

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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September 10, 2024

Start: 12:06 P.M.

Recess: 3:20 P.M.

HELD AT: 250 Broadway - Committee Room, 16th
Floor

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

COUNCIL MEMBERS:

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

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

Arvind Sindhvani
Director of Land Use, HPD

Max Zarin
Paths Development

Jaclyn Scarinci
Akerman LLP

Selwyn Vickers
CEO and President of Memorial Sloan Kettering

Dr. Jeff Drebin
Chair of the Department of Surgery

Liz McNulty
Director of Acute Care Nursing

Rob Masters
Canon Design

Paul Stanbridge
Foster and Partners

Shelly Friedman
Friedman and Gotbaum

Roger McClean

Tari Puri

George Jane
Planner

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

Lisa Barnhart
Self

Rosa Nouvini
Medical Oncologist at MSK

Linda Thompson
Abyssinian Baptist Church

Constance Bordenga
American Cancer Society

Zenep Turen(SP?)
Speaking on behalf of friends from the upper
east side

Anab Rosenberg
Lennox Hill Families Advocating for Children to
Thrive or FACT

Kieran Healy
Self

Laura Ardizzone(SP?)
Nurse at Memorial Sloan Kettering

Mary Pat
In support of MSK

Rachel George
Self

Daniela Mendoza
Self

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

Kaitlin Griffin
Self in opposition

John McGinley
Carpenters Local 157

Nicole Grogan
Self

Andrew Stein
Self

Michael Piccirillo
New York City District Council of Carpenters

Virginia Wettlaufer
Self

Andrew Kung
Chair of the Department of Pediatrics at
Memorial Sloan Kettering

Ashley William
Self

Akshay Gonju(SP?)
Primary Care Physician

Kim Rubenstein(SP?)
Self

Lavonne Devulk(SP?)

Clear Leo(SP?)

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

Michael Feinberg (SP?)

Julie Clark
PS 183 PTA

Laura Jackson
Self

Moyan Sun (SP?)
Physician

Jayashree Kapoor
Harden Brick House

Sandy May
Self in opposition

Jeana Resig (SP?)
Self

Dale Cohen
Architect

Beth Newman

Masha Jafaree (SP?)
Self

Linzy McCormick (SP?)
Self

Jason Qua (SP?)
Self

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

Josh Zippman (SP?)

Self

Razana Mah (SP?)

Self

DJ Foxen (SP?)

Self

2 SERGEANT AT ARMS: Testing one, two, one two.
3 Today's hearing's Committee on Zoning and Franchises.
4 Today's date is 09/10/2024, location 16th Floor,
5 being recorded by Keith Polite.

6 SERGEANT AT ARMS: Test, test, one, two, one,
7 two. Good afternoon and welcome to the New York City
8 Hybrid Hearing on the Committee - the Subcommittee on
9 Zoning and Franchises. Please silence all electronic
10 devices at this time. If you have any question,
11 please raise your hand and one of us, the Sergeant at
12 Arms will kindly assist you.

13 Thank you very much for your kind cooperation.
14 Chair, we are ready to begin.

15 CHAIRPERSON RILEY: [GAVEL] Good afternoon
16 everyone and welcome to the meeting of the
17 Subcommittee on Zoning and Franchises. I am Council
18 Member Kevin Riley, Chair of this Subcommittee. I am
19 joined by Council Member Schulman, Salaam, Carr,
20 Abreu, Cabàn and remotely Moya.

21 Today we are scheduled to hold three hearings.
22 We will first hear a request for an Article XI tax
23 exemption involving an affordable housing project
24 known as Marcus Garvey located in Bed Stuy, Brooklyn.
25 We will then hear a Proposal that consists of a

2 residential mixed use development known as 21st
3 Street in Astoria, Queens. The third and final
4 Proposal known as MSK Pavilion seeks to build a new
5 hospital building within the Memorial Sloan
6 Kettering, excuse me campus on the upper east side in
7 Manhattan.

8 I will now go over our hearing procedures. This
9 meeting is being held in a hybrid format. Members of
10 the public who wish to testify may testify in person
11 or through Zoom. Members of the public wishing to
12 testify remotely may register by visiting the New
13 York City Council's website at
14 www.council.nyc.gov/landuse.

15 To sign up and for those of you here in person,
16 please see one of the Sergeant at Arms to prepare and
17 submit a speakers card. Members of the public may
18 also view a live stream broadcast of this meeting at
19 the Council's website. When you are called to
20 testify before this Subcommittee, if you are joining
21 us remotely, you will remain muted until recognized
22 by myself to speak. When you are recognized, your
23 microphone will be unmuted. Please take a moment to
24 check your device and confirm that your mic is on
25 before you begin speaking. We will limit public

2 testimony to two minutes per witness. I'll repeat
3 that again. We will limit public testimony to two
4 minutes per witness. If you have additional
5 testimony, you would like to submit to the
6 Subcommittee to consider or if you have written
7 testimony you would like to submit instead of
8 appearing in person, please email it to
9 landusetestimony@council.nyc.gov.

10 Written testimony may be submitted up to three
11 days after the hearing is closed. Please indicate
12 the LU number and/or the project name in the subject
13 line of your email. We request that the witnesses
14 joining us remotely remain in the meeting until
15 excused by myself as Council Members may have
16 questions. Lastly for everyone attending today's
17 meeting, this is a government proceeding and decorum
18 must be observed at all times. Members of the public
19 are asked not to speak during the meeting unless you
20 are testifying. The witness table is reserved for
21 people who are called to testify and no video
22 recording or photography is allowed from the witness
23 table.

24 Further, members of the public may not present
25 audio or video recordings as testimony but may submit

1 transcripts of such recordings to the Sergeant at
2 Arms for inclusion in the hearing record. I will now
3 open the first public hearing on the Preconsidered LU
4 relating to the Marcus Garvey Article XI request in
5 Council Member Ossè's district in Bed Stuy.
6

7 The New York City Department of Housing
8 Development and Preservation is seeking an Article XI
9 tax exemption to facilitate the development of two
10 affordable housing buildings. For anyone wishing to
11 testify on these items remotely, if you have not
12 already done so, you must register online and you may
13 do that now by visiting the Council's website at
14 council.nyc.gov/landuse. And once again, for anyone
15 with us in person, please see one of the Sergeants to
16 prepare and submit a speakers card. If you would
17 prefer to submit written testimony, you can always do
18 so by emailing it to
19 landusetestimony@council.nyc.gov.

20 I will now call the applicant panel for the
21 Proposal, which consists of I'm sorry, I can't read
22 your handwriting. Arvind, alright, Arvind. Counsel,
23 please administer the affirmation.

24 COMMITTEE COUNSEL: Can you please raise your
25 right hand and state your name for the record.

2 ARVIND SINDHWANI: Arvind Sindhwani, Director of
3 Land Use HPD.

4 COMMITTEE COUNSEL: Do you swear to state -
5 please keep your right hand. Can you please swear to
6 state the truth and nothing but the truth in your
7 testimony today and in response to member questions?

8 ARVIND SINDHWANI: I do.

9 CHAIRPERSON RILEY: Thank you. For the viewing
10 public, if you need an accessible version of your
11 presentation, please send an email request to
12 landusetestimony@council.nyc.gov. I just want to
13 state for the record, we've been joined by Council
14 Member Menin and now, the applicant team may begin.
15 I'll just ask that you please reinstate your name and
16 organization for the record. You may begin.

17 ARVIND SINDHWANI: My name is Arvind Sindhwani,
18 Director of Land Use Planning and Development in the
19 HPD division of Government Affairs. I'm also joined
20 by two partners from the past development team
21 virtually today.

22 CHAIRPERSON RILEY: Are they testifying too or?
23 Alright, so we're going to have to swear them in.
24 Just give me one second.

1 COMMITTEE COUNSEL: Zoom, could you please show
2 the two HPD representatives online also? Thank you.

3 NONIDENTIFIED: I believe they're wanting to do
4 that.

5 CHAIRPERSON RILEY: Arvind, what are their names?

6 ARVIND SINDHWANI: Max Zarin from Path
7 Development.

8 CHAIRPERSON RILEY: Max ?

9 ARVIND SINDHWANI: Zarin Z-a-r-i-n.

10 COMMITTEE COUNSEL: Why don't we get started with
11 your testimony and then when you are ready to switch
12 it over to your colleagues, just let us know and
13 hopefully we can fix that technical issue.

14 ARVIND SINDHWANI: Yeah, thank you for the
15 requests that the Council approved pursuant to
16 Section 577 of the Private Housing Finance Law in
17 exemption from real property taxation for the project
18 known as 281 to 311 Marcus Garvey Boulevard. A
19 previously approved private rezoning application.
20 The lots are located at 281 and 311 Marcus Garvey
21 Boulevard. The project obtained a previous Council
22 approval for a Zoning Map Amendment, a Zoning Text
23 Amendment and a City Planning Commission Special
24 Permit for a large scale general development. To
25

2 reach the deep affordability committed to on this
3 project, the project sponsor past development is
4 pursuing Article XI tax exemption.

5 The proposed development will consist of two new
6 construction residential buildings with a total of
7 155 affordable rental units. The proposed
8 development will include a mix of studio, one
9 bedroom, two bedroom and three bedroom apartments.
10 Income tiers range from 30 to 80 percent area median
11 income as well as a set aside for formerly homeless
12 households.

13 The proposed development will provide 27,500
14 square feet of landscapes open space and 30,000
15 square feet of commercial and community facility
16 space. Thank you.

17 CHAIRPERSON RILEY: Is that the end of your
18 testimony? Do you need to pass it to anyone or that
19 was it?

20 ARVIND SINDHWANI: So, I can pass it to the team
21 on Zoom to go through the slide dock as well.

22 COMMITTEE COUNSEL: Okay, so let's try this one
23 more time.

24 ARVIND SINDHWANI: Okay.

COMMITTEE COUNSEL: We're going to need a minute so please wait. Okay, we finally have somebody on Zoom. Hello, can you hear us?

MAX ZARIN: Hi, yes, I can hear you.

COMMITTEE COUNSEL: Great, can you please state your name for the record?

MAX ZARIN: Sure, my name is Max Zarin.

COMMITTEE COUNSEL: And can you please raise your right hand? Do you swear to tell the truth and nothing but the truth in your testimony today and in response to Council Member questions?

MAX ZARIN: I do.

COMMITTEE COUNSEL: Thank you. You may present.

MAX ZARIN: Uh may I share my screen or even better, great. Hello and thank you Committee Members for your time today. As I said, my name is Max Zarin. I am SVP of Development with Paths Development and we're here today seeking an Article XI for the Proposed Marcus Garvey Boulevard Apartments. We can move to the next slide.

As Arvind said, this project is comprised of 155 units of affordable housing spread across two buildings that are proposed to be developed on existing lots owned by Paths. They currently have

1 small commercial properties. These new buildings in
2 addition to the 155 units of affordable housing set
3 aside for households earning between 30 and 80
4 percent of AMI. It would also feature over 30,000
5 square feet of commercial and community facility
6 space along with a network of five open spaces both
7 adjacent to the new properties and woven throughout
8 the existing Betty Shabazz and Medgar Evers
9 Properties, which are also affordable housing
10 properties owned by Paths. So, you can see them in
11 the image with the green and blue parapets and those
12 five spaces together would total about 27,000 square
13 feet of new open space for residents. As Arvind
14 said, this project received a ULURP approval in May.
15 Next slide please.

17 The ULURP upzoned the site from R6A and R6B to an
18 R7A with a C24 overlay along Marcus Garvey and
19 instituted a large scale general development plan
20 allowing us to move some of bulk around site as well
21 as secure some modifications for height and setback
22 as well as some relief from parking requirements.
23 Next slide please.

24 Building A will feature 84 units of affordable
25 housing along with some ground floor community

1 facility space for which we envision the occupant to
2 be a boxing gym that currently occupies the existing
3 commercial property on this space and has been a long
4 time tenant in that building and anchor for this
5 community.
6

7 On the second floor would be approximately 11,000
8 square feet of community facility space for which we
9 envision a day care or a similar use. Next slide
10 please.

11 Building B will have 71 units of affordable
12 housing, also with ground floor retail space for
13 which we're pursuing a grocery store occupant and
14 maybe the grocery store currently occupying the
15 commercial property on this parcel. Next slide
16 please.

17 Without going into too much detail here as Arvind
18 noted, these properties are comprised of units
19 ranging from studios to three bedrooms, concentrated
20 primarily amongst the studios ones and twos and the
21 income distributions for this building or these two
22 buildings I should say, follow the guidelines of
23 HPD's Ella Term Sheet with about 15 percent of the
24 units set aside for formerly homeless households and
25 the remainder split pretty equally between extremely

1 low income and very low income households and low
2 income households. Next slide please.

3
4 We're seeking the Article XI exemption for this
5 project for a number of reasons. As we've continued
6 to see other operating expenses increase drastically
7 in recent years such as insurance and payroll, being
8 able to limit the property taxes will be a huge
9 benefit to the operations of the property on an
10 ongoing basis. Doing so will also allow us to size a
11 larger permanent first mortgage, limiting the need
12 for valuable HPD resources and if we're able to
13 secure the Article XI exemption, it also gives us a
14 little bit more flexibility with HPD to structure
15 different financings whether we pursue financing
16 using taxes and bonds and four percent tax credits or
17 pursue a structure that uses only city subsidy.

18 And last, at a high level, whether it's the
19 construction budget or the ongoing operations budget,
20 we do strongly believe that securing this exemption
21 will allow us to focus our resources on the things
22 that are most important to our residents. Creating
23 and maintaining high quality housing with high
24 quality amenities and a safe and secure living
25 environment for our residents. I thank the

2 Subcommittee very much for their time today. Happy
3 to answer any questions that the members may have.

4 CHAIRPERSON RILEY: Thank you so much Max. I
5 just have one question. When do you expect the
6 project to be completed?

7 MAX ZARIN: So, right now we're progressing
8 through predevelopment. We're in design right now as
9 well as completing other due diligence and we're
10 working closely with our partners at HPD to
11 coordinate with them and have this project be slated
12 into their closing pipeline. Based on the most
13 recent conversations that we've had; it seems that
14 the earliest potential start date for this project
15 would be December 2025. In which case, the project
16 would complete construction at the end of 2027.

17 CHAIRPERSON RILEY: So, December 2025 to December
18 2027.

19 MAX ZARIN: Yes.

20 CHAIRPERSON RILEY: Alright, thank you. Do any
21 Council Members have any questions? Okay, there
22 being no questions, uh regarding the special permit
23 application related to the Marcus Garvey Article XI,
24 this panel is now excused. Council, are there any
25

2 members in person or online who want to testify on
3 this item?

4 COMMITTEE COUNSEL: No Chair, there is no one
5 online or in person who wish to testify regarding
6 this Article XI.

7 CHAIRPERSON RILEY: There being no other members
8 of the public who wish to testify on the
9 preconsidered LU relating to the Marcus Garvey
10 Article XI request, the public hearing is now closed
11 and the item is laid over. I will now open the
12 second public hearing on the preconsidered LU's
13 relating to the 21st Street rezoning proposal in
14 Council Member Cabàn's district in Astoria Queens.

15 The proposal consists of a mixed use residential
16 development with approximately 92 apartments. The
17 rezoning would involve the mapping of a mandatory
18 inclusionary housing and as a result, part of the new
19 housing would be affordable apartments. For anyone
20 wishing to testify on these items remotely, if you
21 have not already done so, you must register online
22 and you may do that now by visiting the Council's
23 website at council.nyc.gov/landuse and once again for
24 anyone with us in person, please see one of the
25 Sergeants to prepare and submit a speakers card. If

1
2 you would like to submit written testimony, you can
3 also do so by emailing it to
4 landusetestimony@council.nyc.gov. I would like to
5 allow Council Member Cabàn to give some remarks
6 regarding this project.

7 COUNCIL MEMBER CABÀN: I will be super brief.
8 I'm just going to allow folks to present on it. I
9 have a couple of questions but we have been in
10 communication early and often and that has been much
11 appreciated and I think a unique and it doesn't
12 happen very often and MIH affordable project for home
13 ownership. So, excited to hear you all present.

14 CHAIRPERSON RILEY: Thank you Council Member. I
15 will now like to call the applicant panel for this
16 proposal, which consists of Jaclyn Scarinci, I'm
17 sorry, I'm trying my best. Counsel, please
18 administer the affirmation.

19 COMMITTEE COUNSEL: Could you please state your
20 name for the record and raise your right hand.

21 JACLYN SCARINCI:

22 COMMITTEE COUNSEL: Thank you. Do you swear to
23 tell the truth and nothing but the truth in your
24 testimony today in response to Council Member
25 questions?

JACLYN SCARINCI: I do.

COMMITTEE COUNSEL: Thank you.

CHAIRPERSON RILEY: Thank you and for the viewing public, if you need an accessible version of this presentation, please send an email request to landusetetimony@council.nyc.gov. And now the applicant team may begin. I'll just ask that you please just reinstate your name and organization for the record.

JACLYN SCARINCI: Good afternoon. Jaclyn Scarinci of Akerman LLP on behalf of Astoria Park warehouse to present the 21st Street Rezoning Application. Next slide.

Just to orient everyone to the site, we're located in Astoria within Community District 1. The rezoning area includes two development sites that are owned by the applicant. One along 21st Street which is the former Recardo's by the Bridge Catering facility and across the street, which is currently used as open parking and used to be the former Recardo's parking site. So, they're both predominantly underutilized site in this area of Astoria. Really excited to revitalize and bring new housing and ground floor commercial activity to this

1 area, especially along this 21st Street corridor
2 which is an active uh corridor within Astoria. Next
3 slide.
4

5 Just to give you an overview of the area. The
6 area map shows just north of the site has an R7A
7 mapped. It's just south of Astoria Park which is an
8 enormous 60 acre park with both passive and active
9 resources for the community and also uhm it is
10 located within the transit zone well served by
11 transit here. The NW is an eight block walk away but
12 there is multiple buses, Q69, Q100, Q19, M60 that all
13 serve the area. Next slide.

14 This just shows the existing conditions,
15 Ricardo's by the bridge actually went out of
16 operation during COVID and this site has been vacant
17 since then. Next slide and just additional photos of
18 development site 2, which is vacant parking. Next
19 slide.

20 So, the land use actions that we're requesting
21 here are rezoning from the existing R5E and R5D to an
22 R6A C14 commercial overlay. Moving to the next
23 slide. Here and we're also requesting a zoning text
24 amendment to mandatory inclusionary housing areas
25 Options 1 and 2. Next slide.

1 The development site 1 is proposed for a new
2 mixed use residential and ground floor commercial
3 development. As the Council Member stated, we are
4 doing this project as a home ownership project and
5 the MIH component will also be affordable
6 homeownership, which is somewhat unique because most
7 projects, new MIH projects are being built as rental
8 projects so, this presents as a unique opportunity to
9 uhm provide housing in 50- well, there's still
10 Community Board preference for units for Community
11 Board 1 to have a homeownership opportunity and we
12 also are providing 23 accessory parking spaces for
13 development site 2. Moving to the next slide.

14 Similar scale, this will be a seven story new
15 development with 35,000 square feet of residential
16 floor area, 38 dwelling units, 12 permanently
17 affordable homeownership units and 18 accessory
18 parking spaces with 7,900 square feet of local
19 retail, and then moving to the next slide. This just
20 gives the overall unit distribution recognizing that
21 there's a need for a balance of family size units and
22 uhm studios and one bedrooms for singles and seniors.

23 Next slide, if there's any questions, I'm happy
24 to answer.
25

1
2 CHAIRPERSON RILEY: Thank you. You just answered
3 my first - I wanted to know what is the breakdown of
4 unit sizes you are proposing. Well, you just
5 answered that one. The proposed development includes
6 41 parking spaces. Are these parking spaces all
7 required by the proposed zoning?

8 JACLYN SCARINCI: Uh so the 34 are required.
9 The applicant is proposing 41 but we recognize that
10 in consultation with Council Member Cabàn we've been
11 looking at the parking and we'll reduce the number of
12 parking spaces down to what's required 34.

13 CHAIRPERSON RILEY: And you know how much units
14 that would produce more?

15 JACLYN SCARINCI: Uhm, we haven't done enough to
16 sort of increasing the number of units. I think
17 especially with City of Yes, there's a lot of things
18 in flux right now but I think that is a really good
19 point. It can create additional units and that's
20 something that by taking away some of the parking we
21 can create more housing.

22 CHAIRPERSON RILEY: Okay, you have planned for a
23 rather commercial space. Do you know what type of
24 business you are looking for that space?

1
2 JACLYN SCARINCI: At this point, there just
3 looking for a local retail but I think as the project
4 develops, we can definitely speak with Council Member
5 Cabàn and Board 1 and really see what the need is
6 within the community for these local spaces.

7 CHAIRPERSON RILEY: Thank you. Council Member
8 Cabàn.

9 COUNCIL MEMBER CABÀN: Yes, thank you. A couple
10 of questions for you and going to follow up on Chair
11 Riley's question around the parking spaces. I've
12 said many times how I feel about the parking space.
13 You actually in your presentation talked about how
14 transit rich the area is and between you know the
15 walk to the NW Train but also the express bus on 21st
16 Street. There's a couple of cross town buses and in
17 addition to that, it's very close to the ferry, which
18 is a very quick commute into Manhattan. So, you know
19 he asked about what was required lowering down to 34
20 but should the zoning for housing opportunity passed
21 and removed those parking minimums. How are you all
22 thinking about the change to the inclusion of parking
23 in that number?

24 JACLYN SCARINCI: Yeah, I know the owner uhm
25 unfortunately couldn't be here today but he's very

1
2 actively looking at reducing the parking even further
3 should city [INAUDIBLE 00:25:53] go through. I think
4 just at this point not knowing if it's required or
5 not and then also uhm just kind of allowing some
6 flexibility for market conditions because it will be
7 a homeownership. And some homeowners may want to
8 have the option of a parking space.

9 COUNCIL MEMBER CABAN: Yeah and you know I do
10 think the only prospect I'll have on that is that I
11 would assume that you know in a lot of these for
12 homeownership opportunities, parking is important
13 because it increases the value of your property but
14 in an MIH homeownership option, you can only resell
15 at a certain degree of profit and so, it kind of
16 takes away sort of that incentive. So, I just want
17 to note that but I know that you had the number of
18 apartments sort of listed, the breakdowns and I saw
19 the numbers there but I'm just curious because I
20 don't remember what the community board requested. I
21 know that they made a request for a minimum of three
22 bedroom MIH units. And so, my question to you all is
23 are you able to meet that request that they made?

24 JACLYN SCARINCI: So, we are providing.
25

1 COUNCIL MEMBER CABÀN: I think your colleague is
2 trying to get your attention.
3

4 JACLYN SCARINCI: Sorry. Yes, so no, I believe
5 the Community Board asked for one additional three
6 bedroom unit and so, I think that is something that
7 we're still looking into at this time.

8 COUNCIL MEMBER CABÀN: Okay and then I just have
9 one more question. I'm going to be really honest
10 with you, I didn't know a lot about the MIH
11 Homeownership program and so, like hats off to the
12 land use division of the Council who like sat me down
13 and schooled me. And so, I know that you're
14 proposing MIH Option 1 and 2 here and usually, I
15 don't like to see Option 2 map because it doesn't
16 effectively reach the levels of affordability but
17 based on what I have learned and now understand about
18 the homeownership, MIH program, I understand that
19 Option 2 is more compatible with a homeownership
20 project so we're prepared to map that option here but
21 if this at some point, should this building be a
22 rental building, I want to make sure that it is
23 developed under MIH Option 1. So, are you prepared
24 to develop the potential rental pursuant to MIH
25 Option 1, should that happen?

JACLYN SCARINCI: Yes, the applicant is prepared to commit to doing Option 1 if this were to be a rental project.

COUNCIL MEMBER CABÀN: Great, thank you, thank you Chair.

CHAIRPERSON RILEY: Thank you Council Member Cabàn. Are there any more questions from the Subcommittee? There being no more questions, this applicant panel is excused. Thank you so much for testifying. Council, are there any members of the public who wish to testify on this project in person or through Zoom?

COMMITTEE COUNSEL: Neither Chair.

CHAIRPERSON RILEY: There being no members of the public who wish to testify on the Preconsidered LU's regarding the 21st Street Rezoning Proposal, the public hearing is now closed and the items are laid over. I will now open up the third and last public hearing on the LU's 132 through 136. Oh, before I do, sorry Counsel, can I ask these three people who are signed up to testify to please see the Sergeants, Daniela Mandoza, Roger McClean and Paul Stanbridge. Sorry if I mispronounced your name.

UNIDENTIFIED: [INAUDIBLE 00:29:37]

CHAIRPERSON RILEY: No, no. We just need them to indicate something on that. I will now open the third and last public hearing on the LU's 132 through 136 relating to the MSK Pavilion Rezoning Proposal in Council Member Menin's District on the upper east side. The Proposal seeks to replace two existing buildings used for staff housing and administrative support services within the campus of the Memorial Sloan Kettering Hospital. The new building would focus on surgical services.

For anyone wishing to testify on these items remotely, if you have not already done so, you must register online and you may do that now by visiting the Council's website at council.nyc.gov/landuse. And once again, for anyone with us in person, please see one of the Sergeants to prepare and submit a speakers card. If you would prefer to submit written testimony, you can always do that by emailing it to landusetestimony@council.nyc.gov. I would now like to allow Council Member Menin to give any remarks regarding this project.

COUNCIL MEMBER MENIN: Thank you so much Chair for holding today's important hearing. The Memorial Sloan Kettering Pavilion Rezoning would facilitate

1 the development of a new hospital building located on
2 the east side of Manhattan at York Avenue between 66
3 and 67th Street. It's important to note that this
4 ULURP application was first proposed in 2001 and the
5 City Planning Commission was to hold its hearing on
6 this item on September 12, 2001. We obviously all
7 know what happened on that tragic day of 9/11.

8
9 Since that time, New York City and the United
10 States has been in the midst of an ongoing crisis as
11 cancer rates and projections unfortunately soar. New
12 York City is currently experiencing 40,000 new cancer
13 cases annually. To meet the anticipated increase in
14 the need for cancer care, the applicant proposes a 31
15 story building with approximately 28 operating rooms
16 and 206 patient beds. The new building, which would
17 be known as MSK Pavilion would rise to a height of
18 550 feet or 594 feet including mechanical equipment
19 at the roof.

20 Community Board 8 of Manhattan approved this
21 rezoning by a vote of 24 in favor, 11 opposed, 1
22 abstention, but with conditions that concern the
23 height of the building. The buildings
24 sustainability, our carbon footprint, the use of
25 union labor and a need for MSK to mitigate

1 construction impacts including traffic, noise and
2 dust among others. The board recommended that MSK
3 meet regularly with the community and enter into an
4 agreement for community benefits that address these
5 concerns. It's my understanding that the applicant
6 has had preliminary conversations with and has
7 general support from building trade organizations. I
8 greatly appreciate the applicants efforts and I urge
9 the applicant to continue these conversations with
10 unions and other labor entities so the project labor
11 agreements can be fully executed. I want to echo the
12 concerns from Community Board 8 that I mentioned
13 before and of other residents who have contacted my
14 office as well as other stakeholders. Although this
15 community and certainly the whole of New York City
16 needs and absolutely deserves cutting age, lifesaving
17 care to address the cancer crisis. MSK must be a
18 good neighbor to the residents, the students and
19 others that call this community home.
20

21 Many stakeholders are very concerned about the
22 height of the proposed building. This building is by
23 any standard very tall. If this building is
24 approved, it will certainly have construction
25 impacts. Insuring the safety and the health of

1 nearby residents and students is of absolute
2 paramount importance and more needs to be done given
3 the sheer size of this building. I have been working
4 for months with the community, with PS 183, and with
5 MSK to negotiate significant construction mitigation
6 that exceeds environmental requirements so that we do
7 everything in our power to protect the health, safety
8 and wellbeing of our residents and of our students.

9
10 At today's hearing, I look forward to the
11 applicant responding to these concerns and answering
12 the Committee's questions. I want to thank the Chair
13 for allowing me to speak and I look forward to
14 today's hearing. Thank you.

15 CHAIRPERSON RILEY: Thank you Council Menin. I
16 will now call the applicant panel for this proposal,
17 which consists of and please excuse me if I butcher
18 your name. Dr. Selwyn Vickers, Dr. Jeffrey Drebin,
19 Shelly Friedman, Justin Boyer, Rob Masters and
20 Elizabeth McNulty. Oh and Roger McClean. Roger, I
21 just need you to fill out a - can you get him a form
22 please?

23 COMMITTEE COUNSEL: Actually, could you also
24 bring up two extra forms for Justin Bower and Rob
25

1 Masters? Did you fill out a form? Okay, would you
2 mind just refilling it? Thank you.

3 UNIDENTIFIED: Mr. Chairman, uh Justin could not
4 be here today. At the last moment his [INAUDIBLE
5 00:35:27].

6 CHAIRPERSON RILEY: Oh, so Justin is not here?

7 UNIDENTIFIED: I'm filling in for Justin.

8 PAUL STANBRIDGE: Paul Stanbridge.

9 CHAIRPERSON RILEY: Paul Stanbridge. Alright,
10 thanks. Counsel, can you please administer the
11 affirmation?
12

13 COMMITTEE COUNSEL: Okay, we have a lot of people
14 here so why don't we go from right to left and then
15 but you can all raise your right hand and please
16 state your name starting from right to left.

17 ELIZABETH MCNULTY: Elizabeth McNulty.

18 PAUL STANBRIDGE: Paul Stanbridge.

19 ROB MASTERS: Rob Masters.

20 SHELLY FRIEDMAN: Shelly Friedman.

21 SELVYN VICKERS: Selvyn Vickers.

22 JEFFREY DREBIN: Jeffrey Drebin.

23 ROGER MCLEAN: Roger Mclean.

24 COMMITTEE COUNSEL: Thank you. Do you swear to
25 tell the truth and nothing but the truth in your

1 testimony today and in response to Council Member
2 questions?
3

4 PANEL: I do.

5 CHAIRPERSON RILEY: Thank you. For the viewing
6 public, if you need an accessible version of this
7 presentation, please send an email request to
8 landusetestimony@council.nyc.gov. And now the
9 applicant team may begin. I'll just ask that you
10 please reinstate your name and organization for the
11 record. Before you begin, there's a lot of you and I
12 need you guys to talk into the mic, so Roger, just
13 turn that one around to you. There you go, alright,
14 thank you. Alright, thank you Sergeant. You may
15 begin.

16 SELWYN VICKERS: Good afternoon Chairman Riley,
17 Council Menin and the rest of the Council Members,
18 it's a pleasure for us to be here. I'm Selwyn
19 Vickers, I'm the CEO and President of Memorial Sloan
20 Kettering. I'm a pancreatic cancer surgeon and both
21 in my career where I grew up and where I've really
22 practiced, I'm a health disparities researcher so
23 access in disparities have been a part of my career
24 and my life journey. I have the privilege to serve
25 Memorial Sloan Kettering, which I think you've heard

1 is an old cancer center. It's 140 years old and its
2 had the privilege to focus on a singular mission of
3 ending cancer for life.
4

5 Many would argue Memorial is an American treasure
6 but fortunately it's New York centric. Greater than
7 nearly 85 of our patients are New York City resident
8 area residents. So, although we have a broad reach,
9 the vast majority of the people we take care are in
10 this area.

11 In addition, we focus and I certainly have
12 promoted that we are a cancer center for all of New
13 York. All boroughs, all zip codes, all races at all
14 incomes and we've worked very hard to make that a
15 reality. That's also driven not only by words for
16 nearly eight to ten years before I got here, Memorial
17 Lobed in Albany for managed Medicare organizations to
18 negotiate with us. They refused to do so until the
19 bill was passed and enacted in 2023. And so, we've
20 grown significantly in the access of people who can
21 come to memorial. So, millions now have access to
22 arguably what people would say is the world's best
23 cancer care.

24 That commitment for us is the reason that we've
25 looked actually address what is nearly a 50 year old

1 hospital that as you heard, we thought about building
2 several years ago but now we know for multiple
3 reasons, it must be built because of the impending
4 and large number of cancer diagnosis.
5

6 In fact, nearly two million cancer diagnosis this
7 year by 2030, probably nearly 50,000 diagnoses in New
8 York and probably a 50 percent increase by 2050.

9 That's paramount because 10,000 people a day are
10 turning 65. That's the highest incident of cancer
11 that we know. Compounded the fact that people
12 younger than 30 and 40 are having a massive increase
13 of cancer diagnosis and Memorial was the first cancer
14 center in the country to develop a clinic for cancer
15 for young people.

16 So with that area and that challenge, we actually
17 want to be able to present a message of why this
18 Pavilion is necessary. I would shudder to think that
19 anyone's loved one would not be able to access our
20 hospital. That now is over 100 percent occupied.
21 Not even addressing the numbers that are changing.
22 We routinely run over 100 percent occupied. I'd
23 really hate to ever see someone not be able to access
24 to care we provide because we don't have the space.
25

2 It's in light of that that we bring forward this
3 request for the pavilion. I'd like now to turn this
4 over to my colleague Dr. Jeff Drebin head of surgery.

5 DR. JEFF DREBIN: Thank you Dr. Vickers. I'm
6 Jeff Drebin, the Chair of the Department of Surgery.
7 I want to thank Chair Riley, Council Member Menin and
8 the other members of the Council for having us today.
9 I've been intimately involved in planning the
10 Pavilion for a number of years and this is really
11 because we could see the need for increasing cancer
12 care in New York. If we could go to slide two
13 please. As Dr. Victors noted, we're predicting that
14 cancer rates will rise by 50 percent by 2050 and I
15 should emphasize it's not just we're predicting, the
16 CDC is predicting a variety of organizations of all
17 in agreement. Cancer rates are rising. This bar
18 graph shows current rates and future rates. In what
19 you can see in light blue are the current rates. In
20 dark blue the future rates and you can see it's going
21 to go up across every age range, the different groups
22 of bars range from the younger population under age
23 50 to the group over age 85 and we know not only that
24 we're going to see a 50 percent increase over the
25 next 25 years but the one out of three women and one

1 out of two men will get cancer in their lifetime. So
2 everyone here can look around and look around them
3 and know that cancer is going to affect virtually all
4 of us. All of our families, all of our loved ones
5 and it's to really to manage that growth in the
6 cancer population that we ask for the permission to
7 build the pavilion.
8

9 Right now, as Dr. Vickers mentioned, we're
10 frequently at 100 percent occupancy from Monday night
11 until Friday night and over the weekend we drop into
12 the 90's and we go right back up again. We're able
13 to handle people who come to us for care now but we
14 won't be able to handle an increasing number in the
15 coming years without improved facilities and I want
16 to have Liz McNulty who's Director of Acute Care
17 Nursing, talk to us just briefly about what it's like
18 to have such a challenge just getting patients in for
19 care and managing them in a full hospital.

20 LIZ MCNULTY: Hi, thank you for having me, having
21 us today. I'm Liz McNulty, I've been a nurse at MSK
22 for the past 30 years and I have led and cared for -
23 led nursing teams and cared for our patients really
24 through lots of change in those 30 years and what
25 we're seeing now is really an increase as you've

1 heard from both Dr. Vickers and Dr. Drebin, an
2 increase in the number of patients who are requiring
3 our care.
4

5 The Pavilion is really what we need right now to
6 really answer the call that we're being asked. The
7 projected surge in cancer cases through 2050 will
8 affect all of our patients but especially our
9 youngest and our oldest patients. And it really
10 requires us to scale up our resources specifically
11 our treatment facility. And the surge is being felt
12 now as you've heard about our census capacities.
13 With a number of cancer patients requiring surgeries
14 and acute care and in patient setting, we really need
15 to begin the work on the Pavilion as soon as we can.

16 So, thank you for your time. I'm going to turn
17 it back to Dr. Drebin.

18 DR. JEFF DREBIN: Thanks Liz. So, Liz has sort
19 of mentioned why we need the pavilion. Let me tell
20 you what the Pavilion is and if I can have the next
21 slide. The Pavilion is not a free standing hospital.
22 It's not a completely independent facility, it's an
23 extension of our existing hospital. It is tall but
24 it's rather shallow because of existing space
25 constraints and it's designed to serve the patients

1 we know are going to need our care in the coming
2 years. I should emphasize, this isn't a goal to
3 capture the cancer market in New York. Quite the
4 opposite. This is to enable us to grow our care
5 capacity by 50 percent, which every cancer
6 institution is going to have to do because the
7 reality is we're going to be seeing a lot more
8 cancer.
9

10 The Pavilion has a lot of operating rooms, it has
11 patient beds, it has some facilities specific to the
12 treatment of those patients. It has no offices. It
13 has no outpatient infusion or treatment centers. It
14 doesn't even have a flower shop. It is entirely
15 devoted to the care of our cancer patients and the
16 design was really made not by saying what's the
17 biggest building we could build? Quite the opposite,
18 we said, what's going to happen to cancer. How does
19 that reflect on our share of the cancer market and
20 what's that going to require us to be able to provide
21 in the coming decades? And the Pavilion therefore
22 has this plan for 28 new operating and procedural
23 rooms over 200 individual patient rooms, including
24 more ICU beds and this is just a picture you can see
25 of a very crowded operating room. The technology we

1
2 have in the operating rooms these days include
3 surgical robots, which are both tall and wide,
4 require visualization panels. There is no robot in
5 this building. That little arch you see in the
6 corner is a CR Radiology instrument. That's one of
7 the smallest ones we have and you can see that the
8 amount of instruments, the amount of equipment we
9 have in operating room, requires more space and as we
10 anticipate even more complex surgeries in the decades
11 to come, that will become even more critical.

12 So, again to the issue of height has been brought
13 up. The reality is we need every inch of this
14 building to meet the growing demands for cancer care
15 that we're staring down. The building was not
16 designed to be the biggest building we could possibly
17 design, it was really the minimum of what we could
18 build to care for the patients who we know are going
19 to both need and deserve our care in coming decades.

20 If we could, we would actually build a bigger
21 building but this is sort of a minimum number that we
22 think we will be able to meet the cancer needs of the
23 New York community. And to tell you a little bit
24 more, I want to transition to Rob Masters from Canon
25 Design.

1 ROB MASTERS: Thanks Dr. Drebin. Good afternoon
2
3 everyone. I'm Rob Masters, I'm a Principal with
4 Canon Design. I'm the lead healthcare architect for
5 the MSK Pavilion Design team. If we could move to
6 the next slide and just talk a little bit in further
7 detail about some of the design drivers that respond
8 to the needs that Dr. Drebin spoke about. On screen
9 you can see a floor plan and a stride of it, a
10 sectional diagram of an OR or an operating room that
11 would located in the Pavilion.

12 Just as Dr. Drebin indicated, we need square
13 footage in the room to accommodate the
14 multidisciplinary, the clinical team as well as all
15 of the clinical instrumentation including imaging and
16 robotics that are necessary to deliver the cutting
17 edge care that the clinical teams at MSK deliver
18 every day.

19 In addition to the floor plate, the footprint of
20 that OR requiring, accommodating all of that
21 personnel and equipment, we also have floor to floor
22 height necessary to accommodate that equipment as
23 well, both within the room to accommodate robotics,
24 ceiling mounted equipment and infrastructure
25 distribution and delivery systems, the lights and the

1 booms that allow the surgical teams to perform the
2 care. But above the ceiling as well where we have
3 structural requirements to support the equipment, the
4 mechanical systems that drive the required air
5 changes to those rooms and provide the clinical
6 environment necessary for surgical care and the
7 structural - the structural infrastructure in the
8 building that allows to support all of that load and
9 also maintain the vibration criteria necessary to
10 deliver surgical care.
11

12 So, all of that both below and above the ceiling
13 is driving the height of the typical operating room
14 floor. Next slide please.

15 Similarly on the bed floors, we have that same
16 clinical criteria driving both the footprint for the
17 individual patient rooms as well as the floor to
18 floor height driving the construction of the overall
19 building.

20 So, our rooms are designed for the minimum
21 criteria, the minimum clearances necessary for
22 intensive care unit patient rooms that will be an
23 element of and really the driving, organizing element
24 for the patient floors in the building. We have
25 similar overhead booms in those rooms. We have

1 similar infrastructure requirements supporting the
2 air systems, the medical gas systems etc., and
3 similar structural requirements to maintain the
4 vibration and the structural criteria for clinical
5 care.

6
7 So, whether we're talking about an operating room
8 floor or a patient bed floor, we have those same
9 criteria. Next slide please. I just wanted to look
10 at the overall floors for a moment to really
11 demonstrate the clinical density of these floor
12 plans. As Dr. Drebin indicated, there's no office
13 space or administrative space that goes beyond the
14 core clinical requirements on these floors. So, you
15 can see on this floor plan, the complete perimeter is
16 occupied by all of the patient bedrooms. The very
17 spartan core in the middle is providing all of the
18 clinical support space, the clean utility, the
19 medication rooms, the nursing stations, all of the
20 things that we need to be able to deliver care on
21 those floors and take care of the 24 beds that are
22 located on each of the floors. Next slide.

23 Similarly on the operating rooms floors, we have
24 a very dense plan with five operating rooms organized
25 around a very small, very dense clean Corp the

1 provides the supplies to the surgical procedures with
2 preoperative prep spaces along the north end and
3 again the clinical support spaces that are required
4 for those elements. Not an inch is spared on these
5 floors that doesn't drive the clinical program that
6 is required for the care delivery in the building.
7
8 Next slide.

9 So lastly, I just wanted to show how that starts
10 to stack up in the overall building section. As you
11 can see the green floors are surgical floors and
12 surgical support floors, the blue floors are the bed
13 floors for the patient rooms above and then those
14 grey bars in between represent that mechanical and
15 structural infrastructures base above ceiling. So,
16 whether we're talking about the full grey floors that
17 support the primary mechanical equipment in the
18 building or that individual dark grey strata above
19 every floor providing that critical infrastructure,
20 all of that is really the required space that's
21 driving the height of the building. I'd like to turn
22 it over to Paul Stanbridge to talk a bit about the
23 building design.

24 PAUL STANBRIDGE: Thank you Rob. Again, I'm Paul
25 Stanbridge and I'm with Foster and Partners. I'm one

1 of the partners. I'm one of the architects working
2 on the project in conjunction with Canon and AAI
3 Architects. We have three renderings to show you
4 today. Next slide please.

5
6 So, here we have a skyline view taken from the
7 east river looking west. You can see how the
8 Pavilion as an architectural form fits into the
9 context of the upper east side and is just opposed to
10 the midtown skyscrapers beyond it to the left. We're
11 really trying to create something that is noble and
12 elegant and timeless and the changes with the
13 daylighting conditions over the course of the day.
14 We do not want to create a loud building and in fact
15 as a team, we refer to it as a machine for healing
16 that's been designed from the inside out, right
17 sizing all of the clinical support spaces, the
18 patient rooms and the operating theaters.

19 We've elected to express the structure of the
20 building. You'll see it a little more in the next
21 slide if you could change. So, you could see the
22 vertical column lines on the façade, as well as the
23 lines of the floor plates to give it a bit of texture
24 to avoid a kind of sheer plane on each building
25 elevation.

1 And it's worth nothing, because we're extremely
2 proud of it that the characteristics of the cladding
3 also goes a very long way to reducing the energy use
4 in the building. We're achieving an energy use
5 intensity rating of 125 KBTU per square foot, which
6 likely makes us the best performing hospital envelope
7 in the country.
8

9 In contrast, recent buildings on the upper east
10 side that are also hospitals are usually in the 200
11 to 250 KBTU range, so, we're about half that and
12 again, we're really proud of that fact. And on this
13 slide, I just want to call your attention to the
14 bridge in the upper right corner. This is the base
15 of the building. It's important to stress that the
16 new Pavilion project cannot be a standalone building.
17 It's really a part of the larger organism of the main
18 campus and because of that, the bridge and the
19 connections below grade we're able to both leverage
20 and expand on the capacities that exist both in the
21 Memorial Hospital and in the Rockefeller Research
22 Laboratories.

23 At the lower two floors, we've really pulled the
24 façade in from the property line to allow is to give
25 space back to the public realm, where we've created

1
2 planted and landscape gardens. We're trying to
3 create a very serene environment for all patients and
4 guests arriving on site, as well as building staff
5 and to create an engaging street scape on York
6 Avenue. Next slide please.

7 So, as you move forward towards the entry of the
8 building, which is what is shown here, again we've
9 really compressed the program on the ground floor so
10 that we can maximize the amount of public space. In
11 this view, you will see benches for public and
12 patients and guests to sit on that have been designed
13 to the Pops standards as well some of the landscape
14 elements. And if you look in the far background,
15 there's an opportunity for introducing art work
16 potentially on the Corp and then slightly in front of
17 that as a part of our internal drop off drive through
18 where we bring anyone arriving on site via car onto
19 the site to exchange their car with a valet and
20 that's intended to really minimize any traffic
21 disruptions on the major roads around the building.
22 And with that, I'm going to turn it over to Shelly.

23 SHELLY FRIEDMAN: Thank you Paul. Mr. Chairman,
24 good morning, members of the Committee, Council
25 Member Menin. Shelly Friedman of Friedman and

1
2 Gotbaum, we are land use Council to MSK. Next slide
3 please.

4 There are eight actions in our ULURP package.
5 Not all of them are requiring Council approval. I
6 want to concentrate on those that are before the
7 Council. The others are basically authorizations,
8 modifications and certifications that don't
9 necessarily come to the Council but we asked to
10 present to you the complete average. The first
11 action is a zoning map amendment, which is before the
12 Council. Next slide please.

13 Oh, I'm sorry, let's go back one, excuse me. The
14 text amendment, the text amendment was a part of the
15 actions that were originally requested in 2001, with
16 the construction of the Zuckerman Research Center.
17 That was considered Phase 1 of that application.
18 Phase 2 in 2001 was an acute care hospital. That was
19 considered Phase 2. Both were certified by the
20 Commission and went into ULURP. Our City Planning
21 hearing was scheduled for September 12, 2001 and of
22 course that hearing didn't happen because of the
23 events of the prior day.

24 In fact our ULURP application expired while the
25 city was rebooting in the aftermath of 911 and thanks

1 to an action of the Council, a Local Law that was
2 adopted, our ULURP was revived until December 31st to
3 complete, which eliminated about 150 days of the
4 normal ULURP clock for that application.
5

6 We were asked if we would since the Zuckerman
7 building was ready to go but the replacement hospital
8 was not ready to go. That was going to be a Phase 2
9 that was going to follow years after Phase 1.
10 Whether we would withdraw that replacement hospital
11 from consideration, which we agreed to do. That
12 eliminated the need for this zoning map amendment.
13 In the Commission's report, they acknowledged our
14 actions and told us that when we were ready to
15 present the new hospital, we should certainly come
16 back to the Commission and they understood its need
17 at that point.

18 This application is the resumption of that
19 discussion that we had with the Commission and with
20 the Council in 2001 and this Pavilion building is
21 that replacement hospital. It ends up being a little
22 smaller than what we will show you as the replacement
23 hospital, then what we can show you as the
24 replacement hospital but nonetheless, this is the
25

1 resumption of that discussion, which occurred in 2001
2
3 and was deferred.

4 The second action, which is before the Council,
5 is a Zoning Text Amendment. The Zoning Text
6 Amendment is two chapters of discretionary permits in
7 the large scale community facilities development
8 chapter, Chapter 79 of the zoning resolution. As you
9 may know, large scale community facility designations
10 are special designations for multi-block campuses,
11 universities, hospitals and the like. In this case,
12 the Zoning Map Amendment that we're seeking will
13 modify a provision that is applicable only within
14 large scales, only within hospitals in those large
15 scales, only within Community Boards 8 and 12 and
16 only within Zoning Districts R9 and R10. So, you can
17 see the very focused aspect of this text amendment
18 that will deal with technically, with lot coverage
19 issues and with signage. Only in those in those very
20 narrow cases.

21 We are also requesting a special permit pursuant
22 to the large scale that is typical in large scales
23 that provides the redistribution of floor area and
24 certain allowances for height and setback and the
25 like, so that applicants such as MSK, which are

1 dealing with multiblock campuses, have some
2 flexibility in the distribution of their floor area.

3
4 The next item in the authorization which is not
5 before the Council. There is a curb cut
6 certification, which is not before the Council and
7 there is a modification of height and setback within
8 the large scale, which is not before the Council.

9 There will then be a - we are presently living
10 under a restrictive declaration with regard to the
11 2001 rezonings. Since we are now proceeding with the
12 hospital, that restrictive declaration has been
13 withdrawn and canceled, and finally the revocable
14 consent for the bridge that Paul described here
15 requires a revocable consent from the Department of
16 Transportation. Their procedures require us to go to
17 the Public Design Commission for preliminary
18 approval. They have provided those preliminary
19 comments and in their report refer to the bridge as
20 elegant.

21 I would like while we have this slide before you
22 to go into some depth on the public engagement. As
23 Council Member Menin noted, the Community Board 8
24 approved by a vote of 24 to 10 with conditions. The
25 application with regard to height, I'd like to read

1 you that condition. That the new Pavilion meet the
2 highest standards - oh I'm sorry, I started off on
3 the wrong one. A design that meets the needs of MSK
4 to care for the proposed increase in cancer patients
5 in a lower profile structure than currently proposed.

6 So, they within their resolution recognize that
7 this all has to be done within the mission of MSK and
8 without undercutting its ability to respond to the
9 needs that Dr. Vickers and Drebin have stated before
10 you today. With regard to the Borough President, the
11 Borough President recommended approval of the
12 Application without condition on height and with
13 regard to the City Planning Commission, they also
14 approved the application unanimously. They did
15 reference height and said they found the height
16 appropriate. During that hearing, nine people spoke
17 in favor of the application and three people spoke in
18 opposition to the application.

19 Briefly discussing the environmental impacts on
20 the next slide please. We have no permanent impacts
21 identified in the FEIS on site. Our building once
22 built will cast a shadow on certain windows of a
23 nearby church and that has triggered a shadow impact.
24 We are talking to the church. We have some thoughts
25

1 about how to address that. We won't really be able
2 to nail it down until the building is built to the
3 point where those shadows can be controlled and
4 studied but we're fully prepared to be mitigate that
5 aspect. That is the only permanent environmental
6 impact in the application. We do have temporary
7 impacts with regards to destruction and noise. We
8 have a very robust list of items that we want to
9 bring to the table in consultation with the Council
10 Member and in consultation with the nearby school and
11 with consultation with our neighbors to address all
12 of those - to address all of those impacts to the
13 best we can.

14
15 With that, I think that concludes the
16 presentation and we all thank the Committee for its
17 time and its consideration. Thank you.

18 CHAIRPERSON RILEY: Thank you. I have a few
19 questions then I'm going to pass it to Council Member
20 Menin, then Council Member Schulman.

21 Uhm, what percentage of people do you serve in
22 New York City and in Manhattan now?

23 JEFF DREBIN: In terms of the cancer market -
24 we're somewhere around 14 percent.

25 CHAIRPERSON RILEY: 14 percent.

1 JEFF DREBIN: 1-4.

2 CHAIRPERSON RILEY: How many beds do you have
3 now?
4

5 JEFF DREBIN: We have 514.

6 CHAIRPERSON RILEY: Do you know the age of your
7 youngest patient?

8 JEFF DREBIN: It's in a very few months. We have
9 a pediatric ward and take care of a lot of children.

10 CHAIRPERSON RILEY: Your oldest patient?

11 JEFF DREBIN: I operated on a lady who is 94. In
12 the last six months, I suspect there was some older
13 patients. She has been doing well, I should point
14 out.

15 CHAIRPERSON RILEY: Thank you. How long have the
16 buildings used for housing staff been vacant?

17 JEFF DREBIN: The site for the presumed proposed
18 pavilion?

19 CHAIRPERSON RILEY: Correct.

20 ROGER MCCLEAN: Can everybody hear me?

21 CHAIRPERSON RILEY: Yeah, we can hear you Roger.

22 ROGER MCCLEAN: They vacated that building in
23 June this year.

24 CHAIRPERSON RILEY: This expansion will lead to
25 an increase in staff at MSK. What plans does MSK

1 have in place to assist staff with housing if this
2 project is approved?

3
4 JEFF DREBIN: We have additional housing. We
5 have 1,000 units on the upper east side. We're
6 purchasing additional housing on Roosevelt Island and
7 we don't anticipate that this would create a major
8 impact it. Roger, do you want?

9 CHAIRPERSON RILEY: I understand that there's an
10 elementary school on the same block as the proposed
11 development and the parents have expressed concerns
12 about the air quality and other impacts. Have you
13 reached out to other adjacent property owners to get
14 their feedback and concerns as well?

15 JEFF DREBIN: We've certainly heard from many
16 adjacent property owners. We held a series of calls
17 with community board 8 going back now 18 months.
18 Zoom calls, in person meetings and I think we've
19 heard from a lot of people, particularly those who
20 live on 66th Street who are most likely to be
21 impacted by the adjacency. We're you know we're a
22 cancer center. We're all about avoiding exposures to
23 environmental toxins and we're committed to seeing
24 that air quality and things are not negatively
25 impacted.

1
2 ROGER MCCLEAN: Hello, Chairman we've also
3 implemented a community working group as well. So,
4 monthly, we're going to have working sessions with
5 the community to really get their feedback. Give
6 some updates and look at heads on where we are with
7 the project. We really want to be fully transparent
8 where we are and also to hear their concerns.

9 JEFF DREBIN: And I think we also have an
10 anticipated sort of hotline that will be available to
11 community members if something is perceived as a -
12 they don't have to wait till the end of the month to
13 tell us something.

14 CHAIRPERSON RILEY: It goes directly to you guys
15 and you'll be able to answer, okay. Will there be a
16 liaison between MSK and the community with this
17 hotline?

18 ROGER MCCLEAN: Yes, within our communications
19 group there is an individual who is specifically
20 identified as to work closely with the community
21 through Erin's team who is here.

22 CHAIRPERSON RILEY: Uhm and the last question Mr.
23 Friedman, you spoke about an environmental issue with
24 the church. You said that you will not be able to
25

1 address that issue until the building is built and
2 that's regarding the shadows I believe.

3
4 SHELLY FRIEDMAN: We have projections, computer
5 models and the like but nothing is going to supplant
6 the actual shadows that will occur as the building is
7 going up and they start to occur in real time.

8 That's the point where we've been in discussion with
9 the church and engaging with them in an effort to
10 address those. There are external light sources and
11 the like. There are many tools in the toolbox for
12 that but we have discussed with the church that we
13 will be there once the shadows start to appear so
14 that we can make sure they're adjusted. At this
15 point, we'd only be guessing on the basis of rough
16 computer models about where those shadows are going
17 to occur and when. They generally occur daily during
18 certain seasons for about an hour a day but under the
19 environmental rules, that's sufficient to trigger an
20 impact that we need to address.

21 CHAIRPERSON RILEY: Thank you. Council Member
22 Menin.

23 COUNCIL MEMBER MENIN: Great, thank you so much
24 Chair and thank you to MSK for this presentation.
25 So, as you know, we have been in conversations for

1 many months, particularly about a number of concerns.
2 So, I want to start with the impacts to the community
3 and particularly to the school. Uhm, we've talked at
4 length about this but I want to once again and say on
5 the record how concerned I am about that. We have to
6 ensure that the impacts are reduced to the fullest
7 extent possible. There have been reports of the
8 asbestos. We are concerned obviously about having
9 real time air quality monitoring that the school and
10 other residents surrounding the neighborhood can see
11 in real time. As I have mentioned many times I want
12 to ensure that there is a noise mitigation wall so
13 that students work is not being effected and
14 residents quality of life is not being effected. I
15 want to ensure that the construction, the noisiest
16 construction, the jack hammering etc., is shrouded in
17 noise mitigation materials. All of this, I know
18 we've talked about but I'm just getting it out for
19 this hearing and I want to ensure as I've said that
20 there be a very strong and open and constant line of
21 communication between MSK and the surrounding
22 community. So, just give you a chance to respond to
23 that.
24

1
2 ROGER MCCLEAN: Yeah, we're fully engaged and
3 onboard with you and your team as far as all of the
4 different mitigation measures that are required by
5 regulation as well as the enhancements that we
6 discussed. MSK is looking to be a partner within the
7 community and to offer up all of our efforts to make
8 sure that we're running a transparent project that
9 not only provides information as far as what we're
10 doing but taking the feedback of where issues may
11 occur.

12 COUNCIL MEMBER MENIN: Absolutely and so to be
13 clear, we are going to insist that any mitigation
14 efforts exceed what is required. I want to talk a
15 bit about the height because obviously I've been
16 hearing from residents in the community who are
17 concerns about the height. Can you talk about and
18 precisely why do you need the 28 operating rooms?
19 How did you derive the number 28 and the 206 beds?
20 If you can talk with specificity about how the very
21 alarming rise in cancer rates and look, we are all
22 obviously extremely concerned about that. What is
23 the correlation between the rise in rates and the
24 specific number of operating rooms and beds that you
25 are proposing?

1 JEFF DREBIN: So, we've began this whole process
2 with modeling what we would need to deliver care
3 making some assumptions about whether length of stay
4 goes up or down, how many patients need in patient
5 care versus outpatient care and we sort of created
6 three bans sort of high utilization and middle
7 utilization and a low utilization, both of patient
8 beds and of surgical facilities and procedural spaces
9 to take care of those numbers of patients. So, we
10 started with how many patients are we going to need
11 to care for? What are we going to need to have to
12 care for those patients and as I say, the building is
13 not in the high zone. The building was in the middle
14 zone. We're hoping that we're on the money with this
15 estimate and will be able to deliver the care that we
16 think is going to be needed. Really what we fear is
17 if the estimates are incorrect to the low side, we'll
18 still face more patients coming to us for care than
19 we can deliver but we think this is the best
20 estimate. It's a reasonable estimate and then within
21 that, those calculations, we were able to fit it into
22 the site.

23
24 COUNCIL MEMBER MENIN: And how did you arrive at
25 the height of 590 feet?

1 JEFF DREBIN: Again, it was not uh we didn't
2 start from the height. We started with how many
3 rooms do we need and how many OR's do we need and
4 what are the new standards which have required much
5 more mechanical space in a hospital building than in
6 our current hospital building across the street which
7 is 50 years old, and that got us up and then we tried
8 at every point to shave space, to compress rooms. I
9 think Rob mentioned it but we're at two percent above
10 the absolute minimum for patient rooms. These are
11 not luxury suites or palatial by any means. They're
12 safe. They'll be a place we can deliver the quality
13 of care that we think no one else in the world can
14 get but they're not big and similarly, the operating
15 rooms are not much above the minimums and so, we sort
16 of came to the number of patients, the number of
17 treatment facilities and the space and as I say,
18 we're pleased we can fit it into the envelope that
19 was previously part of the processes. If we could
20 estimate for the higher band, we would do it. We
21 recognize there is no space for that.

22 COUNCIL MEMBER MENIN: Is there any room to lower
23 the lobby height or the mechanical height?
24
25

1
2 JEFF DREBIN: We've tried to look at that at
3 every point and we really don't see any places and
4 Roger or Rob do you want to comment?

5 ROB MASTERS: So, really we can't lower it. A
6 lot of the height is tied to the bridge connection to
7 Memorial, which I said was an integral part of it.
8 Because Memorial is an older building with different
9 floor to floor heights, there's really a sweet spot
10 where you can connect. So, even if you were to lower
11 the lobby and it's not a palatial lobby right now by
12 any means.

13 COUNCIL MEMBER MENIN: But it does look to be
14 double height. It's a portion of the lobby it looks
15 like.

16 ROB MASTERS: No, it's all single height.

17 COUNCIL MEMBER MENIN: So, all of it is single
18 height, there's no double height and exterior you
19 have double height?

20 ROB MASTERS: There's an entry lobby which then
21 goes to - which only goes up one floor and then
22 people again on a single floor distribute to the
23 elevators or to other places on that first floor.

24 PAUL STANBRIDGE: That's right, the lobby is at
25 level two so we could give the space back to the

1 public. The level one is really just a way to get up
2 to the lobby one floor up. So, it's all single.
3 There's no double height spaces and again -

4 COUNCIL MEMBER MENIN: Only on the exterior where
5 you're -

6 PAUL STANBRIDGE: Yeah, just through the drive
7 through, the public space has double height yes
8 because you know we wanted to give the public a grand
9 space but the bridge connection, it's a fixed datum so
10 even if you change the height of the floors below the
11 bridge, you're really just - you're not lowering the
12 building, you're just giving that space to one of the
13 other floors.

14 COUNCIL MEMBER MENIN: Okay. One question I do
15 have, you talked at length about the rising cancer
16 rates and obviously people come to you when they are
17 in need of treatment. Are there things that you are
18 doing proactively to prevent cancer within the
19 surrounding community and New York City at large?

20 ROB MASTERS: So, number one, we have high risk
21 screening programs that we reach out both in the city
22 and broadly. We partner with - I should say we have
23 relationships with a number of other hospitals,
24 particularly Jamaica where we can look at early
25

1 screening and detection. And so, yes, we are trying
2 to do that. I would tell you that that process
3 simply allows us to get the cancers earlier but
4 probably not necessarily prevent them in doing so.

6 COUNCIL MEMBER MENIN: So, you mentioned about
7 the health disparities in the work that you've done
8 personally and at MSK. So, what exactly is MSK doing
9 to address the health disparities in terms of being
10 proactive? You know so for example, on the upper
11 east side, we have many NYCHA complexes. Is MSK
12 doing any work in and around those complexes?
13 Whether it be mammogram vans or other ways to do
14 early detection? Since we all know obviously early
15 detection saves lives. So, what proactively is MSK
16 doing?

17 JEFF DREBIN: So, we have our immigrant health
18 and cancer disparities program ran by Fran
19 Ganey(SP?). It has a van that is actually actively
20 looking at screening. It looks for men for prostate
21 cancer. It looks - works with taxi drivers. It has
22 programs with multiple ethnic groups as well to gain
23 access. One of the facts that we try to do in a
24 significant way is partner with New York Health and
25 Hospitals as well with Jamaica. Largely because when

1 patients who have disparities enter MSK, our data
2 shows those disparities normalize. They normalize in
3 outcomes and they normalize in clinical trial
4 enrollment.

5 So, that process is what we know actually reduces
6 the disparities and so, in this effort to really
7 relate and partner with other facilities, it gives us
8 a chance to extend beyond just what we can do alone
9 in our current facility.

10 COUNCIL MEMBER MENIN: Okay, I'd love to see more
11 detail about that because again, I think there's a
12 lot of work that we need to do moving forward on that
13 and I know our Health Chair I'm sure will have some
14 questions on that as well.

15 JEFF DREBIN: We can. We're in the process now
16 of resubmitting our Corp Grant and there's extensive
17 data on our community outreach efforts that we've
18 done that we can get to you.

19 COUNCIL MEMBER MENIN: Okay, uhm, I know we've
20 got a lot of people here who want to speak, so let me
21 turn it back over to the Chair.

22 CHAIRPERSON RILEY: Thank you Council Member
23 Menin. Council Member Schulman.
24
25

1 COUNCIL MEMBER SCHULMAN: Hi, thank you for the
2 presentation today. As Council Member Menin
3 mentioned, I am the Chair of the Health Committee.
4 I'm also a breast cancer survivor and so, a couple of
5 questions. Council Member Menin asked some of them
6 in terms of the reduction in cancer rates. I'm part
7 of a program that the Mayor launched called Healthy
8 NYC, which is to increase life expectancy by the year
9 2030 to the age of 83 and part of that has to do with
10 the reduction of chronic diseases and cancer, so you
11 know again, I want to just mention that uhm, we
12 should be reducing cancer as opposed to I know you
13 said its increasing. So, and again in relation to
14 how many operating rooms you do need. So, can you
15 talk about that a little bit? I know you answered it
16 but if you can respond.

18 JEFF DREBIN: Well, we certainly share your hope.
19 I think one thing at MSK that comes through loud and
20 clear whenever - uhm I've been there for eight years
21 as Chair of Surgery and the mission that every member
22 of our staff from Christine who cleans my office at
23 night to the CEO and everybody in between is about
24 curing cancer and preventing cancer. So, we're
25 aligned completely in that. The reality is we have a

1
2 number of areas looking at screening, molecular
3 testing, things we're pioneering may ultimately be
4 the way that we have with straight forward blood
5 tests. A way to say you know you have a problem and
6 let's get to it early. But right now, most of cancer
7 patients who are long term survivors for solid tumors
8 have surgery as part of their treatment. The vast
9 majority, liquid tumors are a different story,
10 leukemias and such but for solid tumors, surgery
11 along with chemotherapy, radiation, immunotherapy
12 targeted agents is for most patients the road to
13 cure. And so that's really what we're focusing on -

14 COUNCIL MEMBER SCHULMAN: So, my understanding of
15 MSK and I haven't been a patient there, but my
16 understanding of MSK is that you actually treat
17 cancers that are somewhat untreatable in other
18 places, rare cancers I should say?

19 JEFF DREBIN: There is truth to the fact that we
20 take care of rare cancers. We do more of most
21 uncommon cancers than any even big academic center is
22 likely to see but we also treat colon cancer,
23 prostate cancer, breast cancer and if you look at
24 outcomes at Memorial Sloan Kettering for stage one
25 cancers, early cancers, they're better than any of

1 the big national databases and that's true whether
2 it's stage one, stage two, stage three, or stage
3 four. So, yes, advanced cancers do better under our
4 four walls, rare cancers do better but so do breast
5 cancers, so do colon cancers, so does every other
6 type of cancer and we would - you know there are two
7 things. Number one, we'd like to make that available
8 as much as we can and number two, we don't keep any
9 trade secrets. Everything we do we try to publish
10 clinical trials and bring those to the community. We
11 think because we're dedicated to this one mission,
12 we're doing today what others will do in a few years
13 but we hope that we'll disseminate what we learn and
14 that everyone will be able to get that kind of care
15 down the road.

17 COUNCIL MEMBER SCHULMAN: So, I have a question.
18 So, Jamaica Hospital is in my district and I'm very
19 happy that you guys have a presence there. Was any
20 thought given to since you work with patients
21 throughout the city to put the Pavilion in another
22 borough like Queens? Or so why -

23 JEFF DREBIN: We actually looked at every option
24 for expanding our clinical capacity and as I think we
25 noted in the slide, the Pavilion isn't really a free

1 standing hospital. It's an extension of the main
2 hospital. It doesn't have its own primary food
3 service. It doesn't have an emergency room or urgent
4 care center. It doesn't have many of the things that
5 are on the other side of the street and so, it
6 couldn't - to be a free standing hospital, it would
7 need to be much bigger and uhm so really this seemed
8 the most efficient way. One of my patients is
9 getting treated at Jamaica Hospital for her
10 chemotherapy and will be back to me for surgery in
11 about four months.
12

13 COUNCIL MEMBER SCHULMAN: So, my question, I used
14 to in a previous life I worked in a city hospital.
15 So I understand that it looks like a behemoth on the
16 outside but the mechanical space makes it very - most
17 of the space unusable. Can you tell us the
18 percentage of mechanical versus usable space in the
19 hospital?

20 PAUL STANBRIDGE: Sure and we actually have a
21 graphic depiction that's a slide following the last
22 slide in the deck in the appendix section that if we
23 can pull that up, it actually restacks the building
24 to speak exactly to that point. If you could advance
25 to the next. There you go, perfect.

1 So, when I was presenting the building earlier, I
2 talked about the individual floors and the mechanical
3 strata that happens floor by floor. We've restacked
4 the building in this graphic to demonstrate how all
5 of that mechanical space stacks up and starts to
6 drive the overall height -

7
8 COUNCIL MEMBER SCHULMAN: Right, I'm just asking
9 what's the percentage of usable versus the mechanics.

10 PAUL STANBRIDGE: Yeah, so the mechanical floors
11 themselves take up 20 percent of the building. So,
12 five of our stories are fully mechanical floors
13 across the building. And then the height, it's over
14 50 percent of the building is mechanical space.

15 COUNCIL MEMBER SCHULMAN: No, understood. Okay,
16 thank you very much.

17 PAUL STANBRIDGE: Absolutely.

18 CHAIRPERSON RILEY: Thank you Council Member
19 Schulman. Council Member Menin, do you have a second
20 round of questions you would like to ask?

21 COUNCIL MEMBER MENIN: No, thank you.

22 CHAIRPERSON RILEY: Thank you so much. There
23 being no more questions, this applicant panel is
24 excused. Counsel, do we have any members of the
25 public who would like to testify on this item?

2 COMMITTEE COUNSEL: Yes, we do Chair. So, we
3 have a number of individuals who are in person and
4 online. We are first going to hear from the people
5 who have been patiently waiting in person and who
6 came down, so thank you for coming down. We're going
7 to start with a panel, three people in opposition and
8 then we will have a panel in favor also with three to
9 four people I alternate and then I'm guessing in
10 about roughly maybe 45 minutes to an hour, we will be
11 able to get to the online testimony.

12 CHAIRPERSON RILEY: Alright, thank you. First
13 and foremost, thank you to everyone that's here to
14 testify whether you are in opposition or you're for.
15 We really appreciate those in our communities that
16 come down here to testify. It's really important to
17 us, so thank you.

18 For the members of the public here to testify,
19 please note that the witnesses will generally be
20 called in panels of three. If you are a member of
21 the public signing up to testify on the Proposal,
22 please standby when you hear your name being called
23 and prepare to speak when I say you may begin.
24 Please also note that once all panels in your group
25 have completed their testimony, if remotely, you will

1 be removed from the meeting as a group and the next
2 group of speakers will be introduced. Once removed,
3 participants may continue to view the live screen.

4 Excuse me, the livestream broadcast of this hearing
5 on the Council's website. Members of the public will
6 be given two minutes two minutes to speak. Please do
7 not speak or begin until the Sergeant at Arms has
8 started the clock. The following individuals who
9 signed up to testify, should now come to the witness
10 table Tara Puri, George Janes, and Lisa Barnhart.

11 And please correct me if I mispronounced your name.
12 Thank you.

13 Thank you. We'll first begin with Lisa Barnhart.

14 LISA BARNHART: Hi, good afternoon. My name is
15 Lisa Barnhart. I've lived on 66th Street between 1st
16 and York for over 30 years and uhm on behalf of my
17 neighbors, I have a little demo I'd like to show you
18 and this is just to see -

19 CHAIRPERSON RILEY: Ms. Barnhart. So this is
20 something kind of new for this Committee. We usually
21 normally don't do this, so I would just ask if you
22 could kind of submit this testimony to us.

23 LISA BARNHART: That's what we do because it's
24 visual. This is the building. This is how tall the
25

1 building is going to be compared to our buildings,
2 which are -

3
4 CHAIRPERSON RILEY: Okay but just so you know Ms.
5 Barnhart, there are people online that are watching
6 this as well, so we need them to hear you and they
7 can't hear you right now, nor they could see this.
8 That's why we need you to present this to us if you
9 can present it uh -

10 LISA BARNHART: I can try to do that.

11 CHAIRPERSON RILEY: Thank you. I appreciate
12 that. We can start Ms. Barnhart's time over, that's
13 fine for - you could just speak Ms. Barnhart okay?

14 LISA BARNHART: Yup and I'd also like to say that
15 if you can hear me, there's also what they call an
16 air farm and the air farm is going to pointing
17 directly at the residential buildings and that air
18 farm is spewing toxic air out at us. So, that's all
19 I need to say. Thank you.

20 CHAIRPERSON RILEY: Thank you Ms. Barnhart. You
21 could just wait right there Ms. Barnhart. Thank you.

22 LISA BARNHART: Okay.

23 CHAIRPERSON RILEY: Next, we will have Ms. Tara
24 Puri. I'm sorry if I mispronounced your name.

25 TARA PURI: It's perfect.

CHAIRPERSON RILEY: Go ahead Mr. Tara.

TARA PURI: Hi, my name is Tara Puri, I'm a homeowner at 1175 York Avenue, which is a three block vicinity south of the project. I'm a mother of two second grade children at the adjacent school PS 183 elementary school. I'm testifying against the PS - the MSK Pavilion project mainly because of its size. And also -

CHAIRPERSON RILEY: Ms. Puri, can you just talk in the mic so we can hear you?

TARA PURI: Yes, mainly because of its size and I've lived through mismanagement of other projects locally in the area. Most notably, the never ending infrastructure upgrade project that is taking place for over nine years outside my apartment building. If anybody on the Council has spent any significant amount of time on the pavement, as I do commuting, walking, etc., you will realize that this neighborhood is not currently in a state that we can sustain this size of the project that is about to be built.

The infrastructure project that I refer to outside the building is an infrastructure project that was started under Council Member Menin's

1
2 predecessor Ben Kallos and it has been going on an
3 extended, for many, many, years. And my concern is
4 and I love all the things that are outlined in terms
5 of accountability here and I'm happy to hear about
6 these outreaches but my concern is, is that once this
7 project, if it gets approved, that once it's approved
8 these things won't be followed through on and my
9 children who have been subjected to never ending
10 noise outside our building, never ending traffic, an
11 influx of traffic from all the hospitals in the area.
12 Because quite frankly, the patients cannot afford to
13 park at MSKK. They come and they park in front of my
14 building. In front of the parking garages. They
15 just can't do it. So, I'd ask you to please consider
16 the impact of now my seven year old children who are
17 in the area and the health and safety and the
18 environmental noise and pollution of this project.

19 CHAIRPERSON RILEY: Thank you Ms. Tara.

20 TARA PURI: Please accelerate the other projects
21 that are happening.

22 CHAIRPERSON RILEY: Thank you Ms. Tara. Mr.
23 Janes.

24

25

1 GEORGE JANES: Thank you. My name is George
2
3 Janes, I'm the planner whose been helping the
4 neighbors in their review of the application.

5 As the Subcommittee on Zoning, I think you should
6 realize how exceptional this proposal is. 108 years
7 ago, we adopted zoning after we saw the equitable
8 building rise 500 feet without any setback and since
9 that time, New York City has welcomed all kinds of
10 tall buildings. As long as there was some kind of
11 set back or open space as they got taller. It's the
12 New York City building form. The MSK proposal rises
13 higher than the equitable building without any
14 setback and it's exceptional and it's not New York.
15 MSK justifies the form as you've heard by saying that
16 cancer occurrences are expected to rise 50 percent by
17 2050. What if they're wrong? Or what if effective
18 nonsurgical treatments are developed over the next 25
19 years? Wouldn't a phased approach make more sense?
20 One that could be easily adapted and modified as the
21 future needs unfold.

22 We've been exploring a number of alternatives
23 including phased approaches that chose substantial
24 development on this site that connect to the existing
25 hospital but which also permit a future application

1 should the projected needs actually materialize and I
2 have handouts that I provided that explore a few of
3 these scenarios we've developed for the neighbors and
4 I'm not sure actually we have consensus on any single
5 scenario but there is an absolute consensus that the
6 MSK proposal is not reasonable. It is an exceptional
7 ask and needs to be scaled back and I'm hoping that
8 Council can step up here and broker a compromise that
9 protects the needs and interests of everyone.
10

11 I'll be submitting more detailed drawings over
12 the next three days but I'm happy to answer
13 questions. Thank you.

14 CHAIRPERSON RILEY: Thank you so much. Are there
15 any questions for this panel? Okay, I only have one
16 question on our request. Can you please help or kind
17 of articulate that the same way you articulated this
18 please.

19 GEORGE JANES: I will do my very best.

20 CHAIRPERSON RILEY: I appreciate you. Thank you
21 so much and you also could submit a picture as well
22 okay. Alright, thank you so much.

23 The next panel I'm going to call up is Rosa
24 Nouvini. I'm sorry if I mispronounced your name.
25 Linda Thompson, and Constance Bordenga.

1 Thank you so much. I know I mispronounced your
2 name, so I apologize. First we're going to begin
3 with Ms. Rosa.

4 ROSA NOUVINI: Okay, dear Committee Members. My
5 name is Rosa Nouvini and I am a Medical Oncologist at
6 MSK. I care for patients at MSK Ralph Lauren Center
7 which is located in Harlem and also at Medisys
8 Jamaica Hospital Medical Center in Queens, where I am
9 Site Director for the cancer program. I see patients
10 with blood cancer, solid tumors, such as breast
11 cancer, colon cancer and lung cancers.

12 At MSK, we are working to reduce disparities in
13 cancer care for medically underserved communities. I
14 am passionate about equalizing access and outcomes
15 and am proud that I get to do this work every day.

16 People living in Harlem have among the highest
17 cancer incidents rates for lung cancer and men living
18 in central Harlem have the highest cancer rates for
19 colorectal cancer. MSK Ralph Lauren Center has been
20 serving this community for more than 20 years,
21 screening, educating and treating cancer in thousands
22 of people.

23 Additionally, many people living in Queens face
24 significant healthcare barriers including
25

1 socioeconomic language and educational disparities
2 that have a profound impact on their ability to
3 access care particularly cancer care.
4

5 The work we do with the Medisys Jamaica Hospital
6 Medical Center, helps increase access to high quality
7 cancer care in the comfort of their own neighborhood.
8 My colleagues and I regularly see that many of our
9 patients have faced some sort of delay in their care
10 or knowledge gap about their disease before they come
11 to us at MSK.

12 Along with providing cancer treatment, we
13 therefore also work to educate our patients to make
14 sure that they understand what type of cancer they
15 have, the stage and what that means and we work with
16 patients to explain what treatments are available and
17 how their family members can be involved. Our work
18 addresses the social determinates of health, also
19 known as the SDOH, which are the lifestyle economic
20 and sociocultural factors that impact access to
21 healthcare and optimal outcomes.

22 By addressing the SCOH, we are able to better
23 understand our patients and unearth the barriers that
24 patients face to timely and effective care, such as
25 transportation, food insecurity, and lack of

1 technology. In working to expand our services closer
2 to home -

3
4 CHAIRPERSON RILEY: If you could wrap it up now
5 Rosa, thank you.

6 ROSA NOUVINI: Oh sorry. Okay, I have so much to
7 say about this but we are doing amazing work in the
8 area.

9 CHAIRPERSON RILEY: You can also present the rest
10 of your testimony please.

11 ROSA NOUVINI: Sure, I'll send it over.

12 CHAIRPERSON RILEY: Thank you so much.

13 ROSA NOUVINI: Yeah.

14 CHAIRPERSON RILEY: Next, we're going to ask Ms.
15 Linda Thompson.

16 LINDA THOMPSON: Hello, my name is Linda Thompson
17 and I am the Health Ministry Leader at the Abyssinian
18 Baptist Church in the City of New York. Our church
19 is one of the oldest African American Baptist
20 Churches in the United States and we serve both the
21 greater Harlem community and New Yorkers citywide.

22 MSK is a treasured and strong partner in our
23 efforts to educating our congregation in the
24 community and work to overcome the health disparities
25 they experience. Cancer is significantly impacting

1 our community. According to a 2019 report by the
2 American Cancer Society, American Cancer Society
3 Action Network and the New York City neighborhoods,
4 men and women living in central Harlem have the
5 approximate highest cancer incidents rates among lung
6 and bronchus cancer and men living in central Harlem
7 have the approximate highest cancer incidents for
8 colorectal cancer.
9

10 We began working with MSK in 2021 when we
11 partnered with the New York City Department of Health
12 and Mental Hygiene to establish a COVID-19 vaccine
13 site at our church in Harlem. MSK administered over
14 12,000 doses of the vaccine to the church and
15 community members. Since then our collaboration with
16 MSK Ralph Lauren Center in Harlem has blossomed.

17 Together we offer various programming and support
18 the Harlem community. In this past June, we cohosted
19 an educational dinner with multiple myeloma - about
20 multiple myeloma. The most common blood cancer in
21 African Americans.

22 We also have participated in MSK's trial
23 community health needs assessment to provide insight
24 into the health and needs of our community and we
25 will continue to do so. The application from MSK are

1 essential to MSK's ability to deliver high quality
2 efficient patient care to all who seek it, including
3 people living in Harlem and the surrounding area.
4 The Abyssinian Baptist Church is grateful for our
5 partnership with MSK and we'll work with them in the
6 community. That is why we offer our strong support
7 for the MSK's Pavilion Project to ensure MSK is good
8 to meet the needs of the New Yorkers here. Thank
9 you.
10

11 CHAIRPERSON RILEY: Thank you so much.

12 CONSTANCE BORDENGA: I can take over, it's fine.

13 CHAIRPERSON RILEY: How you pronounce your name?

14 CONSTANCE BORDENGA: Good afternoon. My name is
15 Connie Bordenga.

16 CHAIRPERSON RILEY: Thank you.

17 CONSTANCE BORDENGA: I'm Associate Director of
18 Cancer Center Partnerships at the American Cancer
19 Society. At the American Cancer Society, we work to
20 improve the lives of people with cancer and their
21 families through advocacy research and patient
22 support to ensure that everybody has an equal
23 opportunity to prevent, detect, treat and survive
24 cancer. We have worked very closely with Memorial
25 Sloan Kettering for many years to support New York

1 Cancer patients. In fact, we are currently funding
2 over \$3.7 million in research grants and Memorial
3 Sloan Kettering is our largest referral source for
4 our New York City Hope Lodge which provides free
5 lodging for cancer patients during their treatment.
6 And as cancer rates continue to rise right, our work
7 together has never more - been never more important.
8

9 MSK has been a major supporter of our advocacy
10 work around expanding access to biomarker testing,
11 tobacco control, staff is always volunteering our
12 events, participating and expanding access to among
13 other things, HPD vaccinations, which prevents cancer
14 as you know. They have generously funded a health
15 equity ambassador program in 2023. Training Black
16 and Latinx community members to engage in pure cancer
17 education.

18 The pending landuse applications are essential
19 for their ability to deliver on the promise of high
20 quality, efficient patient care to seek it and
21 therefore the American Cancer Society offers its
22 strong support. We look forward to the Pavilions
23 approval and it's opening in 2030. Its 28 operating
24 rooms and associated intensive care units and patient
25 beds are a necessary addition to the city's capacity

1
2 for meeting the needs of New Yorkers diagnosed with
3 cancer. Thank you.

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

7 The next panel I'm going to call up is Yasmina
8 Palumbo Caleo, Anab Rosenberg and Zenep Turen(SP?).
9 First, we're going to begin with Zenep Turen.

10 ZENEP TUREN: Thank you Chair Riley. Zenep Turen
11 speaking on behalf of friends of the upper east side.
12 We have concerns about the proposed Pavilion height
13 as well as how it might negatively impact the
14 surrounding neighborhoods character and livability.
15 Our main concern is that proposed Pavilion would be a
16 massive tower rising directly from the sidewalk with
17 no setbacks, a throwback to rezoning regulation
18 building form soaring above even the tall medical
19 towers further along York Avenue.

20 From a zoning and land use perspective, the
21 massive upzoning and amendments required before such
22 could be approved would send a troubling signal to
23 developers about what is permissible in the upper
24 east side and with respect to institutional expansion
25 across the city.

1 Our second concern centers on the proposed
2 buildings allocation of space. As it stands, a
3 significant portion is dedicated to mechanical
4 systems, as you just heard, leaving only 44 percent
5 for patient care, surgery, clinical areas and the
6 lobby. We question the efficiency of buildings, a
7 tall surgical hospital, especially when a larger
8 footprint could potentially accommodate a shorter
9 structure. This seems like a suboptimal use of space
10 and the community should not bear the burden of such
11 an inefficient design. Is it customary for hospitals
12 to have only 44 percent of their space allocated to
13 hospital or clinical use or is this being behemoth
14 being proposed primarily to cater the needs of VIP
15 patients with water views and 20 foot high ceilings?
16

17 The community needs to have more details to fully
18 understand this oversized request and a process of
19 more comprehensive disclosure needs to be established
20 for review of new construction by MSK and the other
21 institutions. Given the clients disregard for the
22 communities repeated efforts to achieve a sensible
23 and a significant lower structure alternative, design
24 alternative, we urge the Council to intervene on our
25 behalf. Thank you so much for your consideration.

CHAIRPERSON RILEY: Thank you. Next, we'll hear from Amar Rosenberg.

ANAB ROSENBERG: It's actually Anab Rosenberg.

CHAIRPERSON RILEY: I'm sorry.

ANAB ROSENBERG: That's okay. Uhm, are you starting? Okay, thank you for the opportunity to speak before you today. My name is Anab Rosenberg and I'm a resident of East 66th Street, a parent of two children who attend PS 183 and a founding member of Lennox Hill Families Advocating for Children to Thrive or FACT.

I'm sharing two photographs with you today. One of the Brooklyn Botanic Garden and one of my kids ages 7 and 10. As you can see both of these things need sunlight, clean air and TLC to thrive. Throughout this ULURP process however, it has become abundantly clear that only one of these things is worthy of those needs according to city officials and that is the Botanic Garden. In approving MSK's Rezoning Application Community Board 8, Manhattan Borough President Mark Levine and the Department of City Planning, have all sent a clear message that the health and wellbeing of 550 children who attend PS 183 this year and every year after may be sacrificed

1 on the altar of MSK's Pavilion. The city Planning
2 Commission spent four hours discussing the shadow
3 impact of a proposed condo in Brooklyn on the gardens
4 plants, a nearby school and its yard, asking detailed
5 questions about how much sunlight various exotic
6 plants need. They asked no such questions about the
7 impact of MSK's demolition and construction on PS
8 183, perhaps because MSK conveniently didn't mention
9 the school in its scope of work or environmental
10 impact statement.
11

12 The demolition of 1233 York Avenue and the six
13 years of construction will negatively impact the
14 surrounding residential neighborhood, especially the
15 elementary school students, teachers and staff at PS
16 183. These children ages 4 to 11 will bear the brunt
17 of the hazardous dust that includes friable asbestos
18 and lead chips, noise, traffic congestion and other
19 environmental impacts of the project that may one day
20 ironically negatively affect their health. The
21 Pavilion will block the southeastern windows of the
22 school and cast a shadow on the school yard in
23 perpetuity, leaving our children literally in the
24 dark.
25

2 As the daughter of two physicians, including a
3 surgical oncologist who worked at city hospitals for
4 more than 40 years, I know that cancer care is
5 important and I recognize the need for strong
6 healthcare institutions to serve local and global
7 needs. However, we must not put this agenda ahead of
8 the welfare of our children. Those of you who call
9 yourselves child advocates will no longer be able to
10 do so if you vote yes on this application. I urge
11 you not to approve this rezoning. Thank you.

12 CHAIRPERSON RILEY: Thank you. Yazmina Palumbo
13 Caleo.

14 YAZMINA PALUMBO CALEO: So, something is very
15 wrong when we need to come here today to beg you to
16 protect our children's health from a cancer hospitals
17 expansion plan involving demolition of a residential
18 building in amidst of a housing crisis. A demolition
19 that will involve removal of significant amounts of
20 asbestos. MSK's lack of consideration for the health
21 and wellbeing of PS 183 students and residents is
22 egregious but here we are. So, the question is who
23 benefits? And despite claims today to the contrary,
24 health equity is a serious concern with MSK averaging
25 meager Medicaid acceptance rates and most recently

1 informing city workers that they may be dropping
2 their health insurance carrier income due to stalled
3 negotiations. So, who benefits?
4

5 As is, the MSK Pavilion plan stands to benefit
6 the wealthiest and most elderly demographic the most
7 while the greatest burden on health and the quality
8 of life would fall on 500 public school children
9 under the age of 12 and the working class residents
10 living in 5 story tenement buildings on East 66th
11 Street.

12 On May 8th, despite overwhelming community
13 opposition, CB 8 nonetheless approved rezoning and
14 with the condition that it lowered the profile
15 structure. Today, MSK has failed to meet this
16 condition. Even though a reasonable height of 380
17 feet would alleviate the most significant impact, MSK
18 has instead proceeded to insist it requires the
19 incredible full height of 594 feet in a residential
20 zone, a height that would make the tallest hospital
21 in the world. MSK has also failed to substantiate
22 this need with any data beyond a CDC study projecting
23 a 50 percent increase in cancer incidents in America
24 by 2050. It's notable that when the Borough
25 President recommended approval of rezoning in June,

1 he misunderstood the CDC study to project a 50
2 percent increase in cancer rates. It does not. In
3 fact, the CDC study referenced by MSK actually
4 predicts a stabilization in cancer rates in women and
5 a decrease in cancer rates in men by 2050 and
6 concludes our projections make it clear that to
7 mitigate the impact of a growing and aging
8 population, a substantial robust and coordinated
9 focus on primary prevention is needed immediately.
10 Not in six years, immediately yet prevention is
11 completely absent from this MSK Pavilion plan. Thank
12 you.

14 CHAIRPERSON RILEY: Thank you so much. There
15 being no questions for this panel, this panel is
16 excused. Thank you so much for testifying. Can I
17 see that picture real quick? I couldn't see it on
18 the floor. Thank you, beautiful children too.

19 Alright, next panel I'm going to call up is
20 Kieran Healy, Marx Pat. It's not me, it's everyone
21 that's writing their name. I can't read the
22 handwriting and Laura Ardizzone. Is Marx Pat in
23 here? Yes it could be Mary Pat, yes. I'm sorry
24 Mary. I thought that was an x.

25 MARY PAT: I apologize.

1 CHAIRPERSON RILEY: It's alright, it's my
2 handwriting too. We're going to begin with Ms.
3 Laura, Ms. Laura you may begin.

4 LAURA ARDIZZONE: Good afternoon. Thank you for
5 hanging in with us. My name is Laura Ardizzone and
6 I'm a nurse and I'm the clinical director of nurse
7 anesthesia services at Memorial Sloan Kettering.
8 Nurse Anesthetists are a group of advanced practice
9 nurses who along with anesthesiologists make sure
10 you're safe and comfortable during your procedure in
11 the operating room.

12 I spent my last 20 years of my career at Memorial
13 Sloan Kettering and I'm a clinician on the frontline.
14 Over the last 20 years, I've seen a change in the
15 patients retreating every day. There are just simply
16 more patients and younger patients and patients who
17 require more complex care. When you combine the
18 increasing acuity of cancer with the expecting
19 increase in volume of cases, the result is - am I
20 okay? Okay, the result is that our current facility
21 is just simply not equipped for the volume of
22 patients or the complexity of treatment and
23 procedures these patients will need in the coming
24 years.

1 My nursing colleagues and I have been on the
2 design team. We've worked to assure that every
3 aspect of this Pavilion will provide a more
4 comprehensive and cohesive and supportive environment
5 for families and patients and the population we
6 serve.

7
8 When you're treating cancer, every second counts
9 and when it comes especially to acute care for very
10 sick patients, it's critical that our resources are
11 together and near each other, which is one of the
12 many reasons why it would impossible for the new
13 Pavilion to be anywhere else in another borough or 20
14 blocks away. It has to be right here on our main
15 campus in close proximity and why we have a bridge
16 linking the new Pavilion and patient floors to the
17 old facility of main campus. It's critical.

18 With the Pavilion as part of our main campus on
19 York Avenue, we won't have to recreate essential
20 patient services, like blood bank, lab, radiation
21 oncology, and we can still access ground breaking
22 cell therapies and treatment for our patients. Thank
23 you.

24 CHAIRPERSON RILEY: Thank you so much. Next,
25 we'll hear from Mary Pat.

1 MARY PAT: Good afternoon. Thank you for the
2 opportunity to speak to you in support of MSK. I
3 moved to the upper east side more than 30 years ago
4 and my husband and I now live on York Avenue just
5 north of MSK's main campus.

6
7 In 1999, I started volunteering at the hospital
8 every Wednesday night. For more than 18 years, I saw
9 the amazing work of MSK first hand among the
10 pediatric patients and their families whom I was
11 privileged to serve. I witnessed the extraordinary
12 dedication and professional compassion of the nurses
13 and doctors, and the desire of each and every MSK
14 staff member to make the awful experience of
15 pediatric cancer a bit brighter for these young
16 children. I also witnessed the sense of dedication
17 and compassion first hand as a caregiver for my
18 beloved dad.

19 A bit about him. My dad was the center of our
20 large family. He was as healthy and vibrant as can
21 be. We thought him invincible until a very rare and
22 very aggressive cancer struck. Immediately, he began
23 treatment at MSK and spent the next three months in
24 and out of the hospital.

1 As a family, we again saw the extraordinary
2 compassion and dedication of the nurses, doctors and
3 staff. A fact which my father often complimented
4 them on throughout his care. In less than 90 days
5 following his cancer diagnosis, my family and I
6 gathered as he began to decline. The ICU doctors and
7 nurses did everything possible to make this difficult
8 time easier for all of us, paying particular
9 attention to my grieving mother.
10

11 We all had the hard privilege of holding my
12 fathers hands and one another as he passed away. My
13 dads death left a huge hole in our hearts but know he
14 is now at perfect peace and so are we with the care
15 that he received at MSK.

16 We support MSK and their pursuit of the Pavilion
17 so that families in their toughest battles can
18 experience the same care my family was afforded.
19 Thank you.

20 CHAIRPERSON RILEY: Thank you so much. Next is
21 Kieran Healy.

22 KIERAN HEALY: Good afternoon. My name is Kieran
23 Healy, I live in Crown Heights, Brooklyn and I am
24 here today to tell you how MSK saved my life and why
25 I proudly support MSK's news cancer care Pavilion.

2 When I was diagnosed with stage 4 non-Hodgkins
3 lymphoma, MSK saved my life with expert science,
4 chemotherapy, and a clinical trial plain and simple.

5 I especially remember the care shown by MSK
6 employees while I was receiving treatment. I was
7 treated with compassion from the doctors down to the
8 staff bringing me my food and particularly all the
9 nurses giving me the confidence to take cancer on.
10 If I could send every person with cancer to MSK for
11 their treatment I would. That's why I support MSK's
12 Pavilion project. This new facility will ensure that
13 people diagnosed with cancer in the future can walk
14 into MSK's doors and experience the same level of
15 care and compassion that I did.

16 No one facing cancer should wait for a bed. MSK
17 cares. They got me back to my boy and I want that
18 opportunity for every New Yorker. Thank you.

19 CHAIRPERSON RILEY: Thank you.

20 KIERAN HEALY: That's all I got.

21 CHAIRPERSON RILEY: Thank you so much for
22 testifying. There being no more questions for this
23 panel, I really appreciate your testimony. Thank
24 you.

2 The next panel we're going to bring to testify is
3 Rachel George, Daniela Mendoza, and Kaitlin Griffin.
4 We will begin with Kaitlin Griffin.

5 KAITLIN GRIFFIN: Good afternoon. I am a
6 lifelong resident in the uh two blocks from the
7 project site and I have - I'm speaking in fervent
8 opposition to this application. The residents of
9 this neighborhood have experienced the expansion of
10 MSK for 30 years and the issue repeatedly about sound
11 planning principals has been sideswiped by the
12 virtues of the cancer crusade. This is not about the
13 virtues of MSK nor the rightness of pursuing a
14 solution to cancer. This is about planning
15 principals. This is about making the fabric of our
16 city healthy, free flowing, clean air, natural light.

17 As it happens, I live in the light and air
18 tenement one of two surviving examples of this
19 tenement design and the reason I bring it up here,
20 it's two blocks from the project site is that it was
21 designed before all of these zoning principals which
22 we supposedly enjoy today. We're in existence and
23 yet the design of this building invites natural air
24 and light not only to the interior but to the
25 exterior. This design does nothing for the exterior.

1
2 There is no setback. This has to be repeated over
3 and over again. This entire review process has been
4 held hostage by the virtues of cancer. This is about
5 a living urban fabric that has to be upheld and in
6 fact, enhanced because right now as you've heard,
7 living in this neighborhood is absolute hell. Thank
8 you.

9 CHAIRPERSON RILEY: Thank you. Next, Daniela
10 Mendoza.

11 DANIELA MENDOZA: I am the parent of a child at
12 PS 183. My child of five years old - I'm sorry, this
13 is going to take from my time. My child of five
14 years old is also a rare brain cancer survivor and
15 was treated at Memorial Sloan Kettering. I just need
16 a minute.

17 CHAIRPERSON RILEY: You can take your time.

18 DANIELA MENDOZA: Okay. Although it is fair to
19 consider the necessity of constructing this hospital,
20 through the perspective of potential cancer cases, it
21 is equally important, if not more important to
22 consider quality of life for the children who attend
23 PS 183 right now. Sorry.

24 I have done my best to read as many of the public
25 documents about this project and there are a lot of

1 documents. However, I noticed that there is little
2 if no mention of how the demolition and construction
3 will specifically effect the pediatric population.
4 The environmental hazards and risks are serious in
5 many for this young population with developing minds
6 and bodies. There are children in the community with
7 disabilities, like hearing loss like son, who will be
8 even more effected by the pollution and the noise.
9 Sorry.

10
11 It is important to remember that the children at
12 PS 183 range in age from three years old to ten years
13 old. The Environmental Protection Agency website
14 explains why and how environmental hazards from
15 demolitions in construction projects effect children
16 differently than adults with greater consequences.
17 One article entitled 'Children are not Little
18 Adults.' It explains that this is because children
19 have unique physiological differences like eating,
20 breathing and drinking more relative to their body
21 mass than adults do and unique activity patterns like
22 crawling and playing close to the ground, making the
23 more likely to come into contact with dirt and dust,
24 which can include toxins.

1 Children often put their hands, toys, and other
2 items into their mouths. I feel that constructing
3 the Pavilion and changing the zoning in this location
4 is not safe for the children at PS 183. If MSK is to
5 proceed with this project, it is important that the
6 hospital be held to the highest and strictest
7 standards of accountability and not the minimum. It
8 is our responsibility to protect this vulnerable
9 population.
10

11 To that end, I think MSK should provide and pay
12 for certain protections for the pediatric population.
13 This action would demonstrate to the community that
14 they are not only interested in treating cancer but
15 in preventing exposures that can and will eventually
16 cause cancer.

17 MSK should provide a canopy for the entire open
18 play space. The entire play space needs to be
19 functional and usable for every day but should have a
20 cover to prevent dust fall and contamination of play
21 services. In addition, the play space should be
22 hosed down regularly.

23 CHAIRPERSON RILEY: Ms. Mendoza if you could wrap
24 it up now.
25

1
2 DANIELA MENDOZA: Yes, I have two. MSK should
3 provide medical grade air filtration systems for the
4 school. There are many research papers post-COVID
5 that demonstrate the effectiveness of using filters.
6 MSK should provide deep cleaning services to the
7 school on nights and weekends to manage dust and dirt
8 going into the school. This list is not
9 comprehensive but rather I hope a starting point for
10 us to think about ways to keep the children at PS 183
11 physically safe, create a healthy learning
12 environment and protect their quality of life. Thank
13 you.

14 CHAIRPERSON RILEY: Thank you.

15 DANIELA MENDOZA: Sorry.

16 CHAIRPERSON RILEY: Ms. Rachel George. No
17 problem.

18 RACHEL GEORGE: Good afternoon. I am Dr. Rachel
19 George. I live at 400 East 67th Street, the building
20 called the Laurel. This building, I have not heard
21 it discussed at all. We are next door to the church
22 and we have 129 apartments, many of them with
23 children as well. I am a building unit owner, a
24 board member and the mother of two children. I was
25 attending at Columbia Presbyterian and faculty in the

1 Department of Radiology. I feel like I live in that
2 neighborhood because I love it. It is a
3 neighborhood. We have parks, we have schools, we
4 have businesses, we have many elderly and young
5 children and it truly a community but a world class
6 medical community is existing with us. I don't think
7 we need another hospital.

9 I would like to request that the proposed
10 building height be reduced by 250 feet or at least
11 200 feet and include setbacks. Setbacks would
12 provide my building with at least less shadows and
13 sunlight. It just doesn't fit in. The highest
14 building in our area is 424 feet I believe and that
15 is the Zuckerman Research Tower. I feel that this
16 building size is informed by a need for 28
17 operatories or OR's and I just think that the future
18 of medicine is changing very rapidly. We need to
19 think about that. I have an article here about how
20 computational biology and artificial intelligence are
21 changing cancer care. This is written by MSK, so you
22 guys have it but it is changing. If we build a
23 building based on the way we're doing surgery today
24 and the way we're doing that and just because these
25 numbers increase, I mean I'd love to hear an

1 epidemiologist talk about those numbers. Because
2 just because you have more cancer, you're not
3 treating more cancer, not necessarily. It depends on
4 what we're doing and are we finding more cancer
5 because of these new technologies.
6

7 I mean, I'd like to see and hear someone with a
8 math or epidemiological background discuss those
9 numbers. If MSK could do that, I'd love to hear
10 about it but I think we do have to think about how
11 much surgery and medicine will be changing and do we
12 need that large and that many OR's?

13 CHAIRPERSON RILEY: Thank you Ms. George.

14 RACHEL GEORGE: Thank you.

15 CHAIRPERSON RILEY: There being no questions for
16 this panel, you are excused. The next panel is John
17 McGinley, Nicole Grogan, and Andrew Stern. Nicole?
18 You're Nicole? Alright, John? You're John? Is
19 Andrew Stern here? Andrew? No, no, no. Is there an
20 Andrew over there? Oh, there we go. Thank you.
21 Alright, Ms. Nicole, you may begin.

22 NICOLE GROGAN: Very good, thank you. Good
23 afternoon. My name is Nicole Grogan and I have lived
24 in Yorkville for more than 25 years. I appreciate
25 the opportunity to speak with you on the importance

1 of Memorial Sloan Kettering and their new Pavilion on
2 the upper east side. I was diagnosed with breast
3 cancer at age 44. At the time, I was a busy wife and
4 mom to my ten year old son, active in my community,
5 and working full time. My world immediately stopped
6 and I contacted MSK because I knew they would develop
7 a plan that immediately, that would give me the best
8 odds of survival. My treatment over ten months was
9 comprehensive and included not only multiple
10 surgeries, chemotherapy, and radiation but also
11 included social services and the opportunity to
12 participate in groundbreaking research studies such
13 as the effectiveness of exercise during chemotherapy.
14

15 All of this happened at MSK in Manhattan. Their
16 care was exceptional because they have the research,
17 cutting edge treatment and a culture of treating the
18 whole person and their specific needs. Fast forward
19 nearly seven years from diagnosis, I am healthy and
20 living a very full life with my husband, teenage son
21 and family. As a patient and a caregiver to my
22 mother who was treated at MSK in Manhattan for lung
23 cancer, I have seen how intense cancer treatment is.
24 The need for high quality cancer care is urgent.
25 It's not something that can be scheduled for a

1
2 convenient time and no patient should ever be made to
3 wait for treatment in this most vulnerable moment. I
4 do not see any negative residential impacts by MSK's
5 plan.

6 The new MSK Pavilion is absolutely essential, as
7 it will allow for more patients like myself to
8 receive exceptional care. Thank you for your time.

9 CHAIRPERSON RILEY: Thank you. Next we will have
10 John McGinley.

11 JOHN MCGINLEY: Good afternoon Council Member.
12 Good afternoon Council Member and staff, board. My
13 name is John McGinley. I am a cancer survivor
14 treated at Memorial Sloan Kettering and a proud
15 member of the Carpenters Local 157 of the New York
16 City District Council of Carpenters.

17 I am going to share my personal experience and I
18 fully support the construction of the new Memorial
19 Sloan Pavilion, which will be built with 100 percent
20 union labor. I am a survivor of the World Trade
21 Center. I escaped the building that day and was
22 diagnosed with cancer in the year of 2017 and I went
23 to Memorial Sloan Kettering after I had been
24 diagnosed in another hospital and they said I had 16
25 weeks to live. That was my diagnosis in the

1 beginning and uhm my wife and myself and through
2 talking with other friends got the advice to go to
3 Memorial Sloan Kettering, which is a life saving
4 hospital.
5

6 I have been a member of that union and I stand
7 importance of the project like this to assure its
8 higher standards. When I was working; I am now
9 retired, the standards that I was held to in all
10 construction, safety, health and safety of the
11 neighbors, noise pollution, sexual orientation, that
12 was all done through my union and they have standards
13 that always, always is being maintained and made more
14 available. The decisions that construct the Pavilion
15 using 100 percent building trades unions workers is a
16 testament to Memorial Sloan Kettering's commitment to
17 excellence. It's not just healthcare but also
18 supporting working families in the local communities,
19 which I had come from.

20 This project will only expand MSK's ability to
21 serve more patients like me and also ensure that the
22 workers building the state of the art facility are
23 skilled professionals dedicated to doing the job
24 right. When union trades people are involved, we
25 know the job will be done to the highest standards,

1 ensuring the safety and the wellbeing of everyone who
2 uses this space from patients to medical staff to
3 neighbors.
4

5 I'm proud to stand in support of the Memorial
6 Sloan Kettering Pavilion Construction Project and I
7 encourage others to do the same. This is an
8 investment in healthcare to our community and our
9 working families in New York.

10 CHAIRPERSON RILEY: Thank you. Next, we will
11 hear from Andrew Stern.

12 ANDREW STERN: Hi, my name is Andrew Stern.
13 Thank you to Chair Riley and to Council Member Menin
14 for being here today. I live in Manhattan. There
15 are a lot of good reasons to support this project.
16 We could talk about the jobs that we'll provide
17 during construction and once operational for nurses,
18 doctors, technicians, maintenance workers and
19 administrators. Or we could talk about how those
20 employees will eat at local restaurants and support
21 local businesses but this project is personal for me
22 and that's why I want to focus on the patients today.

23 A few years ago, my grandmother was diagnosed
24 with pancreatic cancer. The first few weeks were
25 hard. Knowing the typical prognosis, we thought that

1 SUBCOMMITTEE ON ZONING AND FRANCHISES 108
2 that was going to be it but she was treated at MSK
3 and thanks to the work of so many incredible
4 professionals, they were able to make significant
5 progress. She's still not done with her treatments
6 but she's a fighter and I know that she's going to
7 make it.

8 The treatment she received saved her life and I
9 think as many New Yorkers as possible should be able
10 to access the same quality of treatment at MSK. If
11 this were a few years from now, she might have been
12 treated at the new Pavilion. It will be entirely
13 dedicated to patient treatment and with 206 beds, it
14 represents an opportunity for thousands of additional
15 New Yorkers to benefit from this incredible quality
16 of care.

17 As for concerns about height, I want to emphasize
18 the very real tradeoffs between every foot of height
19 and the number of beds. It is so important that we
20 allow as many patients as possible to be treated at
21 MSK. If MSK had not had the capacity to treat my
22 grandmother, I don't know if she would still be here.

23 I don't want anyone in a similar situation to be
24 turned away because they don't have enough beds.
25 With numerous buildings nearby, taller than 500 feet,

2 I ask the Committee to please approve this building
3 with the full 28 operating rooms and 206 beds
4 planned. If the building size will be cut, I would
5 ask them to please consider how many patients might
6 not receive treatment for every bed that goes
7 unbuilt. Thank you so much for your time.

8 CHAIRPERSON RILEY: Thank you so much. There
9 being no questions for this panel, you are now
10 excused. The last in person panel that we will be
11 calling is Michael Piccirillo, Virginia Wettlaufer,
12 and Andrew Kung. And after this, we will go to
13 online and the first online panel will consist of
14 Ashley Williams, Akshay Gunju(SP?), Kim
15 Rubenstein(SP?), Lavonne Devulk(SP?). I just want to
16 put on the record I'm going to pass my Chairmanship
17 to Council Member Menin so I can downstairs and vote
18 and I will be back in five minutes. Thank you.

19 COUNCIL MEMBER MENIN: Okay, please begin.

20 MICHAEL PICCIRILLO: My name is Michael
21 Piccirillo. I'm a proud resident of New York City as
22 well as the Area Standards Manager of the New York
23 City District Council of Carpenters. I am here today
24 to express my full support for the construction of
25 the Memorial Sloan Kettering Pavilion, a project that

1 holds tremendous value for both our city and its
2 working community.

3
4 As a New Yorker, I recognize the incredible
5 importance of Memorial Sloan Kettering's work in
6 providing life saving care and cutting edge cancer
7 treatments to individuals from across our city, state
8 and beyond. Expanding their facilities through
9 construction of this new Pavilion will allow them to
10 continue their vital mission bringing hope and
11 healing to countless families. But beyond the
12 crucial healthcare services, this project will help
13 enhance, I am particularly proud to support the
14 Pavilion's construction because it will be built with
15 100 percent union workers from the building trades.

16 This commitment ensures not only the higher
17 standards of craftsmanship and safety will be met,
18 but also that a good family sustaining - good family
19 sustaining jobs will be created for the hardworking
20 men and women of New York City.

21 Union workers, like the members of the New York
22 City District Council of Carpenters have longstanding
23 tradition of excellence in construction. We're
24 trained, experienced and dedicated to ensuring that
25

1 projects like the Memorial Sloan Kettering Pavilion
2 are built with first class craftsmanship.

3
4 In addition, by employing union labor, the
5 project will contribute to the economic vitality of
6 our city and putting wages back into the local
7 economy and supporting middle class families. This
8 project represents an investment in New Yorks future,
9 not only in terms of healthcare infrastructure but
10 also in terms of supporting local workers and as
11 families.

12 Memorial Sloan Kettering has chosen to partner
13 with union labor because they now invest in quality,
14 safety as well as, and the wellbeing of our
15 community. I urge you to give this project your full
16 support. By doing so, you're not only helping to
17 improve healthcare for New Yorkers but also
18 strengthening the city's workforce and economy.

19 Thank you Councilwoman.

20 COUNCIL MEMBER MENIN: Thank you very much and
21 our next speaker is Virginia Wettlaufer.

22 VIRGINIA WETTLAUFER: Thank you. Hi, my name is
23 Virginia Wettlaufer Thomason(SP?) and I have been a
24 New York City resident for the last 21 years. Over a
25 decade ago, I was a healthy, successful 31 year old

1
2 New Yorker. I was then diagnosed with triple,
3 positive Stage 3 breast cancer. My family was in
4 Buffalo but my young adult life was in New York City
5 and the questions of where to be treated and care for
6 became real. Even with these challenges my family
7 and I had no doubt that Memorial Sloan Kettering was
8 the right choice. My team and I crafted a plan to
9 attack my cancer. A plan that involved surgery,
10 chemotherapy, radiation and unfortunately meant that
11 I would never be able to carry a baby.

12 The chemo would cause irreversible damage to my
13 eggs that would make caring a pregnancy impossible.
14 My life was changing before my eyes. At this
15 traumatic moment, MSK became my safe haven, guiding
16 me through treatment, fertility preservation, and now
17 continuing through survivorship.

18 In January of 2013, after radiation treatment at
19 the main campus, I was informed by one of the nurses
20 that my doctor needed to see me. It's never
21 something you really want to hear. I entered an exam
22 room though to find it full of rose petals and my now
23 husband down on his knee, saying "this place saved
24 your life. You are the love of my life. Will you
25 marry me?"

1
2 Twelve years later, my husband and I have two
3 beautiful children, born via gestational carrier and
4 reside blocks away from MSK on the upper east side.
5 I spend much of my time volunteering throughout the
6 various facilities of MSK, talking to patients,
7 helping them navigate the complexities of processing
8 their life changes.

9 The message I have taken out of my journey was
10 always to make someone else's tomorrow better than my
11 yesterday. It is with that affirmation that I
12 wholeheartedly support MSK's proposed new Pavilion.

13 COUNCIL MEMBER MENIN: Thank you very much. Now
14 Andrew Kung.

15 ANDREW KUNG: Good afternoon. My name is Andrew
16 Kung. I have the privilege of being the Chair of the
17 Department of Pediatrics at Memorial Sloan Kettering.
18 I very much appreciated Chair Riley's question about
19 the youngest patients at MSK because they are our
20 charge. And this is being September, this is
21 Childhood Cancer Awareness Month and I think it's
22 salient to bring up two points. Cancer though rare
23 in children is still the leading the cause of death
24 in children today.
25

1
2 And the second point is that MSK is actually the
3 largest pediatric cancer program in the nation. We
4 see 50 percent more new patients than St. Jude does.
5 We have the privilege at MSK of caring for over 150
6 children with cancer every single day in our York
7 facility. We pride ourselves with having the
8 broadest number of treatment options for anyone who
9 comes across New York City or the greater New York
10 area to seek our care. But increasingly, the
11 sophistication of cutting edge medicine is just
12 challenging to deliver in an aging infrastructure.
13 And so, the need for the new Pavilion is critical for
14 our commitment to these youngest and most vulnerable
15 patients.

16 Now, in addition to developing treatments for
17 patients, one of the chief responsibilities I have as
18 a Chair is to ensure the safety and the wellbeing of
19 the children and the families entrusted to our care.
20 And based on the plans and the discussions about the
21 mitigation and abatement measures that go above the
22 minimum, I have no concerns whatsoever about our
23 patients continuing to come through the neighborhood
24 to seek care in our hospital.

1 I would add that this confidence in the safety is
2 not just a professional opinion but also a personal
3 conviction. I'm a proud father of a three year old -

4 COUNCIL MEMBER MENIN: Okay, I'm just going to
5 ask you to wrap it up please. Thank you. Oh and our
6 Chair has come back.

7 ANDREW KUNG: So, on a very personal level, thank
8 you today Councilwoman Menin for your continued
9 vigilance on behalf of those of us that live, work
10 and see patients in the upper east side.

11 COUNCIL MEMBER MENIN: Thank you very much and
12 I'll turn it back to Chair Riley.

13 CHAIRPERSON RILEY: Thank you Council Member
14 Menin and thank you to the panel for testifying
15 today. Thank you. You are now excused. Alright,
16 we're going to move to online testimony and once
17 again, if there is anyone in here that did not
18 testify and wants to testify, please just see one of
19 the Sergeants for a speakers card. Thank you so
20 much.

21 The first panel for our online testimony consists
22 of Ashley Williams, Akshay Ganju, Kim Rubenstein and
23 Lavonne Devulk. We'll begin with Ashley Williams.
24 Ms. Williams, if you can hear me, please unmute and
25

2 you may begin. Ashley Williams, if you can hear me,
3 please unmute and you may begin.

4 ASHLEY WILLIAMS: I'm here. Hello, I want to
5 thank the Council for recognizing me today. This is
6 my son who just turned ten and is so excited to come
7 back to school this year. He said, "mom, I can't
8 wait to run track. I'm going to run the 800." And
9 instead of thinking that's great, I thought dear God,
10 he's going to be huffing and puffing and trying to
11 breath practicing outside in an environment where he
12 will most certainly inhale dust and asbestos from the
13 demolition that will last for a year, not to mention
14 construction that will go on for six years.

15 Now, if we know the mitigation efforts involved,
16 hosing down cars and sidewalks and equipping our AC
17 with special filters, what do I do with my child if
18 he goes to school, as he comes back from school? Do
19 I hose him off, hold him you know put him in a hazmat
20 suit? Ridiculous questions I know but this is the
21 position we're in. We have all had our families
22 touched by cancer. My grandmother died at 63 from
23 pancreatic cancer and maybe if she did it at MSK she
24 would have made it but she did not.

1 With that said, we know MSK does valuable work
2
3 but if it turns out that their work is created, done
4 in a building that creates a cancer cluster right
5 next to them of our children, hundreds of children.
6 That's unconscionable and I heard earlier on MSK
7 saying we want to increase our share of the cancer
8 market. Is that the way we want to think about this?
9 We know you're doing great work. This is not the way
10 to do it. Please, please, ensure that there's a way
11 to do this where the children are safe. It's not
12 about lip service it's about action. We want our
13 children to be able to learn, to play, to go to
14 recess and walk around the neighborhood and not have
15 their young lives destroyed.

16 Please do not approve this application for
17 rezoning. It does not -

18 SERGEANT AT ARMS: Your time is expired.

19 CHAIRPERSON RILEY: Thank you.

20 ASHLEY WILLIAMS: It's not in my backyard
21 situation. It's about doing better by the school
22 children and residents.

23 CHAIRPERSON RILEY: Thank you Ms. Williams.

24 ASHLEY WILLIAMS: Thank you very much.
25

1
2 CHAIRPERSON RILEY: Next, we're going to call on
3 Akshay Ganju and I would just ask everyone if you
4 could please keep it to two minutes because we have a
5 lot of people in line to testify. Thank you. Ms.
6 Ganju, you may begin.

7 AKSHAY GANJU: Hi, can you hear me?

8 CHAIRPERSON RILEY: Yes, we can hear you.

9 AKSHAY GANJU: Oh, awesome hi, my name is Dr.
10 Akshay Ganju, I'm a Primary Care Physician. I live
11 at 1320 York Avenue, which is Cornell Building, it's
12 the Helmsley Tower. I have a two year old boy who
13 eats off the sidewalk and a five year old girl who
14 just started kindergarten. At PS 183 and will live
15 her entire elementary school education for the next
16 six years in a construction zone.

17 I love MSK. Dr. Drebin actually saved the life
18 of one of my patients with pancreatic cancer,
19 literally six weeks ago and you know but obviously I
20 have concerns about the height of this building. The
21 NYP buildings on Helmsley, which is huge if you look
22 at the street, is 37 stories high. This building is
23 31 stories and is going to be more than one and a
24 half times taller than that let alone for Helmsley
25 Hospital. Plus there's no way you guys are going to

1
2 like take the concerns of some parents over the
3 concerns of Sloan Kettering. But let's also be
4 serious, Sloan Kettering I mean is amazing and saves
5 a lot of lives. It's also trying to make money.
6 They're building a surgical center to attract
7 patients not just from the city but from around the
8 country and around the world so they can get more
9 great funding. They can get more payments for
10 surgery, which are highly refunded and build more
11 skyscrapers. I mean it's a business too. It's a
12 great business but they want to expand. They want to
13 grow a share of a cancer market and they want to have
14 the tallest hospital in the world.

15 And so, if they're going to invest \$2 billion to
16 build a building that will make them a return on more
17 than \$2 billion, they should be willing to invest in
18 183 and I think that's more than just have some like
19 noise canceling headphones for the kids and an air
20 traffic monitor, it's like invest some significant
21 money. I would say upfront at a bare minimum, they
22 should pay for a consultant for the school because we
23 don't know what we're asking for, what we're doing or
24 have gone through this before. Sloan Kettering
25 should hire a consultant, an independent consultant

2 that can help guide the parents of 183 through this
3 situation. Figure out what we need and beyond just
4 mitigating -

5 SERGEANT AT ARMS: Time is expired.

6 AKSHAY GANJU: The issues with the school. Can
7 it invest in the school? Can it build a playground?
8 Can it -

9 SERGEANT AT ARMS: Your time is expired.

10 CHAIRPERSON RILEY: Thank you Dr. Ganju.

11 AKSHAY GANJU: Thank you.

12 CHAIRPERSON RILEY: Next, we're going to ask Kim
13 Rubenstein to unmute and please begin. Thank you.
14 Kim Rubenstein if you can hear me, please unmute and
15 you may begin.

16 KIM RUBENSTEIN: I hear you, hello. Can you hear
17 me?

18 CHAIRPERSON RILEY: Yes, we can hear you.

19 KIM RUBENSTEIN: Okay uhm, my name is Kim
20 Rubenstein. I have a son who is a student at PS 183.
21 He is just in second grade now. I want to echo what
22 a lot of the other parents have been speaking about.
23 PS 183 has been a place of peace and learning for my
24 young son. He has many friends there and the staff
25 has been wonderful. When I found out the news about

1 this project, my world fell apart, I was devastated.
2 I was looking into moving. I just couldn't imagine
3 that his little perfect school was going to be
4 literally overshadowed by this behemoth of a
5 building. Uhm, I think that we all know that this
6 project is going to happen in one way or another but
7 I think that a lot of concessions need to be made on
8 the part of MSK to assure the parents that their kids
9 won't be in a danger zone, literally.

11 We're going to have to deal with years of
12 rerouting, dust, noise, kids play in that yard. My
13 son plays with a ball, the hands go in the mouth.
14 What kinds of toxins will he be exposed to? MSK
15 should really do things to ensure that the school is
16 safe, clean and the air is clean. I like what the
17 doctor before me suggested as far as the consultant
18 but we need air purifiers. We need to know what this
19 tracking is. They say MSK from what I heard; they
20 say things very vaguely. There is nothing concrete
21 that I really heard to make me feel safe, so I hope
22 that concessions could be made both on the height of
23 the building, which is an absolute monstrosity, and
24 to keep our kids safe at the school. Thank you.

1
2 CHAIRPERSON RILEY: Thank you. So, so Lavonne
3 Devulk, you have to accept to be promoted in order to
4 testify. You did not accept, so we'll call you on
5 the next panel. We're going to go move on to the
6 second panel, which consists of Benjamin
7 Wetlzer(SP?), Clea Leo(SP?), Michael Feinberg(SP?)
8 and Julie Clark, and we're going to begin first with
9 Michael Feinberg. Michael if you can hear me, please
10 unmute and you may begin.

11 MICHAEL FEINBERG: Hi there, can you hear me?

12 CHAIRPERSON RILEY: Yes, we can hear you Michael.

13 MICHAEL FEINBERG: Great. Sorry about that.
14 Good afternoon members of the Committee. Thank you
15 so much for giving me the opportunity to speak today.
16 My name is Micheal Feinberg. I've lived in the city
17 for the past 12 years and I'm here to express my
18 strong support for the expansion of Memorial Sloan
19 Kettering on the upper east side. MSK has long been
20 a leader in cancer treatment, research and education.
21 In fact, a friend of mine received lifesaving care at
22 MSK and I've seen first-hand the incredible
23 dedication and expertise that the staff bring to
24 their work.

1 The expansion of this world renowned institution
2
3 would ensure that more patients like my friend can
4 receive the critical treatment they need. The
5 expansion will allow MSK to further enhance patient
6 care and meet the growing demand for services and
7 continue its groundbreaking research.

8 At a time when cancer diagnoses are increasing,
9 expanding the capacity and capabilities in MSK is not
10 just necessary, it's urgent. As a long time resident
11 of this city, I believe this proposal will benefit
12 the entire community both by strengthening healthcare
13 and by contributing to the local economy through job
14 creation and support for small businesses. I urge
15 the Committee to approve this proposal. It
16 represents an investment in the future of healthcare
17 and the wellbeing of this city. Thank you.

18 CHAIRPERSON RILEY: Thank you. Next, we are
19 going to go into Benjamin Wetzler. Benjamin, if you
20 can hear me please unmute and you may begin.

21 BENJAMIN WETZLER: Can you hear me?

22 CHAIRPERSON RILEY: Yes, we can hear you.

23 BENJAMIN WETZLER: Okay great. Thank you so much
24 to the members of the Committee for taking the time
25 and listening to my testimony. My name is Ben

1 Wetzler, I am a lifetime east sider, I was the
2 Democratic Party District Leader for six years for
3 the area that covers the MSK site, so I have been in
4 touch with the members of the community and deeply
5 kind of connected to their interests and their
6 concerns and I really just wanted to take this time
7 today to say, thank you to Council Member Menin for
8 how great she has been in engaging with everybody in
9 the neighborhood on the potential for quality of life
10 impacts and making sure that they really mitigate it
11 because I do think that it's very important that this
12 application move forward.

14 I don't think that there's a single person in New
15 York City who has not known somebody who suffered
16 from cancer and who needed to get lifesaving care and
17 the work that MSK does and the investment that
18 they're planning on making in expanding that capacity
19 is really something that we absolutely need to move
20 forward with in our city.

21 And so, I want to say that I really hope that we
22 can come to an agreement between the community and
23 MSK on how we can do this and I really wanted to
24 thank Council Member Menin for how great she's been
25 on that. Thank you.

1
2 CHAIRPERSON RILEY: Thank you. We lost Clea Leo
3 so we're going to so we're going to go to Julie
4 Clark. Julie, if you can hear me please unmute -

5 JULIE CLARK: Yes, yes I can hear you.

6 CHAIRPERSON RILEY: Thank you.

7 JULIE CLARK: Thank you. Thank you for letting
8 me be here today. I'm representing the PS 183 PTA
9 and the school and the school. I'm here to remind
10 members of the City Council including representative
11 Menin that should this project move forward, we are
12 holding MSK, you are holding MSK and the construction
13 team to the highest standards for everyone's health,
14 safety and wellbeing.

15 Even if the construction is adjacent to school,
16 it is important to ensure that all work performed in
17 a manner that is protective of children who are at a
18 heightened risk of adverse health outcomes related to
19 environmental exposures. We ask MSK provide the
20 school with mitigation measures to alleviate
21 potential air quality issues during the duration of
22 construction and demolition, such as an upgrade in
23 our building AC units to high grade filters.

24 We ask that MSK partner with us in making the air
25 in and around PS 183 and the community safe during

1 this lengthy project. We understand by entering into
2 the agreement of the Community Board - that entering
3 into the agreement with Community Board 8, MSK
4 assured that it would act in good faith as a
5 neighbor. For as long PS 183 and MSK have existed,
6 there has always been a relationship. MSK employs a
7 large number of families and in turn provide visiting
8 fellow scientists, doctors, nurses and employees with
9 a world class school education for their children to
10 attend during their time.

12 Many of us feel that we have been an afterthought
13 when it comes to this upcoming project. We recognize
14 that in the past, you have been supportive of our
15 school and sponsor some of our community events. We
16 ask for the same support with this construction
17 project. In no way does PS 183 not support the
18 mission of MSK. We continue to ask for more detailed
19 transparency, both from MSK and Council Member
20 Menin's office to assure families and staff that
21 measures have been carefully considered to ensure
22 safety of the community during demolition and
23 construction. Many of the things I have spoken about
24 have been addressed by others today. The PS 183

1 community administration wants to assure that
2 community safety during this construction period -

3 SERGEANT AT ARMS: Your time is expired.

4 JULIE CLARK: Is your top priority? Thank you.

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

7 The third panel I'm going to call up consists of
8 Laura Jackson, Jess Kapore(SP?), Sandy Moy(SP?),
9 Mojan Saun(SP?) and Lo Van Darvel.

10 We can begin with Mr. Lo Van Darvel. You may
11 begin Mr. Lo Van Darvel.

12 LO VAN DARVEL: Yes, can you hear me?

13 CHAIRPERSON RILEY: Yes, we can hear you.

14 LO VAN DARVEL: My name is Lo Van Darvel and I
15 represent the views of Carnegie Hill neighbors. We
16 have been invited by the neighbors group to weigh in
17 on this project. First let me say, we greatly
18 respect MSK's impressive and important work.
19 However, in considering a current project to build a
20 new hospital to a height of 594 feet without the
21 usual setbacks required by zoning because of this
22 special project we hold out the hope that a solution
23 for a lower building can still be found. This height
24

1 far exceeds the height of other hospitals in the
2 upper east side.

3
4 We note that this height maxes out all the
5 available square footage so generously allowed by the
6 large scale community facility development, leaving
7 only 88 square feet unused. This massive building
8 adversely impacts the school and neighbors in the low
9 scale residential buildings of 66th Street block.

10 We believe the height can be mitigated, City
11 Planner George Janes working for the neighbors has
12 presented two alternatives that would both distribute
13 the massing of the proposed Pavilion tower over two
14 blocks, that includes the memorial hospital to its
15 north. It is noted that the proposed MSK Pavilion
16 plans will link the two building by including a
17 patient bridge at two levels. And the first
18 alternative would reduce the height of the Pavilion
19 from 600 to 432 feet with the remaining feet
20 enlarging the memorial hospital from 273 feet to 439
21 feet.

22 This will reduce the percentage of space
23 available and that could be ameliorated by increasing
24 the height by a second alternative that would
25 increase -

1 SERGEANT AT ARMS: Time is expired.

2
3 LO VAN DARVEL: Memorial Hospital. We hope that
4 the City Council can discuss this with MSK and reach
5 a better solution. Thank you so much.

6 CHAIRPERSON RILEY: Thank you. Thank you. Next
7 we're going to call Ms. Moyan Sun(SP?). Moyan if you
8 can hear me please unmute and you may begin.

9 MOYAN SUN: I am here. Can you hear me?

10 CHAIRPERSON RILEY: Yes, we can hear you. You
11 may begin.

12 MOYAN SUN: Okay, hi I'm Dr. Moyan Sun and I'm a
13 physician. I live in the building. I also work at
14 one of the local hospitals in the neighborhood. I
15 have two young boys, their ages five and eight and
16 they both attend PS 183, which is the public school
17 elementary school that everyone has talked about
18 that's literally one building over from the proposed
19 construction.

20 My dad died of lung cancer after a five year
21 battle and I take many patients with cancer and I've
22 had many friends who have battled cancer, so I very
23 much admire MSK and what they do. So I'm not here to
24 argue that MSK is not an amazing institution but does
25 an amazing job of taking care of really challenging

1 cancer cases. I'm here in full opposition of their
2 proposed Pavilion and their rezoning requests. You
3 know I was really disappointed today because the
4 presenter spoke a lot about you know how they spent
5 so much time building trust and engagement with the
6 community and I will say that there has been very
7 little engagement up until very recently with the
8 school. Many parents didn't even know what was going
9 on and so that's why we have even more concerns about
10 making sure that there really going to do their due
11 diligence to make sure that the construction is safe
12 and make sure that our kids are out of ways harm. I
13 completely agree for the need for an environmental
14 advocate that is independent of MSK and their
15 affiliates to really reassure parents that everything
16 is going to be as safe as possible.

18 You know we can talk forever about the potential
19 short-term and long-term impacts of the construction
20 the air quality, the asbestos, etc.. You know I was
21 a student at Stuyvesant High School during 911 and I
22 still have friends to this day who are battling
23 conditions and cancer from our exposures. But what
24 this hearing really is about is the rezoning request.
25 The two biggest problems are the height proposed and

2 the lack of a setback. The problem with the height
3 is that not only is it - most of it is not even
4 having to do with patient care but it you know the
5 construction is going to take such a long time. It's
6 going to probably take longer than my kids are even
7 in this school.

8 The second issue is that you know -

9 SERGEANT AT ARMS: Your time is expired.

10 MOYAN SUN: Is that 14 percent of the patients
11 are only from New York City and Manhattan, yet I'm
12 not sure why the capacity needs to increase all in
13 the upper east side.

14 CHAIRPERSON RILEY: Thank you.

15 MOYAN SUN: The lack of -

16 CHAIRPERSON RILEY: Thank you so much. You could
17 submit the rest of your testimony to
18 landusetestimony.com. Thank you. Excuse me,
19 landusetestimony@council.gov.

20 Next, I'll be calling on Laura Jackson. Ms.
21 Jackson if you can hear me please unmute.

22 LAURA JACKSON: Yes, I'm unmuted.

23 CHAIRPERSON RILEY: You could begin.

24 LAURA JACKSON: Okay. So, my name is Laura
25 Jackson. Sorry, I'm getting a call. Uhm I am a 32

1 year resident of East 66th Street and have been
2 following MSK's proposal since the taskforce meetings
3 with Community Board 8 began 17 months ago. I remain
4 unconvinced that this massive out of scale project
5 has proven itself justifiable. MSK's major premise
6 throughout this process has been based on the
7 findings of the CDC study from which MSK has cherry
8 picked some data points and ignored the rest. What's
9 being ignored is the fact that the study concludes
10 that there is an immediate need for an increased
11 focus on cancer prevention, not early screening,
12 cancer prevention.
13

14 The Pavilion utterly fails to address the purpose
15 of the study on which it is based. I'd also like to
16 emphasize that MSK is not the only cancer care
17 institution in New York City. There are dozens of
18 hospitals in the tristate area that treat cancer
19 including top rated hospitals on the upper east side
20 such as Mount Sinai and New York Presbyterian.

21 The burden of treatment does not fall on MSK. As
22 for the building itself, I ask that the City Council
23 hold MSK to the second condition outlined in CB8's
24 resolution that reads a design that meets the needs
25 of MSK to care for the projected increase in cancer

1 patients in a lower profile structure than currently
2 proposed.

3
4 With that said, I fully support the idea of a two
5 phased approach for this development so that actual
6 needs can be assessed closer to 2050. Thank you for
7 your consideration.

8 CHAIRPERSON RILEY: Thank you. Next, we'll be
9 hearing from Jayashree Kapoor.

10 JAYASHREE KAPOOR: Hello?

11 CHAIRPERSON RILEY: Yes, you may begin.

12 JAYASHREE KAPOOR: Hi, my name is Dr. Jayashree
13 Kapoor. I am a Physician specializing in pediatric
14 rehabilitation living at Harden Brick House on East
15 66th Street between York and first. I am a former
16 NYCPH Chief resident and a former Weill Cornell
17 attending.

18 While construction of a hospital is undoubtedly a
19 commendable endeavor enhancing healthcare
20 accessibility, we need to carefully consider the
21 impact of such construction on the health and
22 wellbeing of residents in surrounding areas.
23 Prolonged exposure to construction dust has been
24 linked to respiratory and cardiovascular issues

1 including arrythmias, heart attacks and strokes,
2 endangering the health and wellbeing of residents.

3
4 For vulnerable populations such as children,
5 elderly and individuals with dementia or autism, the
6 effect of pollution including noise pollution can
7 exacerbate existing physical and mental health
8 issues. We request immediate real time access to air
9 quality data to allow individualized decision making
10 since one size does not fit all when it comes to
11 sensitivity to pollution, to air pollution.

12 We request vouchers for high quality air
13 purifiers for those in the community. Myself having
14 spent over the past two months \$800 for each Dison
15 air purifier and \$100 per filter because I'm running
16 my air purifier 24/7. We also request especially for
17 individuals who demonstrate they are at higher risk
18 due to from prolonged exposure to construction dust,
19 we request financial support from Memorial Sloan
20 Kettering for intermittent temporary housing over the
21 next six years in a quieter and less disruptive
22 environment.

23 Many who are elderly on fixed incomes -

24 SERGEANT AT ARMS: Your time is expired.

25 CHAIRPERSON RILEY: Thank you so much.

1 JAYASHREE KAPOOR: 24/7.

2 CHAIRPERSON RILEY: Thank you. Next, we will
3 hear from Sandy Moy(SP?). After Sandy Moy we're
4 going to call on Jeana Resig(SP?), Dale Cohen(SP?),
5 Beth Newman and Masha Jafaree(SP?).
6

7 SERGEANT AT ARMS: You may begin.

8 CHAIRPERSON RILEY: Sandy, if you can hear me,
9 you may begin.

10 SANDY MOY: Hello?

11 CHAIRPERSON RILEY: Yes. We can hear you.

12 SANDY MOY: Can you hear me? Sorry, there was a
13 connection issue. Hi, my name is Sandy Moy and my
14 son attends PS 183. I'm strongly opposed to the
15 construction of the 600 Pavilion. Uhm, the size of
16 this proposed building nearly 600 feet is not just
17 excessive. It's a direct threat to the safety and
18 wellbeing of the children attending PS 183. Allowing
19 structure of this magnitude to be built so close to
20 an elementary school is deeply concerning. The
21 height and scale of the project will bring
22 significant risk to the safety of children.
23 Construction site of this size means heavy machinery,
24 massive cranes, and a constant flow of trucks through
25 our streets right next to where the children are

1 walking and playing every day. The potential for
2 accidents is undeniable and the larger the project,
3 the greater the danger.

4 The safety isn't the only concern. The process
5 of building a 600 foot structure will generate
6 continuous noise, dust and pollution for years.
7 Children's developing lungs are especially vulnerable
8 to fine particulates matters being released by
9 construction and we are talking about exposure during
10 some of the most formative years of their lives.

11 The scale of the building will also disrupt the
12 learning environment of PS 183. Imagine trying to
13 focus in a classroom with constant sound of drilling,
14 pounding and machinery operating just feet away.
15 Students will face relentless noise that will hinder
16 their ability to concentrate and perform well
17 academically.

18 I've been listening to some of the testimonies
19 and it's disturbing that it's a conclusion that this
20 will be approved without the consideration that is
21 needed for the elementary school and the community.
22 We have not heard from MSK any specificity to ensure
23 that our children safety have been thought about or
24 the community. I urge the panel to think about these
25

1 issues before you know decide making a final
2 decision. Thank you.

3
4 CHAIRPERSON RILEY: Thank you. The next panel
5 will consist of Jeana Resig, Dale Cohen, Beth Newman
6 and Masha Jafaree. Jeana, if you can hear me please
7 unmute and you may begin. Jeana, if you could please
8 unmute you may begin. Okay, we'll come back to
9 Jeana. Dale Cohen, Dale if you can hear me please
10 unmute and you may begin.

11 DALE COHEN: Good afternoon. Thank you for
12 taking my testimony. My name is Dale Cohen, I am
13 trained as an architect and both practice in the
14 neighborhood and I also educate architects. I've
15 lived in the neighborhood since 2008.

16 What I'd like to know is what is the average
17 height of the buildings in Yorkville? It is clearly
18 not 600 feet. Why does MSK or any other for profit
19 company deserve the right to blow through current
20 zoning? Are you demolishing existing buildings?
21 Obviously yes. How are you measuring the embodied
22 carbon of the existing structures and what we're
23 loosing and what we're gaining? Is there another way
24 to adaptively reuse the existing structures? If it
25 is not possible to build safely, then I don't know

1 why the City Council has approved this. You're right
2 next to a school. This doesn't seem to make much
3 sense to me.
4

5 Is it possible to build instead of the 600 feet
6 up, why not take a possibility to actually take some
7 of these spaces for the surgery spaces and the
8 mechanicals into basements and subbasements? How are
9 you mitigating the already insanely congested York
10 Avenue? What is obvious to me is that the building
11 of these towers over - that these towers tower over
12 the existing infrastructure, which is not
13 appropriate. While I am all for beautiful buildings
14 as an architect, the extraordinary height of the
15 proposed building seems better in Midtown and
16 Yorkville.

17 Lastly, it seems that both MSK and the city have
18 misplaced their priorities in terms of health of our
19 citizens. As a city, we need to focus on healthcare
20 not crisis care. While some think that early
21 detection is a real tool, it is sick care. We need
22 to improve the American diet. We need to reduce
23 alcohol consumption, which is largely connected to
24 the alarming number of young people with cancer and
25 we need to drastically reduce the pollution of our

1 built environment which this will seriously
2 contribute to. I speak as a previous MSK patient. I
3 was not healed until I began to work with functional
4 and integrative medicine doctors. Honestly MSK and
5 facilities like this -

7 CHAIRPERSON RILEY: Thank you Ms. Cohen.

8 DALE COHEN: Are not about healthcare. They are
9 about sick care and we need to refocus our energies -

10 SERGEANT AT ARMS: Your time is expired.

11 DALE COHEN: And remove the for profit motive. I
12 oppose the height of the new building. Thank you.

13 CHAIRPERSON RILEY: Thank you Ms. Cohen. Next,
14 we're going to call on Beth Newman. Beth, if you can
15 hear me please unmute. Beth Newman, if you could
16 please hear me, please unmute. Okay, let's move to
17 Masha Jafaree. Masha, if you can hear me, please
18 unmute and you may begin. Masha, if you could hear
19 me, please unmute.

20 MASHA JAFAREE: Hi, can you hear me?

21 CHAIRPERSON RILEY: Yes, I can hear you.

22 MASHA JAFAREE: Hi, my name is Dr. Masha Jafaree
23 and I want to thank everyone for the opportunity to
24 speak. I live on the upper east side and have been
25 for the past 21 years and a member of the community.

1 My son goes to PS 183 as a fourth grader and has been
2 going for the past five years since kindergarten. I
3 would like to echo what everyone else who has been
4 opposing this construction has been saying up to now
5 and I have to say it's very disconcerting to hear
6 from MSK team members suggesting that they've been
7 involved with the community in detail, which is
8 absolutely not true. To date, we fail to have
9 received any concrete or comprehensive planning for
10 lack of a better word of any kind from MSK. There
11 has been no mitigations in process, nothing that has
12 been shared with us. How are they going to keep our
13 children safe? How are they going to address the
14 traffic with the construction and afterwards? Why
15 does it need to be this tall, basically
16 groundbreaking in the neighborhood? How are they
17 going to mitigate the air quality, the noise
18 pollution? And as I believe it was Laura who
19 addressed the fact that they are cherry picking on
20 the data from CBC in proposing the need for this new
21 construction because frankly what they are doing is
22 with the [INAUDIBLE 02:52:06] that's going to be in
23 the environment. It's going to be contributing to
24 unfortunately future cancers and no one can address
25

1 that at this moment. We would like to ask the
2 Council Members to please help us bridge a better
3 dialogue or have some sort of -

4 SERGEANT AT ARMS: Your time is expired.

5 CHAIRPERSON RILEY: Thank you so much doctor.

6 Uhm, I'm going to ask Beth Newman and Jeana Resig to
7 please accept the invitation to come online so we
8 could have you testify. I'm going to move on to the
9 next panel. The next panel consists of Linzy
10 McCormick, Jason Qua(SP?), Josh Zippman(SP?) and
11 Rosana Mah(SP?). We could begin first with Linzy
12 McCormick. Linzy, if you could hear me, please
13 unmute and you may begin.

14 LINZY MCCORMICK: Yes, hi. Thanks so much for
15 letting me give some testimony. I live in Queens. I
16 could join this hearing because a friend of mine who
17 was treated at MSK and passed away a couple months
18 ago leaving two children but she had wonderful care
19 there and it allowed her to live some extra years and
20 be with her children. So, I know access to quality
21 care was so important to her and I wanted to come and
22 just really say that we need to plan for our people
23 and we need to plan for our health and this sounds
24 like a really important building for me and a really
25

1 important expansion and you know MSK is a resource
2 regionally. New York City is a regional place and so
3 many of us will need this care even if we don't want
4 it. We don't know when we will but unfortunately a
5 lot of us will. So, we want to have good, decent
6 facilities for us and our loved ones. I also just
7 really want to quick address the concerns of parents
8 on this call because I hear you. If there were a big
9 building going up right next to my kids school, I
10 would be extremely concerned. I would want to get
11 active and involved and push for every, the top
12 quality mitigations and I hear people are doing that
13 and I believe you can do that, continue to be
14 organized and communication and make sure that you
15 are getting for your kids what you need. But please
16 don't let your agenda be highjacked by people who are
17 more concerned about esthetic considerations about
18 setbacks and height and these are really not, should
19 not be priorities for the public health. You know,
20 it's really about the public health and the health of
21 kids and the health of all of us. That's all I
22 wanted to say. Thank you.

23
24 CHAIRPERSON RILEY: Thank you. Next, we're going
25 to call on Jason Qua and I just want to remind Beth

1 and Jeana to please accept to be promoted. Jason
2 Qua, you may begin.

3 JASON QUA: Can you hear me? Can you hear me,
4 okay?

5 CHAIRPERSON RILEY: Yes, we can hear you.

6 JASON QUA: Okay, great thank you so much for the
7 opportunity to speak. So, I am an Internal Medicine
8 Physician and an Allergy Immunology Physician as
9 well. I have had the privilege of taking care of
10 many cancer patients in my career as well. I really
11 would never question the mission of MSK. You know
12 they do great work. I know many people who work
13 there who I consider colleagues and friends but at
14 the end of the day, you know I'm a parent and I have
15 two children, young children who attend PS 183,
16 public school 183 and to me this is really about you
17 know I think we're getting a little bit lost in the
18 message here because this is really about a massive
19 construction project that is next to a school and you
20 know that's what zoning is all about, to be able to
21 protect the community. And these rules were put in
22 place for a reason and we really have to think about
23 whether we're going to protect our children here and
24 really keep you know true a five year old child and
25

1 their right to be able to attend a public school in
2 New York City with health and safety. That's at the
3 heart of this issue. Again, don't question anything
4 that MSK does and I think their work is really
5 important but you cannot ignore that this is a
6 massive construction project next to a public
7 elementary school where three year old children, four
8 year old children. I mean this is New York City.
9 They are running to school every day. They're
10 scooting by to school. They are going to be playing
11 in the play yard and I won't go through all the
12 points because many people talk about the points of
13 air quality, carcinogens in the air. All this stuff
14 is true and is important to think about noise, safety
15 for the children, shadows, all really, really
16 important but I just don't want us to forget what
17 this is really about. Protecting the right of a five
18 year old child, a four year old child and their right
19 to attend public elementary school in New York City
20 with health and safety. The current proposal does
21 not ensure that and I feel confident with this
22 Council if you can please vote no for this proposal.

23
24 SERGEANT AT ARMS: Your time is expired.

1
2 JASON QUA: Reengage with the community and we
3 can find a path forward so that they can do their
4 important work. Thank you.

5 CHAIRPERSON RILEY: Thank you. Next is Josh
6 Zippman. Josh, if you can hear me, please unmute and
7 you may begin.

8 JOSH ZIPPMAN: Awesome. Good afternoon, my name
9 is Josh Zippman and I'm a new father and resident of
10 436 East 66th Street. This project is happening at
11 my doorstep. I strongly opposed this project and its
12 current execution. No one debates as we've heard
13 MSK's virtue or value in fighting cancer but the idea
14 that the community has been involved in this process
15 is simply farcical.

16 The question, what does this do to our share of
17 the cancer market exemplifies a capitalistic mindset.
18 It doesn't include the residents and families
19 effected by this plan. As a new father, I am
20 particularly anxious about the dangers posed by
21 asbestos and dust during the yearlong demolition and
22 a subsequent six year construction project. This
23 situation has made my wife who works in breast
24 surgery at MSK and I start to consider moving away
25 from the neighborhood.

1 Understanding that this project is likely to
2 proceed, we've asked MSK for four essential
3 accommodations: Transparent air quality management,
4 sound proof windows, and electricity subsidy and a
5 parking subsidy.
6

7 So far, MSK has only considered sound proof
8 windows and the reimbursement process remains
9 unclear. Other reasonable accommodations have been
10 denied, which contradicts the idea that MSK is
11 serious about being a community partner. This
12 indicates a troubling disregard for the safety,
13 financial wellbeing and impact on local residents.
14 This project as is should not be approved. If it
15 proceeds, MSK must significantly improve its
16 commitment to the safety and wellbeing of those most
17 effected.

18 Genuine community involvement and respect for
19 local concerns are essential to any project of this
20 magnitude and cannot be merely performative as some
21 of today's testimony has seemed. Thank you.

22 CHAIRPERSON RILEY: Thank you Josh. Next we'll
23 call Rozana Mah. Rozana if you can hear me, please
24 unmute and you may begin.
25

1 ROZANA MAH: Hi, thank you. I'm Rozana Mah, I'm
2
3 the single mother of a third grader who attends PS
4 183. I've lived in the area for ten years and
5 recently became a homeowner at 1175 York Avenue. To
6 be clear, I support the mission of MSK but I'm
7 objecting to this project for various reasons.
8 Number one, the lack of transparency and open
9 communication by MSK. The lack of community
10 engagement by MSK to the neighbors and families
11 impacted by this massive proposal and most
12 importantly, the apparent lack of mitigation efforts
13 as it relates to the noise and air pollution
14 generated by this project.

15 Regarding the lack of community engagement, I
16 live three blocks away. I'm a full time working
17 lawyer and I'm very involved in the school as a
18 volunteer but what I've noticed is very few parents
19 know about this. It's interesting to hear about MSK
20 significant outreach efforts to the community for 18
21 months because it is clearly failing here.

22 A lot of the families here are blindsided by this
23 project. As a person and I'm not expert on air
24 quality, what I can see is when school started last week
25 and we started to walk to school, you can see how the

1 air is dirty and is gross, and my son was like,
2 "what's that smell?" And I was like, I think that's
3 the project. We decided to walk. Get off York
4 Avenue and walk on 1st Avenue instead. So, my
5 question to City Council members is how is this safe?
6 My question to MSK is, would you want to live here?
7 Would you want to go to school here? Would you want
8 to walk past this area?

9
10 It's really disturbing. As far as traffic,
11 that's another story but it's dangerous to walk to
12 school. It's a rush in the morning and in the
13 afternoon. We're squeezing in two directions to make
14 our way to school and there's really, it's really
15 very little accountability by MSK here. And I think
16 that as much as we love and support MSK and what it
17 stands for, I really don't want us, the children, the
18 families and the teachers to develop cancer as a
19 result of this project. And from what I can see
20 right now, there is very little trust.

21 SERGEANT AT ARMS: Your time is expired.

22 CHAIRPERSON RILEY: Thank you Ms. Mah.

23 ROZANA MAH: Thank you.
24
25

2 CHAIRPERSON RILEY: Next, we're going to call DJ
3 Foxen(SP?). DJ Foxen, if you can hear me, please
4 unmute and you may begin.

5 DJ FOXEN: Hi, I'm a resident. I live in 82nd and
6 York. I'm not a cancer patient but I have Crohn's
7 Disease and at an increased risk later in life. I'll
8 also mention I'm becoming a new father in the next
9 five or six weeks with a daughter on the way. You
10 know I had a close friend of my wife's, who had a
11 very rare liver cancer get consultation there before
12 she died in her 30's. I also have a friend and a
13 colleague both diagnosed with breast cancer. They
14 are both under 40. Very sad cases but places like
15 MSK you are doing research and treating people like
16 this and the fact that I still a pretty young person
17 knew all these people getting cancer. I think it
18 cords with MSK's presentation on cancer rates over
19 time.

20 I think it's an absolute treasure in the city as
21 a whole. It's hard to think of institutions that are
22 more emblematic of what NYC is about, human
23 development, progress, bringing us into the future.
24 I don't think it's good when people are fighting
25 against the expansion of a world class cancer

1 treatment center and you maybe need to ask yourself
2 if that's really the argument you want to be making.

3 I think the neighborhood is well appointed. It
4 can support the project. Yes, it requires
5 construction, things need to be built. We can't keep
6 the neighborhood frozen in amber and have it
7 unchanged forever. Buildings do need to go up, they
8 need to be changed, they need to be torn down over
9 time.
10

11 I still care about NYC kind of being a shining
12 city on a hill, an example to the rest of the
13 country. How do we grow? How do we adapt? Be a
14 cultural driver and that includes the medical
15 sciences. Otherwise we just seed that to other
16 cities that do choose to grow such institutions and
17 keep innovating. We can't have constant
18 intransigence and pushback against any changes in our
19 neighborhoods. So, I support this expansion. I
20 think it's great that we have you know a bigger
21 cancer treatment facility.

22 More to the point, if there's more space to treat
23 cancer patients -

24 SERGEANT AT ARMS: Your time is expired.
25

DJ FOXEN: It means a better quality of life for those patients.

CHAIRPERSON RILEY: Thank you DJ. Next, I'm going to call up again Jeana Resig. Jeana, if you can hear me, please unmute and you may begin.

Jeana Resig? Jeana, if you can hear me, please unmute and you may begin. Jeana, you have to accept the promotion in order to testify. I'll move on from Jeana. Beth Newman? Beth, can you please accept the promotion, unmute and please begin.

JEANA RESIG: I'm sorry, is this for Jeana Resig?

CHAIRPERSON RILEY: Yes it is.

JEANA RESIG: I'm sorry. Uhm, I just heard you. Uhm, I would like to speak because I am a parent of two children at PS 183 and uhm we have loved the school. We've loved the area. My husband is a doctor at Weill Cornell, so we have great respect for hospitals and I have a lot of family and friends who were all cared for and saved by MSK, so I have tremendous respect for them as well. However, they have been very dismissive of the families and students at the school who are just two doors away from the building.

1
2 Just because it is a good mission that MSK has
3 does not provide it the right to destroy our kids
4 health and their ability to learn. Uhm, I greatly,
5 greatly appreciate everything MSK does but they've
6 offered no specifics to us on how they're going to
7 help our children make sure that they do not get
8 asbestos poisoning. That they are breathing clean
9 air. They say they'll monitor the air but what does
10 that even mean and what would that mean for our
11 children's learning. So, they're not taking any
12 actionable steps, their just doing a lot of talking
13 and not actually supporting us. School has already
14 begun and they haven't done anything to really fix
15 our problems.

16 So, while I highly support MSK, I just please,
17 I'm begging you to require that they change the
18 profile of their tower and that they pay attention to
19 the community that they're in and make sure they
20 don't cause cancer in our kids.

21 CHAIRPERSON RILEY: Thank you so much Jeana.
22 Next, I'm going to call Ms. Beth Newman again. Beth,
23 if you can hear me, please unmute and you may begin.

24
25

1
2 Alright, Beth, if you cannot unmute, you can also
3 submit your testimony to us online at
4 landusetestimony@council.nyc.gov. Thank you.

5 The last panel I will be calling up consists of
6 Allison Klein(SP?), Jargony(SP?), Mr. Jargony and
7 Arado Mema(SP?) and we'll start first with Allison
8 Klein. Allison, if you can hear me, please unmute
9 and you may begin.

10 ALLISON KLEIN: Hi, can you hear me?

11 CHAIRPERSON RILEY: Yes, we can hear you.

12 ALLISON KLEIN: Okay great. My name is Allison
13 Klein, my son just started kindergarten at PS 183.
14 My father is a long time pediatric cancer doctor, big
15 supporter of MSK, St. Jude's, all of our major you
16 know cancer organizations, especially those that
17 focus on our youngest. And so, of course as a parent
18 in the community, I echo the same concerns and I just
19 want to reemphasize what a gentleman earlier said.
20 This isn't about MSK or whether or not they should be
21 treating cancer or in New York City or on the upper
22 east side. It's about whether a 600 foot tower in
23 the middle of Lennox Hill is really appropriate and
24 whether or not that is actually an altruistic mission
25 or if it is to fill a budget.

1 As somebody who has worked in real estate finance
2 over the years, when you're building a building, you
3 are always going to build to the max allowable size.
4 That is just what is generally what is going to make
5 sense economically and whether or not it means that
6 you are leasing out part of the building to third
7 party or just using it for other revenue generating
8 purposes. I imagine that at least a portion of the
9 reason for the need for a building that is
10 significantly taller than Weil Cornell. And so, you
11 know I agree with the other parent, this group
12 unfortunately is not going to stop a project that
13 seemingly been sort of like railroad it through and
14 the old like approved, whether or not it is. But
15 when it was approved by the District 8, they were
16 supposed to have serious reasons for why the 600 feet
17 was needed and they were supposed to revise the
18 profile of the building. None of that has happened
19 and you know there should be, I just want to re echo
20 significant financial contributions to the school
21 that Martin and Ken and Louanne and all of our
22 Administrators and the PTA have tirelessly worked to
23 build an extraordinary community. That school needs
24 to be promised that it's going to be given everything
25

1 it needs to thrive, including uhm you know noise
2 canceling, air filters, all of those things but also,
3 I just wanted to add, one thing I haven't heard is
4 why can't the work be done at night to what was
5 forced for HSS -

6 SERGEANT AT ARMS: Your time is expired.

7 CHAIRPERSON RILEY: Thank you. Next, we're going
8 to call on Jorjani. Jorjani, if you can hear me,
9 please unmute and you may begin.

10 JORJANI: Yes, can you hear me?

11 CHAIRPERSON RILEY: Yes, can you please teach me
12 how to say your first name?

13 JORJANI: It's Jeorge but I go by George Orgone
14 is the last name and yeah my wife was coming up right
15 after me. I'll speak on behalf of both of us. My
16 wife is a doctor in the neighborhood as well at
17 Cornell. Greatly support the mission of MSK as well.
18 I've had family who has died because of cancer, so
19 every close to that as well and no questions around
20 the mission of MSK of course but just wanted to echo
21 what the other parents in the neighborhood voice as
22 concerns.

23 My daughter goes to PS 183 and my son is two
24 years old and will be going there hopefully soon as
25

1 well and we're greatly concerned with the lack of
2 communication I think. We've recently found out that
3 there was asbestos in the buildings that are being
4 demolished and uh I think in terms of compensation or
5 radiation procedures, I don't think there's been
6 enough said in specificity from MSK as to how they
7 plan to mediate or mitigate some of the risks to the
8 children at PS 183. So, for instance, you know there
9 are options to I don't know if relocate in the school
10 is somewhere in the neighborhood is possible but
11 perhaps closing some of the open areas, the yard
12 where they go and play every day could be turned into
13 an indoor playground. There are a lot of mitigation
14 options that could be discussed and talked about
15 prior to the approval of this project. I'm surprised
16 that hasn't happened yet.

17
18 So again, to support the MSK mission, I don't
19 think there's enough- not enough has been done to
20 kind of voice all the parents concerns and the
21 community concerns here. Just to echo what the other
22 parents said. Thanks again.

23 CHAIRPERSON RILEY: Thank you. Mr. Jargony,
24 George, you said your wife was coming up next, is
25 that Arado Mema?

1 JARGONY: Yeah, that's right. She asked me to
2 speak on behalf of us.
3

4 CHAIRPERSON RILEY: So, she doesn't want to
5 testify?

6 JARGONY: Right.

7 CHAIRPERSON RILEY: Thank you. Uhm, I lied, we
8 have another person signed up to testify, two people.
9 Uhm are you calling people in here to testify?
10 Please call - we're going to call on Mr. Rohit and we
11 have an unknown caller ending in 0717. So we'll
12 begin first with Rohit. If you can hear me, please
13 unmute. Rohit?

14 MR. ROHIT: Yeah hi. Thanks a lot for the
15 opportunity to speak here today. Again, after
16 listening to the whole thing, no doubt MSK has done
17 great work for cancer care itself. No doubt about
18 that but again as a parent, my concerns remain as the
19 other parents have expressed here that cancer care is
20 changing and uhm, MSK given they put up a structure
21 like this, they need to fully address the needs of
22 the community not only the protected numbers that
23 they are proposing to treat for this new pavilion.
24 Thank you.

2 CHAIRPERSON RILEY: Thank you so much. Next,
3 I'll call on the unknown caller 0717. Okay, there's
4 no one else online then. Alright, okay, so I'll just
5 stand at ease. If there is anyone else who hasn't
6 testified in the room that wants to testify, please
7 see one of the Sergeant at Arms and Counsel, I just
8 stand at ease for 30 seconds to see if there's anyone
9 online that still wants to testify.

10 Alright, there being no other members of the
11 public who wish to testify on LU's 132 through 136
12 regarding the MSK Pavilion Rezoning Proposal, the
13 public hearing is now closed and the items are laid
14 over.

15 That concludes today's business. I would like to
16 thank the members of the public, my colleagues,
17 Subcommittee Council, Land Use and other Council
18 Staff and the Sergeant at Arms for participating in
19 today's meeting. This meeting is hereby adjourned.
20 Thank you. [GAVEL].

21

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24

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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 25, 2024