

MSK RESPONSES
To the
JULY 19, 2023 CB 8 RESOLUTION REGARDING THE MSK PAVILION
As of April 22, 2024

At the Full Board meeting of Community Board 8 Manhattan held on July 19, 2023, the board approved the following resolution by a vote of 39 in favor, 1 opposed, 2 abstentions, and 0 not voting for cause.

WHEREAS the maximum height of the building envelope will be no more than 594 feet; and

The Pavilion submitted to the City Planning Commission for certification requests the same eight zoning actions discussed over the course of five public meetings of the MSK Pavilion Task Force in the spring of 2023 and as considered by the Zoning and Development Committee. The Application requests a zoning envelope height capped at 598.3 ft. The Application identifies a building roof height of 556.30 ft, which is the more conventional measure of building height often presented to community boards. The volume within the zoning envelope above 556.30 ft, up to the maximum envelope height of 598.3 ft will be restricted to the types of highly specialized rooftop mechanical systems required to support the Pavilion's operating rooms and inpatient beds. While the zoning envelope has not changed, certain aspects of the proposal have been modified to respond to the thoughtful concerns raised at the Task Force meetings, as will be described later in this letter.

As explained by Dr. Jeff Drebin and his surgical and nursing colleagues at the public Task Force meetings, the Pavilion is the response by MSK physicians, nurses and hospital administrators to the expected arrival of a tsunami of new cancer cases that the Centers for Disease Control and other national and global authorities do not expect to peak until 2050. While cancers are primarily associated with aging, MSK expects that within this forecast lies an unprecedented need for complex surgeries for acutely ill cancer patients across all age groups, with new cases especially strong in the young adult population. Although MSK currently performs more surgeries for cancers than any other hospital in the United States in its state-of-the-art facilities in the Memorial Hospital building, Memorial is 50 years old and will not be able to keep pace with either the projected rise in new cases or the significant advances in technology necessary to treat them.

The Pavilion is physician-driven, designed from the inside out to provide the surgical and procedure suites required to meet the presently occurring rise in new cases. The design is specifically centered around its 28 new operating rooms, which will include two operating rooms dedicated solely to interventional radiology and up to 206 individual

patient rooms, including approximately 60 ICU beds, required to support surgical activity of the 28 new operating rooms for the acutely ill.

The Pavilion will focus on the specific needs of cancer care in an inpatient surgical setting. It is designed for this singular purpose, with a building program fully supportive of this goal. The essential elements of the Pavilion's programming are:

- i. Operating and Interventional Radiology room counts (average size: 702 sf, largest size 825 sf) based on validated projections of a surge in new cases already being seen at MSK and nationally.*
- ii. Bed counts based on the need to assure the medically required ratios of various types of inpatient rooms to support the 28 operating rooms. The unavailability of pre- or post-surgical beds translates into fewer or delayed surgical procedures.*
- iii. Bed counts provide all single-bed rooms (average size: 249 sf, largest size 258 sf) to address medical complexities, improve utilization, control infection, decrease average length of stay and boost patient and family experience.*
- iv. Clinical support (lab, pharmacy, central processing, materials management) right-sized to accommodate the Pavilion inpatient and surgical population, backed up by the more extensive Main Campus support services available via the Patient Bridge.*

There are no private or commercial spaces in this building. While taller than the two high-rise hospital buildings it is replacing, the Pavilion will be a tall building on the avenue rather than on the mid-block, in a context of tall medical buildings and on a site occupied by two tall towers that MSK has used exclusively for hospital purposes since 1959.

More information on the technical requirements that drive the Pavilion's envelope and height is provided below. However, of particular importance to the concern regarding the Pavilion's prospective 553 ft height:

- i. Nearly 20% of the Pavilion's prospective floor levels (over 5 full floors) are dedicated to mechanical infrastructure.*
- ii. Over 40% of the Pavilion's prospective building height is dedicated to mechanical infrastructure.*
- iii. The average clear floor area of the Operating Rooms is only 13% above code minimum (600 sf clear floor area).*
- iv. The clear floor area of the ICU Patient rooms is only 3% above code minimum (200 sf clear floor area).*

- v. *Operating Rooms* should have a 18 ft floor-to-floor height of no less than 10.5 ft to top of ceiling, 4.5 ft above the ceiling for medically necessary technology and infrastructure and 3 ft for structural and floor slab depth.
- vi. *Patient Rooms* must have a 15 ft floor-to-floor height of no less than 9.0 ft to top of ceiling, 3.5 ft above the ceiling for medically necessary technology and infrastructure and 2.5 ft for structural and floor slab depth.

WHEREAS the proposed Pavilion will utilize virtually all of the available Floor Area derived from the change in zoning and virtually all the remaining Floor Area of the 2001 LSCFD; and

Upon the Pavilion's completion, the entire amount of floor area allocated within the 2001 Large Scale Community Facility Development (2001 LSCFD) comprising MSK's three-block campus will be fully utilized. In fact, upon completion the MSK campus will be built to less than the FAR 10 originally proposed 23 years ago. No rezonings are being requested beyond those first requested in 2001. No FAR bonuses are being requested.

As discussed at both the public Task Force meetings and the Zoning and Development Committee meeting that preceded them, the original 2001 LSCFD application requested the rezoning of the North, South and Main Block midblocks from R8 to R9, which provided 127,605 sf of new floor area for the construction of the Zuckerman Research Center (ZRC) on the North Block and 140,584.50 sf of new floor area on the Main and South Blocks for the construction of the proposed future inpatient hospital building on a site within the LSCFD to be subsequently determined. Approval of the 2001 application as filed would have zoned the entire MSK campus to FAR 10 for community facility development, an FAR much lower than most of the recent residential and institutional development within CB 8. The Commission certified the rezonings of all three midblocks as requested, but due to the intervening disruptions caused by the events of 9/11 could only approve the necessary floor area sufficient for the construction of ZRC on the North Block. The upzoning of the Main Campus midblock was explicitly approved so that MSK could be reasonably assured of the Commission's determination that R9 was and would remain the appropriate zoning district for the future replacement hospital. The Commission did, however, express its wish to defer without prejudice the request to upzone the South Block midblock from R8 to R9 until the plans for the new replacement hospital were better defined, upon which MSK voluntarily withdrew the R9 zoning map amendment prior to the Commission vote in November of 2001. These events, including the Commission's recitation of these actions based on its assumption that an application to rezone the South Block midblock R9 would return in conjunction with a subsequent application for the new inpatient hospital (referred to in the CPC Report as "Phase II"), are set forth in detail in its Report approving the 2001 LSCFD and ZRC's construction:

"The Commission is pleased that the applicant, in response to concerns raised during the public review process, has revised the zoning map amendment by

eliminating the south block from the rezoning application. This revised action would eliminate approximately 140,000 square feet of increased permitted floor area from the south campus block. The Commission notes that the detailed planning for the south campus block is at an early stage and that MSKCC will be focusing its resources and efforts on the north and main campus blocks. Because the concept plan for the southern block is likely to change over time as the development and expansion plans proceed on the northerly two blocks, the Commission believes that the south campus block should remain in the R8 district until the plans for this block are more concrete.”

This Application, which includes the rezoning of the South Block midblock, is the application anticipated by the Commission in 2001 and the Pavilion is that future inpatient hospital building.

WHEREAS Operating Room Floors and Patient Floors will require 17-foot and 15-foot floor to floor heights respectively; and

As discussed during the public Task Force meetings and the public Zoning and Development Committee meeting that preceded it, the approvals sought for the Pavilion will provide a zoning envelope within which the building can be located rather than approval of a specific building with specific floor-to-floor heights. While the building identified in the application consists of a combination of 18 ft floor-to-floor heights for operating rooms and 15 ft floor-to-floor heights for patient rooms, MSK has asked its architects to continue to study ways in which these floor-to-floor heights can be reduced wherever possible.

The critical determinants for the Pavilion’s minimum floor-to-floor heights include the need to accommodate on certain floors the advanced technology required to treat increasingly complex cancers. From the specific needs of the robust mechanical and medical infrastructure systems in the operating rooms to the ceiling-mounted medical equipment and technology systems in the patient rooms, the floor-to-floor heights of the Pavilion must provide for best-in-class care on opening day and for decades into the future.

In the opinion of MSK’s project architect, CannonDesign, a global healthcare planning and design firm, the single largest obstacle to designing new hospital buildings for future clinical adaptations is the lack of adequate floor-to-floor heights for the diagnostic, treatment and surgical equipment that inevitably come online over the expected life span of a new building. This holds true for the interstitial spaces between floors as well, which not only must accommodate the increasingly robust air handling systems discussed below but also must house the larger and more complex technologies that service the operating suites and patient rooms. Nonetheless, MSK has every good reason from both construction and operational cost standpoints to reduce these heights wherever possible and will be aggressively working with its architects as structural, mechanical and design

drawings evolve to seek out economies on floor-to-floor heights and other height reductions wherever they can be found.

WHEREAS MSK has committed to constructing a new cancer Pavilion that meets the highest standards of carbon neutrality possible; and

In line with our significant capital investments over the last 15 years to reduce energy usage and increase building resiliency, MSK re-confirms its commitment to minimizing our carbon footprint by requiring higher levels of recycled content in major construction trades, optimizing the performance of the building envelope and improving the efficiency of major mechanical systems in order to create a state-of-the-art facility that allows our staff and clinicians to provide the best possible standard of care to patients. Many of these strategies align with New York State Climate Leadership and Community Protection Act targets and the sustainable design criteria outlined in the U.S. Green Building Council's LEED Gold standard.

More information on our commitment to energy efficiency is provided below.

WHEREAS MSK has committed to constructing the building using union labor for both onsite construction and offsite fabrication; and

MSK re-confirms its commitment to utilize union labor. Any off-site construction will be in compliance with local (NYC) trade union standards. Any modular units constructed off site will be built by local union labor at the site of fabrication and delivered and installed in partnership with NYC unions.

More information on our commitment to utilizing union labor is provided below.

WHEREAS MSK has committed to coordinating with P.S. 183 on noise mitigation and minimizing the impact of construction on P.S. 183; and

MSK re-confirms its commitment to ensuring the safety of the children, parents, caregivers and staff of P.S. 183 over the six-year construction period as a top priority, in equal measure to the safety of its own patients, visitors, and staff. The PS 183 community is one MSK holds close; several MSK staff and trainees have or will have children enrolled in P.S. 183 while the Pavilion is under construction.

MSK has recently met with School and Parents Association officials. More information on the steps MSK is taking to ensure the safety of the School community and minimizing the impacts of construction activities on P.S. 183 is provided below.

WHEREAS CB8 is home to multiple world class healthcare institutions, including MSK, with several concentrated in the vicinity of the proposed site; and

We agree that CB8 is home to some of the foremost healthcare institutions in the world. We are glad to be a part of this community and look forward to continuing to serve this community and all New Yorkers.

Some of our community programming within CB8 this past year has included hosting a free Head and Neck Cancer Screening at our Koch Center; participating in the Roosevelt Island Older Adult Center Health and Resource Fair; taking part in the Ella Baker School STEAM team and School Career Day; supporting the P.S. 183 student food drives and Halloween Festival and advising the P.S. 183 Green Team and students on environmental sustainability; donating shower chairs and other supplies to our local migrant shelter locations; and participating in the MLK Day of the Service Food Insecurity Project at the Stanley M. Isaacs Neighborhood Center.

WHEREAS MSK has committed to implementing the highest levels of noise mitigation, dust control, and pest control during construction and demolition; and

MSK re-confirms its commitment to implement robust standards for addressing construction impacts throughout the Pavilion's construction. These standards are being designed to recognize that surgeries in Memorial Hospital and sensitive research in Rockefeller Labs will continue throughout the construction period as well as to minimize impacting our neighbors. Due to these adjacencies, MSK will hold its contractors to exacting standards, for promoting safety in and around the site and minimizing construction impacts.

More information on our construction impacts mitigation techniques is provided below.

WHEREAS MSK has committed to holding monthly meetings with local residents and stakeholders to provide updates on construction and address any concerns;

MSK re-confirms its commitment to holding monthly meetings with local residents and stakeholders by constituting a Construction Working Group (CWG). Based on its past CWG experiences, MSK well understands the need to communicate construction activities as well as to participate in a forum to address the construction concerns of its neighbors. We also recognize that our neighbors are capable of providing valuable feedback that can improve safety and quality of life around the construction site.

More information on our plans and expectations for the MSK Pavilion CWG is provided below.

NOW THEREFORE BE IT RESOLVED that Community Board 8 Manhattan requests MSK incorporate the following recommendations in their Zoning Application and the Revocable Consent Application:

- Replacement of all housing in the current on the site with new housing units in Community District 8;

MSK supports the laudable affordable housing goals of CB 8.

Respectfully, there are no housing units to be replaced in either of the two community facility buildings to be demolished for the Pavilion. While both Sloan House and Scholars present themselves as typical residential multiple dwellings, they are community facility Use Group 3 hospital buildings which since their construction in the 1970s have been used exclusively for both contract housing and non-clinical office use. As dormitory-style contract housing, occupancy has been limited to MSK personnel, primarily young doctors temporarily residing in New York on rotations of two to eight years, but also to other visitors and staff. Arrangements with these valued members of the MSK community are through occupancy license agreements (similar to dormitory agreements) linked to their terms of MSK affiliation rather than as individual rental tenants holding residential leases.

Historically, Sloan and Scholars House have been owned and operated by MSK exclusively for contract housing. Both have community facility certificates of occupancy for hospital purposes, which precludes general market-based residential use. The code and zoning differences between community facility and residential uses are sufficiently significant to prohibit a conversion of either of these buildings to residential use as a matter of right. In fact, the buildings that preceded Sloan and Scholars built in the 1930's were also used for general hospital purposes, including contract housing and parking limited to MSK staff.

Planning for the removal of these contract units from MSK's inventory has been underway since 2019 in preparation for the initial phases of interior demolition anticipated later this year, with steps being taken to earmark replacement units elsewhere in the MSK contract housing portfolio. As of this date, all Sloan and Scholars occupants requiring new contract housing have been provided units in MSK's existing portfolio of staff housing.

- A design that meets the needs of MSK to care for the projected increase in cancer patients in a lower profile structure than currently proposed;

The Application requests a zoning envelope height capped at 594 ft and identifies a prospective building roof height of 553.30 ft. Without the approval of these two parameters, MSK will not be able to provide the 28 operating rooms that are the nucleus of this Application. Both the proposed envelope and the prospective building height are functions of the 31-story Pavilion's unique and singular focus: care and treatment of the acutely ill cancer patient in one of 28

operating rooms. The resulting proposed zoning envelope's its corresponding unique height is driven by three design components:

- the mechanical infrastructure within the building necessary to support modern surgical facilities, which in the Pavilion's case occupies the equivalent of five full floors within the prospective building,*
- approximately 40 ft height of rooftop mechanical equipment above the 31st floor required to provide the required levels of air changing equipment, and*
- the extensive air handling ductwork delivering fresh air to the operating rooms and patient beds (the proven need for which has increased significantly since COVID-19), and medical technology contributing to the prospective floor-to-floor heights.*

Given the complex nature and high volume of surgeries expected in the Pavilion, and the immuno-compromised condition of many of its patients, the Pavilion's air changing equipment will constitute 20% of the Pavilion's gross floor area above grade and 40% percent of the height of the requested envelope height. Maintaining the medically essential air change rates for the functioning of the operating rooms and to control infectious diseases throughout the Pavilion requires a minimum air change rate of 4 - 6 times per hour for inpatient bedrooms (along with minimum outside air requirements) and 20 times per hour for operating rooms (along with minimum outside air requirements), many times higher than residential and office buildings.

Care has been taken to incorporate program and design values that serve to reduce the profile of the Pavilion. The two-story enclosed Patient Bridge over East 67th Street that is proposed in MSK's revocable consent application will provide an efficient route to move critically ill patients and their families, equipment, and staff between the two facilities as well as to permit the admitted patients in the Pavilion to access the extensive diagnostics and treatment facilities in Memorial and throughout the Main Block. The Patient Bridge significantly reduces the need to include additional floor area in the Pavilion for many medical and administrative services that will remain in Memorial Hospital and on the remainder of the Main Campus block. It will also permit the elimination of spaces for general operational functions such as departmental offices, food services and hospital administration which would otherwise contribute to even greater bulk and height were the Pavilion required to function as a free-standing hospital on this or another site.

In addition, consistent with national trends, nationwide best practice and regulatory requirements, future MSK patient rooms will be single-bedded. Teams

of MSK doctors and nurses have worked alongside its architects to create a superior state-of-the-art single-bedded room model averaging 252 sf. This model has been fully vetted to meet the medical care and patient/family support demands to be generated by the 28 operating rooms, while also resulting in a smaller profile building overall.

In 2001, MSK proposed a LSCFD that committed it to build at a future time an inpatient hospital of similar size within its existing three-block campus. That commitment is now being realized in the Pavilion, and this 2024 land use application is a fully consistent continuation of the LSCFD approvals received in 2001. Now, as then, the goal has been to expand within MSK's existing footprint to ensure total integration with Memorial Hospital. The proposed envelope profile is the minimum required to address the high volume of new cases estimated by the CDC to occur across all age groups, a volume that is expected to increase steadily through 2050. Without this envelope within which to build the Pavilion, it will not be possible to provide the surgical facilities MSK's physicians and nurses project will be required to meet the coming challenges of the next three decades.

As the Pavilion's design and program continue to evolve, MSK will continually be looking at ways to reduce the Pavilion's profile within the context of these challenges. As previously stated, MSK has every good reason, from both construction and operational cost standpoints, to reduce the Pavilion's height wherever possible and will be aggressively working with its architects to seek out economies on floor-to-floor heights and other height reductions wherever they can be found. We have asked Rob and his colleagues to continue to study ways in which the building's profile can be reduced within the context of these challenges. However, MSK is unable to provide a revised "design that meets the needs of MSK to care for the projected increase in cancer patients in a lower profile structure than currently proposed."

- That the new Pavilion meet the highest standards of carbon neutrality possible, as proposed by MSK;

In line with MSK's significant capital investments over the last 15 years to reduce energy usage and increase building resiliency, MSK is committed to minimizing its carbon footprint by requiring higher levels of recycled content in major construction trades, optimizing the performance of the building envelope and improving the efficiency of major mechanical systems in order to create a state-of-the-art facility that allows its staff and clinicians to provide the best possible standard of care to patients. Many of these strategies align with New York State Climate Leadership and Community Protection Act targets and the sustainable design criteria outlined in the U.S. Green Building Council's LEED Gold standard.

The Pavilion is being designed to conserve and reuse energy in every way possible for a surgical pavilion to do so, primarily through emphasizing electrification and the decarbonization of the electrical grid. However, as with any major inpatient hospital facility, the ability of the Pavilion to attain carbon neutrality is hindered by the reality that hospitals, and in particular inpatient hospitals with a heavy concentration of surgical facilities, require extraordinarily high amounts of energy to ensure continuous 24/7 operations, including obligations to power state-of-the-art medical technologies, provide multiple fresh air changes each hour and provide ventilation to operating rooms and all other functions critical to the safety and well-being of patients and staff. An inpatient hospital's routine need to power extensive round-the-clock redundancies and back-up systems to assure power continuity also takes its toll on energy usage. MSK is committed to taking every available step to move toward electrification and decarbonization, while ultimately respecting the continued needs of our patients and staff, and safe medical practices generally.

- That MSK construct the building using union labor, as proposed by MSK;

MSK has a longstanding history of using union labor on our projects and is committed to using union labor for construction of the Pavilion. MSK has utilized union labor on all of its major capital projects for decades and firmly believes union labor provides the most high quality construction work available for its patients and staff. To that end, MSK only seeks bids from Union shops when assembling its construction partners.

- That MSK require union labor to be used for off-site fabrication, as proposed by MSK;

Any off-site construction utilized on the project will be in compliance with local (NYC) trade union standards. Any modular units constructed off site will still be built by local union labor at the site of fabrication and delivered and installed in partnership with NYC unions.

- That MSK design the building exterior with material that does not reflect light onto the surrounding community including residences and parks;

MSK is working with its design architect, Foster + Partners, to specify cladding materials that avoid the appearance of a highly reflective, "mirror-like" building in hopes of providing the project with an understated & timeless aesthetic. The current design consists of exterior glazing and aluminum profiles, which carry some minor reflectivity of sunlight, but is nothing that is expected to impact or alter its immediate context.

- That MSK implement the highest levels of noise mitigation, dust control, and pest control as proposed by MSK;

Demolition, excavation and foundation activities for high-rise construction are inherently loud, messy and disruptive. Moreover, constructing a new facility within a contained New York City footprint surrounded on all sides by healthcare institutions, patients and nearby residents whose continuous presence must be prioritized presents unique challenges. Foremost for MSK, these challenges must address the most vulnerable among us: the acutely ill and those accompanying them entering and leaving adjoining MSK buildings and the nearby buildings of our neighboring medical institutions, who are entitled to our every effort to mitigate the unavoidable impacts of construction activities.

New York City requires more and tougher controls to mitigate adverse construction impacts than any other city in the United States. NYC is also home to several of the nation's leading construction managers who are well versed not only in meeting New York City's stringent requirements on a daily basis, but who also are prepared to exceed minimum requirements when their client demands it. MSK has chosen two of the preeminent construction managers in the field – Turner Construction and LendLease, who will form a joint-venture (TLL) for the Pavilion. Turner and LendLease have between them 145 years of construction experience in building similar buildings in New York City and have each built several buildings in the vicinity of the Pavilion. In fact, Turner has built all three of MSK's most recent new buildings: The Zuckerman Research Center (2002), Josie Robertson Surgical Center (2016) and the David I. Koch Center for Cancer Care (2019). These projects proceeded safely and successfully with regard to best practices for mitigating construction impacts. They were completed without incident or disruption.

In entrusting the Pavilion's construction to TLL, MSK will be contractually locking in their accountability for maintaining best practices in construction standards, best health and safety practices and community engagement standards that will far exceed typical best practice and code compliance. MSK will hold TLL's "feet to the fire" on each of these obligations. It assumes this responsibility first and foremost to protect the safety and health of the MSK community and its non-MSK neighbors during construction, but these measures extend to reducing generally unwanted environmental impacts wherever possible and other impacts that jeopardize our community's health, safety and well-being. Extensive quality control measures demanded by MSK and accepted by TLL have been designed and embedded into every aspect of the Pavilion's construction.

Consistent with every major construction project, the Pavilion's draft Environmental Impact Statement (draft EIS) will disclose that there will be unavoidable intermittent construction-related adverse noise and traffic impacts during the construction period, which are common findings for most buildings due

to expected truck trips and general construction activity on site during the demolition, excavation and superstructure phases of a building. These impacts reduce significantly after the shell of the building is completely enclosed.

We look forward to addressing concerns as they arise through the future scheduled meetings of the CWG discussed in further detail below.

- That MSK ensure adequate lighting on its construction fencing to ensure a well-lit and safe community;

Details for construction perimeter lighting as well as all other aspects of the construction site perimeter safety measures will be shared as they become available and will be subject to monitoring throughout construction at regularly scheduled CWG meetings.

- That MSK install artwork on the construction fence to beautify the neighborhood during the six year construction duration;

MSK will explore any opportunities afforded by New York City to visually improve the site appearance during the duration of the project. Due to the City's stiffening approval requirements for sidewalk scaffolding, we cannot commit in advance to any specific installation, but will certainly keep such opportunities front of mind.

- That MSK coordinate noise mitigation plans with P.S.183 to minimize the impact of construction activities on the students at P.S. 183, as proposed by MSK;

MSK is committed to treating the safety of the children, parents, caregivers and staff of P.S. 183 in equal measure to the safety of its own patients, visitors and staff. It also recognizes the likely overlap of current and future MSK staff who will have children attending P.S. 183 through the Pavilion's six-year construction period. It is important to note that the large modern 510,056 sf Rockefeller Research Labs building lies between the Pavilion and P.S. 183, effectively shielding the School from direct impacts. The draft EIS concludes that there will be no significant adverse noise and air quality impacts on the School due to the presence of Rockefeller Labs and the precautions already adopted to address construction-related noise and air quality impacts immediately adjacent to the site. Nonetheless, because the Pavilion Site lies in the travel paths of many of the School's children, we are already in discussions with School officials about developing safety protocols to protect arriving and departing children and caregivers. Both Turner Construction and LendLease have significant prior experience addressing noise and dust impacts in close proximity to Upper East Side schools and pre-schools, and in fact Turner built MSK's Koch building on East 74th Street within yards of the front door of the Epiphany Community Nursery School at 510 East 74th St without incident or disruption.

MSK and TLL construction managers recently participated in a meeting arranged by MSK's Office of Community Engagement and Health Equity with P.S. 183's school administrators and Parents Association to open discussions about the ways TLL can mitigate construction impacts. A presentation to the PA is being scheduled following the school break. We expect P.S. 183 will be a continuing priority agenda item for the CWG.

- That MSK maximize the use of greenery in the facility design and install greenery in front of the Schwartz building;

MSK has retained noted landscape architect MNLA to provide both temporary options during construction and permanent options following the Pavilion's completion. Bicycle parking during construction is under consideration as a temporary measure to compensate for the loss of bicycle racks while the garage is closed during construction. Permanent options include a mix as yet undetermined of public bicycle racks, landscaping and passive seating. Preliminary designs will be shared with CB 8 and the CWG as they are developed.

- That MSK work to mitigate the traffic back-up at the parking garage;

Following further study regarding the inadequacies of the existing parking garage ramp on East 66th Street, MSK is revising its plan for arriving, departing and parking. Based on this re-assessment, two contributing conditions to the back-ups – the East 66th Street's ramp's utilization for both entering and leaving the parking garage and our inability to curtail the parking garage's availability to the general public on a first come/first serve basis – will now be eliminated by three important revisions to the interior multi-lane drive-through that will run from East 66th to East 67th Street. First, the parking garage will be restricted to patients and those transporting or visiting patients utilizing an online reservation system that will include dedicated arrival times. Combined with the previously discussed adoption of valet parking that will allow arrivals to enter the interior drive-through to turn their vehicles over to a valet at the interior Pavilion entrance, this will significantly reduce use of the the East 66th Street garage ramp for incoming parkers. Second, use of that ramp will be restricted to arrivals only, as a new exit ramp will be constructed on East 67th Street. That ramp will also include a down lane dedicated to the valet system for bringing vehicles down to the garage level, again reducing the dependency on the existing East 66th Street ramp. And third, this new ramping system will connect to an optimized, larger area at the first cellar level to provide an additional option for visitors to hand off or pick up their vehicles.

We believe that these changes will significantly improve the traffic situation surrounding the Pavilion site, reduce congestion on the ramps, diminish frustration for both MSK visitors and our East 66th Street neighbors and reduce exhaust emissions attributable to cars idling on the street, while also advancing our own commitment to a patient-first parking system that will provide a less stressful arrival experience for patients and caregivers.

- That MSK holds monthly meetings with the community during the course of construction to apprise the community of construction progress and next steps, and receive feedback regarding any concerns, as proposed by MSK;

As was the case with MSK's previous new buildings, and in conjunction with its elected officials, CB 8 and immediate neighbors, MSK will establish and staff a Construction Working Group following land use approvals and issuance of construction permits. Based on its past experiences, MSK well understands that ongoing communications with its neighbors can provide valuable feedback for maintaining safety and quality of life around the construction site. Jointly, the members of the CWG will establish procedures and agendas for ongoing engagement that will include monthly meetings at which progress presentations, a monthly "look-ahead" of scheduled construction activities, and a review of the log of incoming communications will be discussed. Attended by senior MSK project managers and TLL construction supervisors, MSK is committed to the CWG as the essential link to the community throughout construction.

- That MSK post on the construction site and its website an emergency phone number that is different from 311, for community concerns about construction activities;

A 24/7 hotline will be established and logs maintained and reviewed at monthly CWG meetings to assure prompt response and follow-up where necessary. As stated above, the CWG will be attended by senior MSK and TLL construction supervisors who will be able to transform concerns into action wherever possible. In addition to the hotline, we will be developing additional capacities to communicate construction activities to the public and to record and respond to concerns. Individuals may currently email communityaffairs@mskcc.org with questions or concerns.

- That MSK, in their traffic studies, pay particular attention to the following issues:

The current draft EIS under review by DCP concludes there would not be any permanent traffic impacts attributable to the Pavilion opening in 2030. To assure the validity of the analysis, we have agreed to implement a Traffic Monitoring Plan that will obligate us to conduct post-opening reviews of the vehicular movements regarding both the East 66th Street entrances to the garage and

interior drive-through to confirm that the projections that will be finalized in the final EIS proved reasonable.

- Drop-off on York Avenue (although this will be “prohibited” under the proposal)

There are no adverse York Avenue traffic impacts associated with the Pavilion’s future vehicular traffic. There will be no Pavilion entrance facing York Avenue, which we expect will continue to operate as it now does, albeit with an improved curb condition due to the expected elimination of the intermittent queuing to enter the garage on East 66th Street. The multi-lane drive-through described in detail above will, in the opinion of MSK’s traffic experts, significantly reduce public street congestion at and around the Pavilion site.

The use of an interior drive-through to redirect busy avenue traffic was first used by MSK at its Evelyn H. Lauder Breast Center, which houses MSK’s ambulatory breast cancer and imaging services. The purpose of that interior drive-through was to deter patient drop-offs and pick-ups on Second Avenue and also to provide critically important patient privacy for those desiring it, which by all accounts has been successful. Recessed vehicular entrances leading to a covered off-street interior entrance have also since been utilized for similar purposes at the two other nearby MSK ambulatory centers, the Josie Robertson Surgery Center on York Avenue and the David H. Koch Center for Cancer Care on East 74th Street. In combination with a proposed robust signage system to guide pedestrians and drivers to the appropriate entrances, the Pavilion will build on the successful traffic management at those buildings in providing arrival and departure through weather-protected doors that will also include greater operational controls for alleviating traffic congestion than curbside drop-offs provide. A calm arrival and departure with enhanced privacy is a fundamental pillar of our commitment to a dignified and compassionate patient experience for all patients and their families.

- Queuing for parking on York and both side streets

The CEQR Technical Manual does not classify the conditions of the existing East 66th Street parking ramp to be modified as a CEQR topic and so there are no findings on this subject in the draft EIS. However, whether or not the issue is considered in the draft EIS, this concern was among those considered in the redesign of the proposed drive-through and garage ramps discussed in a previous comment.

- Traffic headed to and from the FDR Drive at 62nd Street

The draft EIS transportation chapter analyzed two intersections for the evening rush hour period: First Avenue and East 67th Street and Second Avenue and East 67th Street. The draft EIS has confirmed that neither intersection will have traffic impacts. It can be concluded that no other intersections in the area would have significant adverse traffic impacts. Traffic headed to the FDR Drive would be negligible in comparison to the future traffic to be generated at the two analyzed locations.

- Garage capacity both in the Pavilion and surrounding neighborhood

The CEQR Technical Manual identifies capacity in nearby parking garages as a CEQR topic, so there are findings on this subject in the draft EIS. The draft EIS states, “The Proposed Project would accommodate its own parking demand for patients and visitors on-site. Available public off-street parking would accommodate all parking demand from staff. . . . Therefore, the Proposed Project is not expected to result in the potential for a significant parking shortfall.” While we are not requesting an increase in the current number of approved spaces in the existing garage, the proposed changes to the existing garage ramps and parking operations discussed above should improve both ease of access and capacity for patients, those caregivers transporting patients and visitors to those patients.

- Possible effects of Congestion Pricing both on neighborhood parking capacity, and increased traffic from the 59th Street Bridge.

We are aware of the community’s concerns about the future impacts of Congestion Pricing within CB 8 and share those concerns as these evolving policies will affect MSK’s own patients and workforce, many of whom live in the area. It is heartening that so many of the projects slated to be funded through Congestion Pricing are intended to improve mass transit accessibility, which will, if realized, serve to reduce access-to-healthcare disparities. Reducing such disparities aligns with MSK’s own goals for broadening access to its services to a greater number of New Yorkers struggling with cancer. We will be monitoring the situation as part of the Traffic Monitoring Plan and consider ourselves a stakeholder within the community as the MTA moves toward implementation.

- That MSK conduct shadow studies and make mitigation proposals for the effects of shadows from such a tall building

Utilizing the methodologies and standards required by the CEQR Technical Manual for determining shadow impacts, only one adverse shadow impact has

been identified. Certain south and east windows on the Church of Saint John Nepomucene at 411 East 66th Street, NE corner at First Avenue, will encounter temporary extensions of shadows on certain days in the fall, winter and spring. The draft EIS provides potential mitigations that will be discussed with the Church leadership, with any decisions reported in the final EIS.

- That MSK present an appropriate aesthetic solution for the generally acceptable skybridge proposed to connect the Pavilion with the existing hospital to the north.

At the time of the Task Force meetings, we were still awaiting comments from the Public Design Commission regarding our preliminary drawings for the Pavilion Patient Bridge. The PDC conducted its conceptual review of the drawings filed with the NYC DOT for the revocable consent for the proposed Patient Bridge and on October 17, 2023, notified NYC DOT that they found the Bridge to be “generally successful and appropriate for the site, and members commended the minimal, elegant massing of the bridge”. The next submission to the PDC will most likely not occur until after ULURP, but we plan on keeping the community involved by including its future approvals as a CWG agenda item and if requested will also provide progress reports to CB 8.

Please advise us of any action taken on this matter.

MSK gratefully appreciates the significant time and resources that Community Board 8 leadership past and present has provided to MSK, both in meetings of the Zoning and Development Committee and in its stewardship of the MSK Pavilion Task Force. We are also grateful for the thoughtful participation of the many Board members and members of the public who gave their time to it. These meetings have given MSK a meaningful opportunity it would not otherwise have had to discuss the programmatic need for the Pavilion side-by-side with the zoning and environmental aspects of its forthcoming application. It has also provided MSK medical leadership with the opportunity to engage in a direct conversation with its neighbors and others in the community regarding the need for Pavilion’s 28 operating rooms and its shared concerns regarding the health and safety issues to be raised by its construction and future presence. The feedback received will continue to inform the Pavilion’s ongoing planning.

As physicians and nurses, we are proposing the Pavilion as our response to the models and forecasts showing that the projected rise in new cancer cases through 2050 can fairly be characterized as a “tsunami” across all age groups. We are already seeing its earliest stages in our daily work. We are well-prepared to respond to these rising rates through 2030, but thereafter our ability to respond to the accelerating necessity for additional acute care inpatient facilities requires that the Pavilion as represented in its land use application begin construction by the end of this year. MSK is committing significant resources to its strategic vision

for a 2030 Pavilion opening for acute care cancer patients. We would not be pursuing this building and your support for it were it not for its uncontroverted necessity.

We look forward to the May 8 Land Use Committee public hearing on the application and through this advanced response hope that we have provided sufficient information to its members and the public.

Sincerely,
Russell Squire Anthony Cohn and Felice Farber
Chair Co-Chairs, MSK Pavilion Task Force