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March 13, 2023

Ms. Stephanie Shellooe, AICP, Director
Environmental Assessment and Review Division
New York City Department of City Planning
120 Broadway, 31st Floor
New York, New York 10271

Re: Lenox Hill Hospital, CEQR No. 23DCP079M
Written Comments on Draft Scope of Work

Dear Ms. Shellooe,

FRIENDS of the Upper East Side Historic Districts submits these written comments as an expansion of our public testimony at the March 2 scoping meeting. For 40+ years FRIENDS has worked to preserve architectural history, livability, and sense of place on the Upper East Side. We are a leading voice for common sense planning and land use, having led successful community efforts for contextual zoning and expanded historic district protections. We support balanced urban change on the Upper East Side.

Northwell seeks a massive upzoning to the Lenox Hill Hospital site which will destroy the equilibrium of zoning and historic district tools calibrated to reinforce the character of Park and Lexington Avenues, with low-rise midblock corridors. The City record on these points is clear, particularly with regard to Lexington Avenue, described in a 1983 DCP report as a uniquely narrow avenue with congested and retail-oriented sidewalks, with “very special neighborhood character.” Beyond its height of 436 feet, piling a bulky building, with floorplates nearly the size of the Freedom Tower, on this portion of the site makes no sense from a planning perspective.

FRIENDS supports Northwell’s desire to modernize its physical plant to align with industry standards and even to expand its facilities, which have grown in a piecemeal fashion over its 150 years on this block. Similarly, improving the streetscape along 76th and 77th Street by internalizing ambulance and loading bays may be an improvement. But broadly speaking, the proposal projects an expansion of service – just 25 new beds – that is wildly out of proportion to the scale of the increase in building density of nearly 80% gross square feet. While we understand the desire for single-bed rooms, we question whether this is truly the standard at comparable hospitals. Absent a stronger justification, the broad ranging environmental ramifications – from impacts on transportation, zoning and land use, neighborhood character, and the disruptions of a minimum 11-year construction project – cannot be mitigated and set a dangerous precedent for midblock contextual zoning citywide, and for other institutional expansion.



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Underlying the scale and scope of the proposed new building is the insistence that Lenox Hill remain operational throughout the construction. But a phased construction process that involves temporarily relocating services, and perhaps utilizing the Third Avenue site as a satellite, could allow for both a shorter construction period and a facility that spreads the bulk out more evenly across the block. The Draft Scope of Work fails to discuss alternative approaches to the construction process, as well as alternatives to the project itself. These should include both an as-of-right alternative, and other alternatives that mitigate the severe impacts of the project.

Furthermore, the Draft Scope of Work fails to articulate a convincing purpose and need for the project as it relates to improving healthcare for the City. Rather, the main argument for the project can be summed up as “our facilities are old and need upgrading.” There is no attempt made to place the hospital and its patients into the broader context of healthcare in New York City, and zero discussion of the socioeconomic need or impact of the project in terms of Lenox Hill’s capacity to serve more or a broader range of patients. Without such justification, it is not clear how further concentrating healthcare in a neighborhood already saturated with these services, rather than investing in neighborhoods with greater healthcare needs, will actually serve all New Yorkers. We note that the project does not meet the threshold for analysis of socioeconomic conditions as defined by the EAS and the CEQR manual, and contest this conclusion. The EAS asks whether the proposed project would affect conditions in a specific industry. A shift in the makeup of beds at Lenox Hill to all private rooms, likely excluding Medicaid patients from being treated there, has clear implications for who the hospital is meant to serve, and certainly warrants a full socioeconomic analysis in the Draft Scope of Work.

Regarding historic resources, Lenox Hill’s history goes back 150 years on this block to its days as the German Hospital and exemplifies the history of Yorkville. Several historic buildings on the Projected Development Site make that connection tangible – particularly the Achelis and West buildings (built circa 1916 by I.E. Ditmars), Einhorn (built 1937 by York & Sawyer) – and are set to be demolished in the project. The Historic Resources section erroneously concludes that there are “no known architectural resources on the project development sites” that would be impacted. We would argue that demolition is certainly an impact and that Draft Scope of Work should be amended. As our neighborhood undergoes rapid change, we urge Northwell to incorporate elements of remaining historic buildings into the larger project, especially in areas where renovation rather than new construction is planned. This would go long way toward retaining a human-scale at the street level and responding to the built context and decades of community-driven planning in this neighborhood.

We urge the Department of City Planning to take the required “hard look” at these issues, and to urge Northwell to explore a more sensitive approach that works largely within the existing



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grandfathered midblock envelope, and 170 foot height limit on Lexington, along with possible satellite locations as many institutions have done.

Sincerely,

Rachel Levy
Executive Director