

21 As has already been mentioned, this hospital
22 expansion project will not address unmet public
23 health needs on the upper east side or make needed
24 hospital services more accessible. Ultimately,
25 upgraded patient rooms will increase the cost and

1 decrease accessibility of receiving in patient
2 services at Lenox Hill Hospital for the uninsured and
3 under insured New Yorkers. It's unjustifiably
4 extensive when it negatively impacts city hospital
5 infrastructure and would unnecessarily disrupt the
6 neighborhood for a decade. So, I strongly urge you
7 to reject Lenox Hill Hospitals current proposal.
8 Thank you.
9

10 CHAIRPERSON RILEY: Thank you. There being no
11 questions, this panel is excused. Thank you so much.
12 Next, we'll hear from Dennis McSpedon, Jeffrey
13 Lafata, and Emmanuel Debois.

14 Following we'll hear from Casandra Berger, Doon
15 Aretsus(S?), Neil Selkirk, and Anne Namm. We'll
16 begin first with Dennis.

17 DENNIS MCSPEDON: Good afternoon. My name is
18 Dennis McSpedon. I am another Local 3 electrician.
19 I worked hospital constructions for over a decade.
20 I've been on the Cornell Wheel Medical Project, New
21 York Presbyterian, DHK and also the new MSK project.

22 Lenox is a typical medical hospital with the same
23 endeavors. I understand the worries from the
24 residents for the congestion etc., which does come
25 with construction, I will agree. I've been doing

1 construction 30 years but I will tell you the
2 relationships I did have at the construction project
3 on the upper east side. Like I said, I was there for
4 ten years. They have pedestrian safety that would
5 cross people across the streets, try to limit car
6 accidents. It actually helped out a lot and they
7 were there for years. A hospital does take a long
8 time to go up. It's very intricate wiring,
9 especially when it comes to an electrical, an
10 electrician installation. I will say a couple of
11 other things. This project is about having upgrades
12 and better medical care.

14 As we've seen the rates of people getting medical
15 care are tremendous. They're through the roof, in
16 the millions. 4,000 babies being delivered annually
17 by Lenox Hill, that's tremendous. Who wants them in
18 a facility that's 100 years old, could have risk of
19 infection, etc., etc.? We spoke about the single
20 bedrooms, much needed. We totally understand. I
21 don't know how many times we've been at the hospitals
22 and you deal with some people that you might not want
23 to be next to or the screaming and plus another
24 exposure to more risks of infection with more than
25 single beds.

2 The shortened construction timeline has been
3 addressed. The small height has been proposed. I
4 mean we are New York City; we're supposed to be the
5 best in the world and here we are with outdated
6 infrastructure to take care of our residents.

7 I think it's time we wake up and invest in our
8 health care the way it looks like it's going to turn
9 out to be. Thank you for your time today.

10 CHAIRPERSON RILEY: Thank you. I just want to
11 make a quick note to the online witnesses. We will
12 be transitioning to online in the next 20 to 25
13 minutes okay. Next, we'll hear from Jeffrey Lafata.

14 JEFFREY LAFATA: Good afternoon everyone. Thank
15 you for the opportunity to speak with you all today.
16 I'm the Director of Operations at Lenox Hill's
17 Hospitals Emergency Department and I've been with
18 Lenox Hill for the last 15 years. I have seen the
19 organizations commitment to continue this
20 improvement. I want to emphasize the critical need
21 for infrastructure upgrades at Lenox Hill Hospital
22 that directly impact the health and safety of our
23 community.

24 First, I want to bring us back to our emergency
25 departments capacity. Currently, we have 34 care

1
2 bays available for our patients. This number is
3 simply insufficient to meet the growing the demand we
4 fact and I'm in support of an upgrade to 48 treatment
5 spaces as proposed. Expanding our emergency
6 treatment capacity will allow us to continue to
7 enhance the quality of care we provide during
8 critical moments when every minute counts. And align
9 it with that goal, we need to turn our attention to
10 the 77th Street Subway. It is imperative that we
11 upgrade the station to station to be ADA compliant.
12 Many of our patients, including the elderly use - uh
13 as well as those with disabilities, rely on public
14 transportation to access vital medical services.
15 These improvements will ensure safe and easy access
16 to the hospital and outpatient clinics and physician
17 offices in the neighborhood, fostering a healthier
18 and inclusive, more inclusive community. The upper
19 east side in New York City is having an ever
20 increasing geriatric population and using available
21 data to inform decisions, geriatric medicine and
22 services has become a focus for our hospital. ED
23 providers and care teams who receive additional
24 training annually.

1
2 I want to draw your attention to the proposed
3 ambulance bay. This initiative is crucial for
4 improving the transition of care from the field to
5 the emergency room. The existing set up blocks the
6 street, causing unnecessary traffic congestion that
7 blocks - that delays critical care and time for
8 patients.

9 With an upgraded ambulance bay, we can facilitate
10 swift and efficient patient transfers, ensuring that
11 those in need receive the timely treatment that they
12 deserve.

13 Witnessing patients, families struggling to bring
14 themselves in or a patient from the street with horn
15 honking in inclement weather is not a standard we
16 uphold ourselves to, and so infrastructure
17 improvements are absolutely required. Thank you for
18 your time.

19 CHAIRPERSON RILEY: Thank you. Do we have an
20 Emmanuel here? Okay, you guys are excused. Next,
21 we're going to hear from Casandra, Doon, Neil and
22 Anne.

23 The following panel will consists of Bryan
24 Verona, Rachel Storch, Lenore and Andrea Goldwin. We
25 could begin first with Casandra.

1 CASANDRA BERGER: Hello. Hi, good afternoon. My
2 name is Casandra Berger. I live at 812 Park Avenue,
3 two blocks away from Lenox Hill Hospital. I'm on my
4 Co-op Board and we are opposed to the current
5 application. I have lived on the upper east side for
6 the past 25 years and raised my two children there
7 and would love to try to maintain its residential
8 neighborhood character. The proposed ten plus years
9 of construction, uhm, the closure of lanes on Park
10 Avenue and Lex Avenue, the traffic and pedestrian
11 congestion would all be hugely disruptive. We agree
12 that modernization is necessary but the scope of the
13 proposed expansion is completely unnecessary.
14

15 It will only add a nominal number of beds but it
16 will increase base for elective surgeries and labor
17 delivery rooms. I dispute the notion that elective
18 surgeries and baby deliveries constitute health care
19 for patients in their most vulnerable moments.

20 This is about profits. Northwell is in the
21 epicenter of a landmarked residential neighborhood
22 and its proposed expansion is tantamount to throwing
23 a grenade into this quiet, family friendly
24 neighborhood and it will destroy its close net
25 fabric. The proposed expansion is just like the

1
2 supposed modernization that Robert Moses tried to
3 force on Greenwich Village that was successfully
4 opposed by local residents. In hindsight, Moses's
5 proposed plans are viewed with horror and their
6 defeat is studied by politicians and urban planners
7 alike for maintaining healthy neighborhoods. Ten
8 plus years of the construction is your child's entire
9 grade school life from K-8. If this proposal is
10 approved, people will move to the suburbs or another
11 state and this special neighborhood will be lost.

12 These hospital dollars should be spent in other
13 boroughs that we know from COVID desperately need the
14 medical care and union jobs.

15 CHAIRPERSON RILEY: Thank you. Doon.

16 DOON AREBUS: My name is Doon Arebus (SP?). In
17 acknowledging receipt of one of my several letters to
18 you Keith Powers, Caroline Ruffcan wrote that you
19 were continuing to advocate for a reduction in the
20 timeline and the height of the building. Only two of
21 about a dozen extremely astute community objections
22 to the most recent Lenox Hill Hospital renovation
23 proposal.

24 Just as Northwell has ignored the well-reasoned
25 wisdom of the community, it appears to have ignored

1
2 your purported advocacy, which frankly speaking
3 amounts to their spitting in your face. Small,
4 incremental victories actually constitute losses.
5 Nonetheless, like so many others, including the
6 tragically misnamed city planning commission, you
7 seem bent on allowing Northwell under cover of
8 healthcare in spite of zoning laws and rationality to
9 do whatever it wishes. Thereby destroying the
10 neighborhood you represent and the one Lenox Hill
11 Hospital pretends to value. One can only conclude in
12 dismay that once more, money and raw power have been
13 victorious. Is this the catastrophe you have chosen
14 as your legacy? Where is your spine? Where is
15 democracy? Or do I misjudge you and you are still
16 sitting on the fence? If so, the moment to get off
17 the fence is now and to put yourself on the side of
18 the angels because although it is against my grain to
19 admit it, that is unequivocally the side of the
20 opposition. The side I'm on where you would be very
21 welcome.

22 One of my main concerns is that if the hospital
23 fails to deliver on its promises, there are no
24 penalties and therefore no incentives to avoid making
25 empty promises. We can only hope that contrary to

1 recent past experience the members of the City
2 Council will have the courage and independence to
3 choose to do what is right, rather than what is
4 expedient. We know who you are, we will not forget.
5

6 CHAIRPERSON RILEY: Thank you Doon.

7 DOON AREBUS: Thank you.

8 CHAIRPERSON RILEY: Next, we'll hear from Neil.

9 NEIL SELKIRK: My name is Neil Selkirk. I am a
10 patient at Lenox Hill Hospital. My daughter was born
11 there. Until I retired from teaching, I was a member
12 of the UAW. The proud union members here should
13 realize that they are being used by Northwell Health.
14 Lenox Hill Hospital is going to be rebuilt anyway.
15 Your jobs are secure. But if it moved, If Lenox Hill
16 moved, there would be double the construction jobs
17 created under the plan that they are endorsing at the
18 moment that you guys, the union guys. Nobody is
19 opposed to the renovation of Lenox Hill Hospital but
20 the proposition under discussion is not about the
21 renovation of Lenox Hill Hospital. The matter under
22 consideration today is about the planned construction
23 of a massive completely unnecessary and under current
24 zoning, illegal tower on top of the space presently
25 occupied by Lenox Hill Hospital.

1
2 This huge tower would be utterly out of place in
3 this residential community and will, if built as
4 planned, over ten or more years, simply wreck one of
5 Manhattan's most vibrant and precious neighborhoods.
6 96.5 percent of local respondents and voters are
7 opposed.

8 The proposed monolith was designed from the
9 outset as nothing more or less than a vast monument
10 to the greater glory of Northwell Health and its
11 retiring CEO who admitted to the financial press that
12 the buildings planned huge size is essential to
13 Northwell's capacity to appear dominant in the
14 presence of its longer established and more famous
15 health care neighbors.

16 This tower serves no socially redeeming purpose
17 whatsoever. The proposal is drenched in corporate
18 narcissism and greed. The construction of this tower
19 would in fact become an eternal monument to the
20 corruption and failure of representative government
21 in this city that we all claim to love. To vote in
22 favor of this construction is literally
23 unconscionable. Thank you very much.

24 CHAIRPERSON RILEY: Thank you. Anne.
25

1 ANNE NAMM: My name is Anne Namm. I am urging
2 members of the Committee to vote no on the extreme,
3 unnecessary, and unprecedented expansion of Lenox
4 Hill Hospital.
5

6 The current plan calls for a huge 436 foot or 390
7 foot tower. The size of a mid-town office building,
8 right in the middle of a residential neighborhood and
9 a decade of construction. And of this so the
10 hospital can add just 25 more rooms. They should
11 renovate and modernize, just not at this size and
12 scale. Community Board 8 listened and voted it down.
13 This is not just an issue for the upper east side
14 where there are more hospital beds by far than any
15 neighborhood in the city. Health equity is a major
16 issue. Northwell's billions of dollars are better
17 spent where the need is, in hospital deserts like
18 lower Manhattan and other boroughs. Northwell should
19 fix Lenox Hill Hospital and use the resources in
20 neighborhoods where it is needed. Please stand with
21 the community and vote no. This is a vanity project
22 that will not only cause untold traffic, safety
23 issues, noise and pollution for the next ten years
24 that will change the face of a thriving residential
25 neighborhood forever. It sets a dangerous precedent

1
2 for extreme upzoning in residential neighborhoods
3 throughout the city. We trust in you to do the right
4 thing for our neighborhood. Thank you.

5 CHAIRPERSON RILEY: Thank you. There being no
6 questions, this panel is excused. Thank you for your
7 testimony.

8 The last panel I will call consists of Bryan
9 Verona, Rachel Storch, Lenore Pasavante(SP?), Andrea
10 Goldwin and George Janes. If I did not call your
11 name that is the last panel I have for in person
12 testimony. If you want to testify, please see one of
13 the Sergeant at Arms to submit a speakers card.
14 We'll begin first with Bryan. Bryan Verona? Okay uh
15 Rachel?

16 RACHEL STORCH: Good afternoon Chairman Riley.
17 Councilman Powers. My name is Rachel Storch, I am a
18 mother of four children. I delivered all of them at
19 Lenox Hill and I have a special place in my heart for
20 the hospital and for the doctors and nurses and all
21 of the others who are on the front lines every day
22 ensuring a standard of excellence for all those who
23 walk in the front door of the hospital seeking care.

24 For the last 15 years, I have lived at 74th and
25 Lexington. It is where I intend to continue raising

1
2 my children, and I am here today as a member of the
3 community to express my deep concern about the scope
4 and scale of the project. The construction timeline
5 and the ensuing traffic congestion, noise and other
6 disruption will have a significant adverse impact on
7 quality of life in a neighborhood known for quality
8 of life. One of the spectacular neighborhoods that
9 make up the city's east side.

10 Having recently concluded a campaign for City
11 Council in the district that includes the hospital
12 and having been well positioned to listen to those
13 who would be effected by the hospitals plans, I would
14 be remiss if I did not convey the profound concerns
15 and deep distress of the residents in the
16 neighborhood surrounding the hospital regarding the
17 hospitals plans. This issue is top of mind for so
18 many. For residents, business owners, religious
19 institutions and numerous schools that exist in the
20 shadow of the hospital.

21 I'll conclude today by urging the Council and the
22 hospital to seek out a compromised position that will
23 support the modernization and growth of the hospital
24 but preserve and protect the quality of life for
25 residents on the east side. It is never too late to

bring stakeholders to the table to achieve a consensus and I appreciate the opportunity to provide testimony.

CHAIRPERSON RILEY: Thank you. We have another testimony from Dan Dunham. Dan, you may begin.

DAN DUNHAM: Thank you Councilman. My name is Dan Dunham. I am the Chair of Medicine, Lenox Hill Hospital with training in epidemiology.

CHAIRPERSON RILEY: Dan, can you press the button please?

DAN DUNHAM: Yeah, is that better?

CHAIRPERSON RILEY: Yes.

DAN DUNHAM: I'm sorry. Thank you for the opportunity to speak. My name is Dan Dunham. I am the Chair of -

UNIDENTIFIED: We can't hear you.

DAN DUNHAM: Is this better?

CHAIRPERSON RILEY: Yeah, that's better.

DAN DUNHAM: Thank you. My name is Dan Dunham, the Chairman of Medicine at Lenox Hill Hospital with training in epidemiology. Thank you for the opportunity to speak. I want to comment on some of things that were addressed here earlier. I think one recurrent theme is that we're only adding on 25 beds

1
2 despite a considerable increase and scope in the
3 hospital. This is really a reflection on the changes
4 in how we provide care for patients. Uhm, we know
5 that something we didn't know 60 years ago was that
6 there's a tremendous advantage from a single patient
7 room. There's lowered risk of infections. There's
8 better quality of sleep. All these things improve
9 health outcomes.

10 In the emergency room which we have it's very
11 small but and outdated. By increasing the size of
12 that, it will enhance throughput. So if you are
13 sick, you have an urgent medical problem which is by
14 definition what we see in the emergency room. By
15 quicker throughput, you should have better health
16 outcomes.

17 Similarly with surgery, if you have a bigger
18 surgical suite, it allows you to be more efficient
19 and can have shortened emergency room times, which is
20 associated with fewer infections. Now Dan, Dr. Baker
21 spoke earlier about the outcomes we have and how
22 we're well regarded. I would argue that's because of
23 the culture of the hospital and the people who work
24 there. If you have good health care workers and you
25 have an average facility, you can still get good care

1 but I think what we're asking for is to have good
2 health care workers with an outstanding community
3 which allows us to do even better care.
4

5 There was talk earlier - it seems like there's a
6 consensus that people are willing to acknowledge that
7 we need to make changes but despite that, uh, we want
8 to kind of control the scope a little bit. I'm not
9 an architecture, an architect rather but there is not
10 a movement by people within Northwell to try to have
11 a big sized facility. That's expensive. What we
12 want to do is have a facility which is big enough to
13 provide great care for patients but as small as
14 possible otherwise. That will help lower the cost
15 but allow us to provide great care for people. There
16 is definitely a need for hospitals outside of these -

17 CHAIRPERSON RILEY: Thank you Dan. You can start
18 wrapping it up.

19 DAN DUNHAM: Pardon me?

20 CHAIRPERSON RILEY: You can start wrapping up.

21 DAN DUNHAM: Okay, I'll do that quickly. I can
22 say that at Northwell, we have a commitment to
23 providing care in other areas as well but this is
24 part of the overall plan. We do provide care
25 downtown. We are the biggest provider of care in

1 Staten Island as well. So, there's many points being
2 addressed here but if we don't build up in this
3 hospital, if we're here six years from now, there's a
4 good change we will not continue to exist.
5

6 And especially with the big, build, better act.
7 It's going to be very difficult for a new hospital to
8 be constructed and you will see over the next couple
9 of years -

10 CHAIRPERSON RILEY: Thanks Dan.

11 DAN DUNHAM: Thank you, sorry.

12 CHAIRPERSON RILEY: Next, we'll hear from Lenora,
13 Lenore. Sorry Lenore.

14 LENORE PASAVANTE: That's okay. Can you hear me?

15 CHAIRPERSON RILEY: Yes, we can hear you. Go
16 ahead.

17 LENORE PASAVANTE: Great, alright, good afternoon
18 Council Members. Thank you for your time. My name
19 is Lenore Pasavante and I have been a resident of the
20 upper east side for the past 21 years. I'm a
21 registered architect with 30 years' experience but
22 prior to being a registered architect, I was a
23 registered nurse at New York Presbyterian Hospital on
24 the Columbia campus at 168th Street, where I worked
25 in the adult surgical ICU's for over 12 years full

1
2 time. I am a member of NYSNA which is the nursing
3 union and I am pro-union and pro-jobs for union
4 workers and absolutely support jobs for construction
5 workers.

6 While I am not opposed to Northwell building a
7 new hospital, I am opposed to the size and massing of
8 the current proposal. Northwell compares this
9 facility to other health care facilities with which
10 they are to compete. These competitors are located
11 on campuses that comprise multiple blocks in areas on
12 the periphery of some residential blocks but mostly
13 commercial blocks and public infrastructure. Cornell
14 and MSK are between 1st and FDR. Columbia is between
15 Broadway and the Henry Hudson Parkway. NYU between
16 1st and the FDR. When Northwell compared its design
17 to taller residential towers in the area, it would be
18 important to note, while Northwell just this morning
19 compared its design to taller residential towers in
20 the area, it would be important to know if those
21 buildings ability to build taller, may have less to
22 do with getting multiple variances as Northwell has
23 and more to do with existing regulations, their
24 ability to purchase air rides and other factors.

1
2 As someone mentioned earlier, comparing the
3 Carlyle to Northwell is like comparing apples to
4 oranges and residential buildings do not generate the
5 traffic and other activities a full service hospital
6 does. The proposed 360 square foot private rooms,
7 that was the average area of the private rooms
8 according to the City Planning issue report. That's
9 a 12 foot by 30 foot room. That's larger than most
10 living rooms.

11 I do not think the econometric drawings of Option
12 2 are scaled accurately where it shows the building
13 heights going from 395 to 360. Councilman, I think
14 you should take a closer look at that.

15 Modernization of the hospital, yes, this proposal
16 no. Thank you for your time.

17 CHAIRPERSON RILEY: Thank you. Andrea?

18 ANDREA GOLDWIN: Good afternoon Chair Riley and
19 Council Member Powers. I am Andrea Goldwin speaking
20 on behalf of the New York Landmarks Conservancy. The
21 Conservancy opposes this plan which would radically
22 change zoning in this neighborhood. Although the
23 site is not a designated landmark, it contains
24 several historic buildings designed by notable
25 architects York and Sawyer and is surrounded by

1 historic districts. This proposal calls for the
2 demolition of those buildings and would drastically
3 disrupt the relationship of the hospital and its
4 neighbors. Everyone knows the city deserves world
5 class medical institutions.
6

7 We appreciate that Lenox Hill needs to upgrade
8 services but there are experts who disagree with the
9 hospital's insistence that this is the only size
10 building that can meet their needs. There must be a
11 way to do this without such negative impact. We urge
12 you to demand revisions that bring this proposal
13 closer to as of right. Perhaps the number of beds,
14 the ceiling heights, the size of mechanical spaces
15 could be reduced. This proposal is not a minor
16 change. The new building would be three times larger
17 than what zoning allows with massive floor plates
18 riveling the freedom tower and exceeding those of any
19 other hospital tower in the area.

20 In the past, Council has exercised its authority
21 to make changes such as the reduction in height at
22 the blood center. This site deserves the same
23 consideration.

24 Finally, we have to note that there have been
25 almost no changes to this proposal despite six years

1 of significant community opposition, proposed
2 alternate plans, testimony from medical experts who
3 question the need for the program and the concerns
4 about citywide health equity. Early on and out of
5 scale Park Avenue Residential Tower was suggested and
6 quickly rescinded. Other than that, through the
7 taskforce, the community engagement, numerous
8 presentations to the Community Board and this ULURP,
9 the project remains essentially the same.
10

11 So Council Members, we ask you to make the
12 changes that will allow both Lenox Hill Hospital and
13 the surrounding community to coexist and thrive.
14 Thank you for the opportunity to express the
15 Conservancy's views.

16 CHAIRPERSON RILEY: Thank you. And George.

17 GEORGE JANES: I'm George Janes. I'm the planner
18 who has been helping neighbors on this application.

19 So, last year, Council held hearings on the
20 closure of hospitals. I listened to them. You heard
21 a lot of concern about equity and hospital deserts at
22 that hearing. Hospital closures and hospital
23 expansions are two sides of the same coin. If you
24 are expanding hospitals in one neighborhood, you are
25 helping to close them in another neighborhood. If

1
2 you care about health equity, the last thing you want
3 to do is expand services in the most over served
4 neighborhood in the city. Yet that's exactly what
5 this application does.

6 We are letting hospital administrators develop
7 facilities in locations that serve their needs, not
8 the needs of New Yorkers. We keep approving
9 applications that increase inequity despite Speaker
10 Adams Land Use guidelines, which I've read and enjoy,
11 that tell us that we should "proactively plan to
12 increase access to health care and essential services
13 across our neighborhoods, particularly in
14 neighborhoods that have suffered from historic
15 neglect or have high populations of residents with
16 greater support needs." It goes on to later say and
17 to ensure that new development should be paired with
18 swift and effective commitments to provide resources
19 and support that avoids worsening inequities.
20 Improving and expanding Lenox Hill Hospital will not
21 increase demand for hospital services but will
22 instead take patients from other hospitals, maybe
23 your hospital. If you find yourself in a whole stop
24 digging. I urge you to vote no or substantially
25 modify this application. Thank you.

2 CHAIRPERSON RILEY: You got to do this when you
3 want to clap your hands alright? Thank you. Raise
4 the roof. Thank you.

5 There being no questions, this panel is excused.
6 Thank you so much. If there is no one else in person
7 who wants to testify - is there any one else in
8 person that wants to testify? If you want to
9 testify, please see one of the Sergeants to fill out
10 a speakers card. We're going to transition to online
11 testimony. The first group I'm going to call on
12 consists of Patricia Raciti, Amy Attis, Susan Fells
13 Hill, and Richard Scharf. We'll begin first with
14 Patricia Raciti.

15 SERGEANT AT ARMS: You may begin.

16 CHAIRPERSON RILEY: Patricia, if you can hear me,
17 please unmute and you may begin. Patricia Raciti.
18 Patricia Raciti, if you can hear me, please unmute
19 and you may begin. If not, we'll move onto Amy
20 Attis. Amy Attis, if you can hear me, please unmute
21 and you may begin.

22 SERGEANT AT ARMS: You may begin.

23 AMY ATTIS: Thank you. Thank you very much. I
24 really appreciate this opportunity to air my
25 objections to the proposed tower. The dramatic

1 hospital expansion must be reevaluated in terms of
2 New York City's hospital needs generally and the
3 difficulties this construction and the current plan
4 will have on the local neighborhood.
5

6 The upper east side of Manhattan as we've heard
7 is currently well saturated with excellent hospitals
8 and other areas of the city are less well served,
9 perpetuating a health care injustice. The project as
10 proposed is stunningly out of line with the Lenox
11 Hill area and its time scope will lead to increased
12 hardship for its neighbors.

13 Lexington Avenue is slated to be the location of
14 the new main entrance of the larger hospital and this
15 four lane avenue is already severely stressed. The
16 eastern lane reserved for street parking, the western
17 lane a bus lane and one lane is frequently clogged
18 with double parked commercial delivery vehicles and
19 traffic tries to move on the one remaining lane.

20 Park Avenue with its multiple lanes that are not
21 bogged by commercial vehicle servicing retail stores
22 would more easily accommodate such a new hospital
23 entrance. If this renovation is to proceed, I urge
24 Northwell to do it with the least amount of
25 disturbance and damage to those who live and work in

1 the neighborhood. The construction will lead to
2 dust, dirt, noise and street closures for years
3 because Northwell prefers to keep operating, rather
4 than doing the project in a fraction of time by
5 closing and using their alternate location during
6 construction. This timing shows further lack of
7 respect for the local community.

8
9 COUNCIL MEMBER POWERS: Thank you. We're now
10 going to go to Patricia Raciti. I think to unmute
11 you have to hit star six.

12 SERGEANT AT ARMS: You may begin.

13 PATRICIA RACITI: Can everyone hear me?

14 COUNCIL MEMBER POWERS: We can hear you.

15 PATRICIA RACITI: Excellent. Good afternoon and
16 thank you for hearing our comments. Please oppose
17 the Lenox Hill Hospital expansion, which is a plan
18 not about providing needed or improved health care
19 where it's needed, but about profit. Expanding a
20 maternity unit, this is not about improving outcomes.
21 The current one is already blue ribbon rated. This
22 is just to compete with Cornell's Alexander Cohen
23 Tower.

24 Expanding neurosurgery, we live blocks from HSS.
25 What's the need here that justifies violating

1 established zoning laws? None, this is simply
2 because neurosurgery is one of the highest revenue
3 generators for hospitals. And lastly, why does Lenox
4 Hill so stanchly want to remain in the upper east
5 side versus areas with a much higher need for medical
6 care? Look to Emtala, a federal law requiring
7 hospitals to treat all emergency patients regardless
8 of their ability to pay. Staying in the upper east
9 side is just good business for them. Let's engage in
10 true, visionary city planning. Lenox Hill should
11 sell its current plot, raising the money it needs to
12 build a state of the art hospital and relocate to
13 say, Hudson Yards, an area zoned for a hospital,
14 greatly underserved in health care and home to a
15 burgeoning biotech and pharma corridor. This is
16 actually not about construction and community
17 disruption and no one is arguing against more modern
18 facilities or more construction jobs. It's just
19 about whether this location needs another hospital so
20 badly as to justify changing zoning laws. You put
21 this plan with all its zoning violations in areas of
22 the Bronx or Queens and the community leaders would
23 be thrilled. Many stroke victims in those areas
24

1 might not survive, simply because the nearest
2 hospital is too far away.

3
4 So, I encourage Northwell and City Government to
5 demonstrate vision and team up, think about hospital
6 needs, community needs, and the city's needs. The
7 current project lacks business judgement and civic-

8 SERGEANT AT ARMS: Thank you. Your time expired.

9 CHAIRPERSON RILEY: Thank you. We'll now hear
10 from Susan Fell Hill.

11 SERGEANT AT ARMS: You may begin.

12 SUSAN FELL HILL: Good afternoon. Thank you very
13 much. I have lived on the corner of 77th and Park
14 for the last 28 years. I raised my daughter here.
15 This expansion has been framed by Northwell as an
16 attempt, an effort to improve health equity and serve
17 the community, which begs the question which
18 community? We just heard the Medicaid statistics
19 from another witness. A dismal 18 percent of
20 Northwell's patients overall receive Medicaid. 15
21 percent of those receiving maternal care.

22 Compare this with 50 percent at many other
23 hospitals. It's lovely that they seized construction
24 during the AP exams at Wagner High School near their
25 3rd Avenue campus, would that they would show the

1 same respect on 77th Street. Where until very
2 recently their service trucks were parked on the
3 sidewalk, creating an enormous risk for many of the
4 pedestrians, many of them children.

5
6 The ambulances are not the only sources of
7 congestion Dr. Baker. Their valet parking service,
8 which was not mentioned by anyone working for the
9 hospital, are a great cause of delays in traffic and
10 congestion. Which of their patients does this valet
11 parking service serve? Certainly not those taking
12 the six train. Northwell's brand of humanity was on
13 full display last Sunday morning at 10:00 a.m. when I
14 saw a homeless gentleman run out of the hospital and
15 begin to defecate on the street. A passing EMT
16 encouraged him to go into the hospital. The
17 gentleman explained that he had just been turned away
18 and proceeded to do his business on the street. I
19 understand security concerns but surely someone at
20 the hospital could have escorted him to a bathroom so
21 that he could relieve himself with dignity.

22 As a granddaughter of a union member and a proud
23 member of the Writers Guild of America myself, I am
24 sympathetic to my union brothers and sisters.

25 SERGEANT AT ARMS: Thank you. Your time expired.

1 SUSAN FALL HILL: Thank you.

2 CHAIRPERSON RILEY: The next panel - this panel
3 is excused. Thank you so much for your testimony.
4 The next panel we'll be calling up consist of Lynal
5 Breck, Benjamin Marcus, Jan Terhar, and Evelyn
6 Finster. We'll begin first with Lynal Breck.

7 SERGEANT AT ARMS: You may begin. Lynal, if you
8 can hear me, please unmute and you may begin.

9 LYNAL BRECK: Yes, hello everyone. I just need
10 20 seconds for my notes, I'm sorry. I'm asking of
11 the Council to put this project on hold. Firstly,
12 Dr. Baker's answer to why they can't relocate, I
13 found his answer to be very weak because many of our
14 patients rely on the six train. I'm sure there are
15 patients using other subway lines in areas with fewer
16 bus routes that would be delighted if Northwell
17 relocate.

18 Secondly, to use Dr. Baker's words, his trouble
19 understanding why Northwell can't build its tower
20 because the Carlyle is also tall. I believe most of
21 us understand the difference very well. The iconic
22 Carlyle was built in 1930. Nobody other than
23 Northwell is in favor of building that tall, not even
24 anyone who has spoke in favor of the project today.
25

1 The only argument heard from the individuals who
2 spoke in favor of the proposed project was that the
3 hospital needed to be modernized and create jobs.
4 None have said why they would be opposed to Northwell
5 modernizing the hospital without building a lower
6 structure and that there might be more union workers
7 speaking after me, who will be telling us how the
8 hospital needs to be modernized, without telling us
9 why it needs to be modernized this tall or why they
10 don't want to see it relocated.
11

12 In fact, if it relocated, it would generate many
13 more jobs. Northwell is saying they could - they
14 would have to reduce the services they can provide
15 but have failed to tell us that they are already
16 expanding their offering services by currently
17 building new structures nearby on the upper east
18 side.

19 I strongly urge you to reject the project in its
20 current form and ask Northwell to come up with
21 alternatives instead and to work closely with
22 Community Board 8. Thank you.

23 CHAIRPERSON RILEY: Thank you. Next, we'll hear
24 from Benjamin Marcus.

25 SERGEANT AT ARMS: You may begin.

1 BENJAMIN MARCUS: Hi, I'm Benjamin Marcus and I'm
2 Architect and a neighbor, not employed by Northwell
3 and I am not insane or any [INAUDIBLE 02:54:25] with
4 people of power, so I am in opposition. In this
5 venal grasping proposal, Northwell really shows
6 itself to be a luxury real estate development company
7 macerating as a health care company and this design
8 is a visual monstrosity and an arrogant breach of
9 zoning and what should be obvious, simple levels of
10 taste.
11

12 Comparing this oversized staff to get an exercise
13 of competitive banality to the handmade art that goes
14 splendor of the Carlyle, exposes the level of the
15 designers snideness. It can not be confused with
16 [INAUDIBLE 02:54:56]. The Carlyle, by its elegant
17 height and width ratio and its sober ordain materials
18 presides as a beacon of stability and decorum over
19 the upper east side. Its singularity compared to its
20 neighbors, asks all the more so for protection and
21 exactly such aggressively ugly as this. And
22 designers claim that making the building shorter
23 would force a reduction of services is entirely
24 disingenuous. There are a myriad of ways to
25 configuring related programmatic functions, including

1 for example, you've seen the currently falling real
2 estate prices through acquired reconfigure or
3 repurpose existing lower rise buildings.
4

5 There are infinite ways to design if there was
6 any concern or circumspection about a scale or
7 surrounding residential neighborhood. And a note
8 about these proceedings, I sat through the entire,
9 more than six and a half hours of public testimony of
10 the City Planning Commission on this issue on May
11 21st and all of the scores of criticism, neighbors
12 and the interested people who rose to express of
13 citizens, neighbors and interest of people who rose
14 to express their concerns. The only people and a
15 tiny fraction it was who could muster or fane a
16 positive thing about this project were directly
17 employed by the applicant. The entire rest of the
18 testimony by the people who would be effected by the
19 outside of the building rather than the inside was
20 overwhelmingly and viceroy scathing. If the Planning
21 Commission come up with the idea and then proceeded
22 to approve the application, demonstrates a
23 conspicuous -

24 SERGEANT AT ARMS: Thank you. Your time expired.

25 BENJAMIN MARCUS: For the democratic process.

1 CHAIRPERSON RILEY: Thank you Benjamin. Next,
2 we'll hear from Jan Terhar.

3 SERGEANT AT ARMS: You may begin.

4 CHAIRPERSON RILEY: Jan, if you can hear me,
5 please unmute and you may begin. Jan, if you can
6 hear me, please unmute. If Jan's not there, we can
7 move on to Evelyn Finster. Evelyn, if you can hear
8 me, please unmute and you may begin.

9 EVELYN FINSTER: Thank you. Can you hear me?

10 CHAIRPERSON RILEY: Okay, thank you. Good
11 afternoon and thanks for this opportunity. I'm
12 testifying in strong opposition to the Northwell's
13 application to massively expand Lenox Hill Hospital.
14 My family has lived across the street from the
15 hospital for 45 years and I have participated in
16 almost every forum when Northwell pursued their plans
17 for Lenox Hill since the initial presentation in
18 2019.

19 So, I've seen first hand how Northwell proports
20 to listen to their neighbors while actually showing
21 utter disregard for the wellbeing of the community.
22 Northwell's proposal to build an extraordinarily
23 oversized facility in the middle of our dense
24 residential neighborhood will severely damage the
25

1
2 community. The negative impacts won't be felt won't
3 be felt, not only during a long and disruptive
4 construction period but permanently as the resulting
5 facility will rob us of light and air, clog our
6 streets and depress our home balance. It is hard to
7 even imagine how Northwell can stage and execute
8 their construction plans without paralyzing the
9 neighborhood for years. Given that that they had to
10 close our block on 76th Street for entire days twice
11 in recent months in order to erect a crane and
12 replace a single MRI machine at a time.

13 It is astonishing that Northwell seeks to double
14 its square footage without adding meaningfully to the
15 number of patients who will be served and without
16 adding a single health care job. It is clear that
17 the size of the facility is largely driven by their
18 pursuit of having only single bedded rooms. Single
19 bedded rooms are a luxury, not a necessity and in
20 order to keep the hospital to a scalable size, and I
21 mean under 250 feet in height with respect to city
22 under 400 is too high. They must give up their
23 single bedded rooms only design and determine the
24 best mix of rooms to maximize their occupancy.

2 In terms of coverage by insurance, in this
3 current political environment where cuts to Medicaid
4 have sadly progressed and Medicare is by no means
5 safe; it is impossible to ensure that such rooms will
6 be accessible to patients on public insurance. We're
7 grateful to the thoughtful work of CB8 and their
8 ultimate recommendation to reject Northwell's
9 application without important conditions.

10 SERGEANT AT ARMS: Thank you. Your time expired.

11 EVELYN FINSTER: May I finish the rest of my
12 sentence please?

13 CHAIRPERSON RILEY: Yes, finish up.

14 EVELYN FINSTER: Thank you. We're shocked by the
15 City Planning Commissions approval and Manhattan
16 Borough President Levine's recommendation to approve.
17 Their comments could not have been written better by
18 Northwell's own PR firm. This is not a matter of
19 then preference of the few. The community is not
20 grappling with the proposal. We are outraged and
21 reasonably and vehemently opposed. Thank you very
22 much.

23 CHAIRPERSON RILEY: Thank you and Jan, can you
24 please press star six to speak? Jan, can you please
25 press star six to speak?

SERGEANT AT ARMS: You may begin.

CHAIRPERSON RILEY: Jan, if you can hear me, to unmute you have to press star six. Okay, so Jan dropped off so we're going to - this panel is excused. We're going to move onto the next panel, which consists of Pierre Van Boxdale, John Auxman and Goodbody and Cloey Davis. We'll begin first with Pierre Van Boxdale.

SERGEANT AT ARMS: You may begin.

PIERRE VAN BOXDALE: Hi, my name is Pierre Van Boxdale. I stand to express my strong opposition for Northwell Lenox Hill Hospital application as it has been submitted. This is not in renovation; this is an expansion project. A modernization project that's an expansion project. The proposed plan would significantly diminish the quality of life of my community and be detrimental to our neighborhood.

While I believe the Lenox Hill Hospital renovation should occur, the plan needs to be modified to exist within the existing zone limit. Furthermore, all discussions on the renovation, this includes the neighborhood community organizations that have not been part of the planning phases. My family and health care professionals have resided at

1
2 D77th Street since the 60's, one block from the
3 hospital.

4 I think growing up and presently living in this
5 community, I have witnessed Northwell's increasing
6 presence since their acquisition of Lenox Hill
7 Hospital. The concept of transforming Lennox Hill
8 Hospital a destination hospital on the upper east
9 side has all been earmarked of an ambitious excessive
10 project, which is unnecessary given that our area is
11 already well served by six existing hospitals.

12 The Northwell Health services required for their
13 extension project hospital cannot be squeezed into
14 the current footprint. This will require the
15 community to suffer nine to eleven years of
16 construction zones which will effect quality of life.
17 I respectfully urge you to vote against this
18 application. Thank you for letting me uhm, thank
19 you.

20 CHAIRPERSON RILEY: Thank you. Next we'll hear
21 from John Auxman.

22 SERGEANT AT ARMS: You may begin.

23 CHAIRPERSON RILEY: John, if you can hear me,
24 please unmute and you may begin. John Auxman? John,
25 if you hear me, please press star six. If anyone is

1 on the phone, if I call your name, you're going to
2 have to press star six to unmute. John, if you hear
3 me please press star six to unmute.
4

5 JOHN AUXMAN: Can you hear me now?

6 CHAIRPERSON RILEY: Yes, go ahead.

7 JOHN AUXMAN: Okay, very good. Thank you all for
8 taking the time to let me express my views. I'll be
9 brief.

10 There are four things that I wanted to say and I
11 think they should be a concern to all of you. Number
12 one, you've been lied to about the beds and the
13 capacity. The reason I say that has to do with this
14 piece of paper that comes to New York State, the
15 Department of Health and this is as of last week, the
16 bed capacity. According to them, Northwell's beds
17 are 344 in number versus the 450 they claim today.
18 They had 86 beds free by under the 344 concept as of
19 last week but adding in the 106 missing beds, 192
20 total were unoccupied. That should cause you some
21 concern about what the 450 going to 475 beds really
22 means.

23 The second has been said already with the ten
24 years, which is just too long for a reasonable
25 project and the idea that they could maybe seize

1 hospital operations if this is indeed that important
2 to them and the construction get back to business
3 more quickly.
4

5 The third thing is, I'd like you to reflect on
6 your own constituents needs when you look at the kind
7 of complexion of this deal. In this monodon era that
8 we're in Medicaid but remember does not pay for
9 single room occupancy. They've already told you how
10 many Medicaid patients they have but those people
11 would not be able to enjoy anything that they're
12 about to come up with. By the way, most other
13 hospitals do not have exclusively single room
14 occupancy and I think that will give you an idea that
15 maybe this is a private for the rich affordability.
16 Forget about it.

17 Lastly, no alternative plan has even been
18 considered let alone presented. 475 beds isn't
19 magic, 450 isn't magic, 400 no. They have 344
20 according to New York State. Dispute it if you will.
21 They're not even sending the CEO for this most
22 important project to speak to you. That speaks
23 louder than anything. Thank you for your time.

24 CHAIRPERSON RILEY: Alright thank you. I just
25 want to take a second to acknowledge the youth

1 leadership from Flushing Chinese Business Association
2 which is here with us in the Chambers. Thank you so
3 much for being a part of this process. Clap it up
4 for them please. Alright, next we're going to move
5 on to Anne Goodbody. Anne Goodbody, if you can hear
6 me, please unmute and you may begin.

8 SERGEANT AT ARMS: You may begin.

9 ANNE GOODBODY: Can you hear me?

10 CHAIRPERSON RILEY: Yes, we can.

11 ANNE GOODBODY: Thank you. My name is Anne
12 Goodbody. I'm an upper east side Native. I'm
13 astounded that the City Planning Commission approved
14 Northwell's plan without change, totaling ignoring
15 the community. It was shameful. There is nothing
16 that can justify a hospital this grandiose scale,
17 which is far beyond what is necessary to make an
18 excellent community hospital. It is also a complete
19 waste of resources when hospital in access to
20 affordable health care are lacking in the rest of the
21 city and this plan will result in very expensive
22 health care in order to cover its \$2.5 billion
23 capital investment and higher operating costs. Just
24 do the math.

1 Northwell would have you believe that this is the
2 only possible plan to deliver quality health care and
3 that is far from true. They prefer to build their
4 palace with a small increase in rooms but all of the
5 large scale, which they say is necessary, absolutely
6 not true. You can refer to the Facility Guidelines
7 Institute, which develops guidelines for hospitals
8 and health care facilities which they then use to
9 develop their own codes.
10

11 The Lennox Hill design of single rooms is well in
12 excess of those guidelines. We are also over bedded
13 in the upper east side while patients in the rest of
14 the city do not have access close to home. As it is,
15 Lenox Hill has a very high vacancy rate, which argues
16 for reducing bed count, not increasing it. I accept
17 the need for single occupancy rooms but not what
18 Northwell is designing. Therefore the need for fewer
19 rooms combined with a mix of smaller room sizes for a
20 range of procedures and diagnosis leads to the
21 conclusion that they need to renovate or build a
22 smaller hospital.

23 Further, building such a grand hospital may draw
24 well insured patients from hospitals from other parts
25 of the city, harming their already thin margins. The

1
2 request to zoning changes in residential area are
3 extreme, unprecedented, and totally unnecessary and
4 this is -

5 SERGEANT AT ARMS: Thank you, your time expired.

6 ANNE GOODBODY: In the midst of federal cut
7 backs, I ask you to vote no.

8 CHAIRPERSON RILEY: Thank you Ms. Goodbody.
9 Lastly, we'll hear from Cloey Davis.

10 SERGEANT AT ARMS: You may begin.

11 CLOEY DAVIS: Hello and thank you. I'm Cloey
12 Davis, a Lenox Hill neighbor. Next to me is a
13 painting of an historic Lenox Hill hospital entrance
14 on 76th Street, which we had commission for my
15 daughters birth.

16 I walked out of that beautiful building two
17 months ago with my newborn and by the way, this
18 proposal would tear it down. I'm here to speak in
19 opposition to this greedy expansion plan by
20 Northwell. One, this project would illegally exceed
21 the neighborhood zoning limits, allegedly to better
22 serve more patients but Northwell is already building
23 all over the upper east side and the city to expand
24 its services. That should tell you that this is
25 simply the wrong place for this humungous project.

Two, the size and scale is largely to accommodate uninterrupted services, except for the emergency room. That should tell you this isn't about altruism, it's about profits.

Three, there's already a much higher concentration of hospital beds on the upper east side than in other neighborhoods in New York City and there are so many other neighborhoods where Northwell could build that have both the need and the real estate. That should tell you this isn't about pragmatism; it's about prestige and Park Avenue. Lenox Hill should invest in and modernize this site but it should do so in a realistic way. This is a community hospital in a residential area with strict zoning laws that are there to protect the neighbors that call these blocks home. This is not a place to build a gargantuan flagship hospital that could certainly be build elsewhere. Northwell should protect and nurture what it has in Lenox Hill. Not aspire to turn it into something that it isn't through an absurd proposal and at great costs to the residents here. This is corporate greed. It's not sensible and I urge the Council to vote no.

1
2 CHAIRPERSON RILEY: Thank you. There being no
3 panel, this panel is excused. The next panel we're
4 going to call up consists of Michelle Jeffrey, Raya
5 Sinha, Elaine Levy and Feliz Cohen. We'll be hearing
6 first with Michelle Jeffrey.

7 SERGEANT AT ARMS: You may begin.

8 CHAIRPERSON RILEY: If you are on the phone,
9 please press star six to unmute. If you are on the
10 phone, press star six to unmute. Michelle Jeffrey.

11 MICHELLE JEFFREY: I'm here.

12 CHAIRPERSON RILEY: Alright, go ahead.

13 MICHELLE JEFFREY: Can you hear me?

14 CHAIRPERSON RILEY: Yes.

15 MICHELLE JEFFREY: Okay, well thank you very
16 much. I am not a Lenox Hill employee. I grew up and
17 live on the upper east side including Park Avenue and
18 74th Street which allows me to identify the Park
19 Avenue syndrome, a very entitled population fearing
20 for the real estate. It is a self-involved group.
21 The greater good must come first and by the way some
22 of these changes will improve your real estate value.

23 These people realize changes have to be made.
24 They don't want the inconvenience but you cannot have
25 it both ways. These changes will improve everything

1 about what goes on in the neighborhood. Patient care
2 is so critical, I don't have to enumerate the
3 benefits, Dr. Baker did that. If you have ever been
4 a patient or a visitor, you know these changes impact
5 everyone for the better.
6

7 Hospitals do this because they have to in order
8 to help the community. They do not do it on a lark.
9 This is too hard, it's a lot of work and if we have
10 learned anything from the COVID experience, it is
11 that we need this hospital, not just to upgrade but
12 remain open during the process. Thank you very much.

13 CHAIRPERSON RILEY: Thank you. Next we'll hear
14 from Raya Sinha, Raya.

15 SERGEANT AT ARMS: You may begin.

16 RAYA SINHA: Hi, thank you so much for allowing
17 me to testify. Not only am I a proud employee of
18 Lenox Hill and Northwell but I'm also a very happy
19 resident of the Lennox Hill neighborhood. My husband
20 and I live at 78th and 2nd and we are four blocks from
21 Lenox Hill Hospital. Our young children go to PS 158
22 down the street and we've lived on the upper east
23 side for over ten years.

24 My husband and I have both devoted our
25 livelihoods to patient care and have also built our

1 live in this community. So, this issue is near and
2 dear to my heart personally and professionally.
3 There are many health care destination on the upper
4 east side. I've been to nearly all of them as a
5 patient, a caregiver, or an employee but Lenox Hill
6 is truly the hospital for our community and we
7 deserve a more modern setting. Our hospital sees
8 patients from all walks of life, many of whom cannot
9 access, get access to care at other hospitals in our
10 neighborhood. Moreover, you can see the amount of
11 residential development across the upper east side.
12 Just an avenue away, we have buildings coming up
13 higher than the hospital is even planning. In my own
14 three block radius, there are three huge residential
15 luxury high rises and development. Where will those
16 residents seek care? We the community are
17 modernizing and growing and we deserve a hospital to
18 match this. I have the privilege of working with
19 cancer patients of Lenox Hill Hospital every day and
20 I believe strongly that the aging infrastructure of
21 our home hospital needs to be desperately addressed
22 in order to provide our patients with the advanced
23 treatments they need. It's true that health care is
24 moving to an outpatient setting but with that when a
25

1 patient does need to be admitted, they are typically
2 having many more complex health issues and we need to
3 be able to provide the advancements in care that in
4 patients today require.
5

6 Without a new hospital for our patients, we're
7 doing a disservice to them, their families and the
8 community we love. I understand the difficulties
9 that come with the construction and the development.
10 I know that it will be myself and my children stuck
11 in the less than ten avenue traffic and I can truly
12 appreciate the work that will need to be done to make
13 these improvements. It's never an easy process but
14 it's a necessary evil to bring the right services to
15 our community.

16 We all felt the same way about the 2nd Avenue
17 Subway. It felt never ending and burdensome but at
18 the end of the day, it provided critical
19 transportation to our neighborhoods.

20 SERGEANT AT ARMS: Thank you. Your time expired.

21 RAYA SINHA: Thank you so much.

22 CHAIRPERSON RILEY: Thank you. Next we'll hear
23 from Elaine Levy.

24 SERGEANT AT ARMS: You may begin.
25

1 CHAIRPERSON RILEY: Elaine Levy. Elaine Levy, if
2 you hear me, please unmute and you may begin. Okay
3 we'll move next to Feliz Cohen. Feliz Cohen, if you
4 can hear me, please unmute and you may begin.

5 SERGEANT AT ARMS: You may begin.

6 FELIZ COHEN: Thank you. Can you hear me now?

7 CHAIRPERSON RILEY: Thank you, I just got the
8 button. So, I just want to thank you for this
9 opportunity to speak today. I'm here to express my
10 strong support for the Lenox Hill Hospital
11 Redevelopment Project and Zoning Approvals. As an
12 upper east side resident first, a former patient, and
13 then an employee. This project is about rightsizing
14 to require code and safety regulations, which means
15 bigger. There is no option. The codes require
16 certain sizes, certain top heights and the use of
17 private rooms. This project is about aligning Lenox
18 Hill's physical infrastructure with it's already
19 world class care and ensuring that the community is
20 served and the patients who seek our care have access
21 to safe and responsive hospital environments.

22 An environment that is being planned for a sicker
23 population and requiring more complex services. The
24 mixed truth and the lack of charitable assumption
25

1 that I have heard in this meeting by my local
2 community members is so disheartening. It carries
3 this undertone of not in my backyard, prioritizing
4 property values are inconvenience over access to safe
5 health care for all. The hospital is very sensitive
6 to disruption and has promised to work with the
7 adjacent residents and community leaders to mitigate
8 risk. We have to do this as well. We are staying
9 open. We are going to be caring for patients day and
10 night and so we must be sensitive to disruption. We
11 will remain fully functional, including our ED for
12 the individual who spoke about concerns passionately
13 about her brother. We will be here for that care and
14 we will not be any disruption to caring for our
15 patients.
16

17 Another fact -

18 SERGEANT AT ARMS: Thank you. Your time expired.

19 FELIZ COHEN: Okay, thank you.

20 CHAIRPERSON RILEY: Thank you. Elaine Levy.

21 Elaine Levy, if you are there, please unmute and you
22 may begin. If you are on the phone please press star
23 six.

24 SERGEANT AT ARMS: You may begin.
25

1
2 CHAIRPERSON RILEY: Okay, we don't have Ms.
3 Elaine Levy.

4 We're moving onto the last panel which consists
5 of Eileen Toback, Barbara Zinn Moore and Kevin Brown.
6 If I did not call your name and you want to testify
7 and you're online, please use the raise hand
8 function, so we can make sure that your testimony is
9 heard. We will first begin - who is this? Sorry.

10 EILEEN TOBACK: My apologies, it's Eileen Toback.
11 I was the next one on the list.

12 CHAIRPERSON RILEY: Oh, go ahead Ms. Toback.

13 EILEEN TOBACK: Okay thank you. Hello, my name
14 is Eileen Toback and I am the Executive Director of
15 the New York Professional Nurses Union, representing
16 the more than 1,000 nurses at Lenox Hill Hospital.
17 Our union strongly supports this redevelopment plan.
18 I'm also a neighbor living nine blocks away. Every
19 day these nurses care for patients from over 200 zip
20 codes, people from every borough, every walk of life
21 insured or not and they do it with excellence,
22 compassion and zero shortcuts. The building they
23 work in does not meet the world class standard of
24 care that they deliver. The hospital is aging and it
25 cannot accommodate today's needs let alone tomorrows

1 without taking a toll on the people who hold it
2 together, nurses, doctors, techs, transporters and
3 others, all of them carry that burden so that
4 patients don't feel it or have any adverse effects
5 from it but that strain compounds shift after shift
6 and year after year. I truly understand concerns
7 about construction disruption. I live in a building
8 where I have lost more than 70 percent of my light
9 from towers going up around me. I've endured nearly
10 five years of nonstop construction with more on the
11 way, including a 500 foot luxury tower being built
12 above my head and another 489 foot luxury building
13 across the street. There were no public hearings for
14 my 3rd Avenue neighborhood, no concessions from
15 builders. The only difference I can see is the well-
16 orchestrated campaign against Lenox Hill's
17 redevelopment, which has received extraordinary
18 attention and accommodation from law makers is that
19 the donor class opposing it live on Park Avenue and
20 not 3rd. Some may claim expertise simply by
21 proximity but living next to the Central Park Zoo
22 doesn't make you a zoologist and living near a
23 hospital doesn't make you an expert in patient care,
24 safety, throughput or the thousand other decisions
25

1 that define hospital operations. The reality is, the
2 current building impacts those decisions every day
3 creating challenges that only this redevelopment can
4 solve. If you really want to know what a hospital
5 needs and what is best for patients, always ask
6 nurses.
7

8 Please support this application not just for the
9 building but for the people who fill it with courage
10 and care.

11 SERGEANT AT ARMS: Thank you. Your time expired.

12 EILEEN TOBACK: We need a hospital that lives up
13 to the city that it deserves. Thank you.

14 CHAIRPERSON RILEY: Thank you. Next we'll hear
15 from Barbara Zinn Moore.

16 SERGEANT AT ARMS: You may begin.

17 BARBARA ZINN MOORE: Hi, my name is Barbara Zinn
18 Moore and I'm honored to serve as Chair of the
19 Auxiliary of Lenox Hill Hospital and I'm not an
20 employee but more than that, I am here tonight as a
21 member of this community, as a New Yorker who like so
22 many of you depends on Lenox Hill, not just as a
23 hospital but as a lifeline. For me, this is
24 personal. My grandson was born at Lenox Hill and
25 that day will forever stay in memory. When families

1 welcome new life, when emergencies strike, or when
2 our loved ones need world class medical care, Lenox
3 Hill is there but here's the truth, while the doctors
4 and nurses at Lenox Hill are among the best in the
5 world, the hospital itself, the infrastructure, the
6 emergency department, the ambulance access doesn't
7 reflect that excellence. This proposal is not about
8 expansion for expansion sake. It's about ensuring
9 that Lenox Hill can continue to service at the level
10 we deserve with a new state of the art emergency
11 department to provide privacy and efficiency. A
12 modern dedicated ambulance entrance and improved
13 subway entrance. I understand change can be
14 difficult, however what's even more challenging is
15 needing urgent medical care in a facility that no
16 longer meets the requirements of this growing city.
17 We should not have to choose between world class
18 doctors in a world class hospital. We deserve both.

19
20 Lenox Hill has been a pillar of this community
21 for generations. This plan ensures it will continue
22 to be one for generations to come. I urge you to
23 support it. Thank you.

24 CHAIRPERSON RILEY: Thank you. Next, we'll hear
25 from Kevin Brown.

SERGEANT AT ARMS: You may begin.

KEVIN BROWN: Good afternoon. My name is Dr. Kevin Brown. I am a registered nurse with over 38 years of in hospital based experience. I'm the Chief Nursing Officer of Lenox Hill Hospital, representing more than 1,000 registered nurses who deliver nursing services across Lenox Hill.

I am thankful for the opportunity to contribute the nursing voice, the development of a modernized hospital understanding that every New Yorker will eventually benefit from the care of a hospital based registered nurse in their lifetime. A new hospital will enhance the Lenox Hill nurses ability to provide the highest quality nursing care by providing us with a state of the art practice environment. We're nurses, a new hospital means better work spaces, advanced technology and improved resources, allowing us to deliver even safer, more effective patient centered care, which ultimately benefits everyone in this room on this call and the entire community.

A new hospital is a necessary and monumental step forward, not just for the infrastructure of health care but for the wellbeing of every patient, family, nurse, and health care professional who enters its

1 walls. I urge you to vote yes, thanking you all in
2 advance for your support in making this vision a
3 reality. Enjoy this day.

4
5 CHAIRPERSON RILEY: Okay, this panel is excused.
6 The next panel I'm going to call consists of Chad
7 Perky and Loney Levy. We'll begin first with Chad
8 Perky. Chad Perky, if you can hear me, please unmute
9 and you may begin.

10 SERGEANT AT ARMS: You may begin.

11 CHAIRPERSON RILEY: Chad Perky?

12 CHAD PERKY: Yes, thank you Chair. On behalf of
13 the Association for a Better New York or ABNY, I am
14 speaking today to express our strong support for the
15 proposed rezoning of the Lenox Hill Hospital site.

16 The hospital, which is called Lenox Hill home for
17 over 160 years has requested rezoning actions to
18 facilitate a modernization of its facilities that
19 will allow it to meet current and future standards of
20 care for members of this community, the borough and
21 the city at large.

22 Over the past six years as the hospital has
23 consulted with community members and stakeholders, it
24 has demonstrated a commitment to balancing its needs
25 with those of the community. As a result, the

1 hospital has provided these plans to better address
2 concerns of neighbors while also maintaining its
3 numerous responsibilities to maintain care, improve
4 its standard of care and improve future operations,
5 which will allow it to be both a better neighbor and
6 a health care provider.
7

8 We commend the hospital for maintaining dialogue
9 with community members throughout this multiyear
10 planning process and ultimately putting forth a
11 proposal before you today with its reduced building
12 height and streamline construction timeline. We
13 strongly urge you to support this vital project and
14 realize its outside benefits to the city's health
15 care system, supporting the future viability of a
16 local institution that has literally served its
17 neighborhood for over 16 decades and allow the
18 hospital to improve its operations in order to be
19 both a better neighbor and health care provider for
20 the city. Thank you for hearing and considering our
21 support.

22 CHAIRPERSON RILEY: Thank you and Loney Levy.

23 LONEY LEVY: Yes, I'm here.

24 CHAIRPERSON RILEY: Go ahead.
25

1 LONEY LEVY: Good afternoon everyone. My name is
2 Loney Levy, I'm a practicing emergency physician and
3 Chief Medical Officer of Lenox Hill Hospital. I'm
4 here before you today to advocate for a project of
5 vital importance to our community, the redevelopment
6 of Lenox Hill Hospital.
7

8 This isn't just about bricks and mortar, it's
9 about ensuring our ability to deliver the highest
10 quality care to our patients for generations to come.

11 This redevelopment will modernize our aging
12 infrastructure, expand crucial services and enhance
13 our capacity to meet the evolving health care needs
14 of our community.

15 On a personal note, as a father of premature
16 twins who spend six weeks in our neonatal ICU, I've
17 witnessed first hand the critical role our hospital
18 plays in the lives of families like mine. This
19 experience has deepened my commitment to ensuring
20 Lenox Hill remains a beacon of hope and healing. I
21 urge you to approve this plan and join us in building
22 a healthier future for our community. Thank you.

23 CHAIRPERSON RILEY: Thank you. I'm going to
24 stand at ease for 30 seconds. If you are online and
25 would like to testify, please use the raise hand

1 function. If you are in the Chambers, please see one
2 of the Sergeant at Arms to testify. I will stand at
3 ease for the next 30 seconds. [03:25:01]-[03:25:20].
4 There being no other members of the public who wish
5 to testify regarding LU's 339, 340, and 341, relating
6 to Lenox Hill Hospital proposal, the public hearing
7 is now closed and the items are laid over.
8

9 That concludes today's business. I would like to
10 thank the members of the public, my colleagues,
11 Subcommittee Counsel, Land Use and other Council
12 Staff and the Sergeant at Arms for participating in
13 today's meeting. This meeting is hereby adjourned.
14 Thank you. [GAVEL]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date September 9, 2025