

# STAFF RECOMMENDATION

E. Keller

NCPC File No. 6765



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## NEW FORT BELVOIR COMMUNITY HOSPITAL CONCEPT SITE AND BUILDING PLANS Fort Belvoir, Fairfax County, Virginia

Submitted by the Department of the Army

August 30, 2007

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### Abstract

The Department of the Army has submitted concept site and building plans for a new hospital complex on 60 acres of land at the South Post of Fort Belvoir, Virginia. This project supports the Base Realignment and Closure Commission (BRAC) 2005 restationing decisions within the National Capital Region. The National Capital Region medical service market supports care for more than 439,000 eligible military beneficiaries. It is expected the Fort Belvoir new hospital would provide healthcare services to a total of 220,803 beneficiaries. The hospital concept planning specifies a new modern hospital with components that include a 1.1 million square foot hospital building comprising 125 patient beds, medical clinical space and outpatient services, 2600 vehicle spaces in parking garages, a dental clinic, and an administrative building that would house the North Atlantic Regional Medical Command (NARMC). Ancillary facilities include a central energy plant, helipad, ambulance shelter, surface parking, and various utility and infrastructure services.

### Commission Action Requested by Applicant

Commission comment on the concept site and building plans pursuant to 40 U.S.C. § 8722(b)(1).

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### Executive Director's Recommendation

The Commission:

**Comments favorably** on the concept site and building plans for the New Fort Belvoir Community Hospital at Fort Belvoir, Virginia, as shown on NCPC Map File No. 2204.10(38.00)-42309; and,

**Requests** that beginning with the next submission of project planning and design development:

- The applicant provide an outline of a Community Hospital TMP, accounting for all proposed parking, and that the final TMP be submitted no later than the request for NCPC final building design review of the main hospital.
- The applicant provide a complete circulation diagram and parking usage diagram for the garages that accounts for all various operational modes of the FBCH parking requirements through a typical 24-hour time period and that information is supplied on clarifying the 24/7 operations of the hospital and its effects or relationship to transit bus scheduling.
- The applicant revise pedestrian connections to and from other adjacent nearby areas of the post, particularly to the south and in the direction of Gunston Road.
- The applicant investigate a location and implementation of open space, between the Sixth Street and Ninth Street corridor, with a buffer zone that would serve to protect the residential area along Ninth Street from traffic and service truck noise, emergency sirens, and other activity associated with the hospital location.

**As a related recommendation,** asks that the Fort Belvoir Command coordinate and complete an agreement to collaborate with Fairfax County, so that county authorities may repair the county force main sewer pipe from Dogue Creek Pump Station across Fort Belvoir’s northeast areas of the South Post

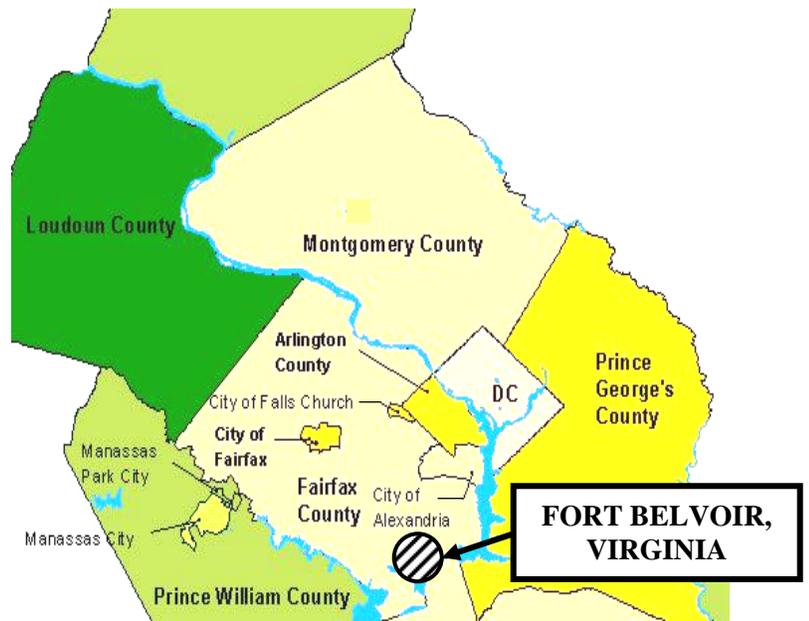
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**PROJECT DESCRIPTION**

Site

The site for the new hospital is located in an area central to the South Post development at Fort Belvoir and just inside the Pence Gate entrance for the South Post of Fort Belvoir. The proposed location is bounded by Richmond Highway (U.S. Route 1) to the north, Ninth Street to the south, Belvoir Road to the east, and Gunston Road to the west. The total land area within these roadways is rectangular and totals approximately 185 acres. The majority of the site area is either undeveloped or is occupied by the existing South Post golf course.

Based on consideration of buffers, natural features of the existing golf course, and environmental impact parameters, the site area dedicated to the new hospital development and support facilities is approximately 60 acres.



**REGIONAL LOCATION OF FORT BELVOIR, VIRGINIA**

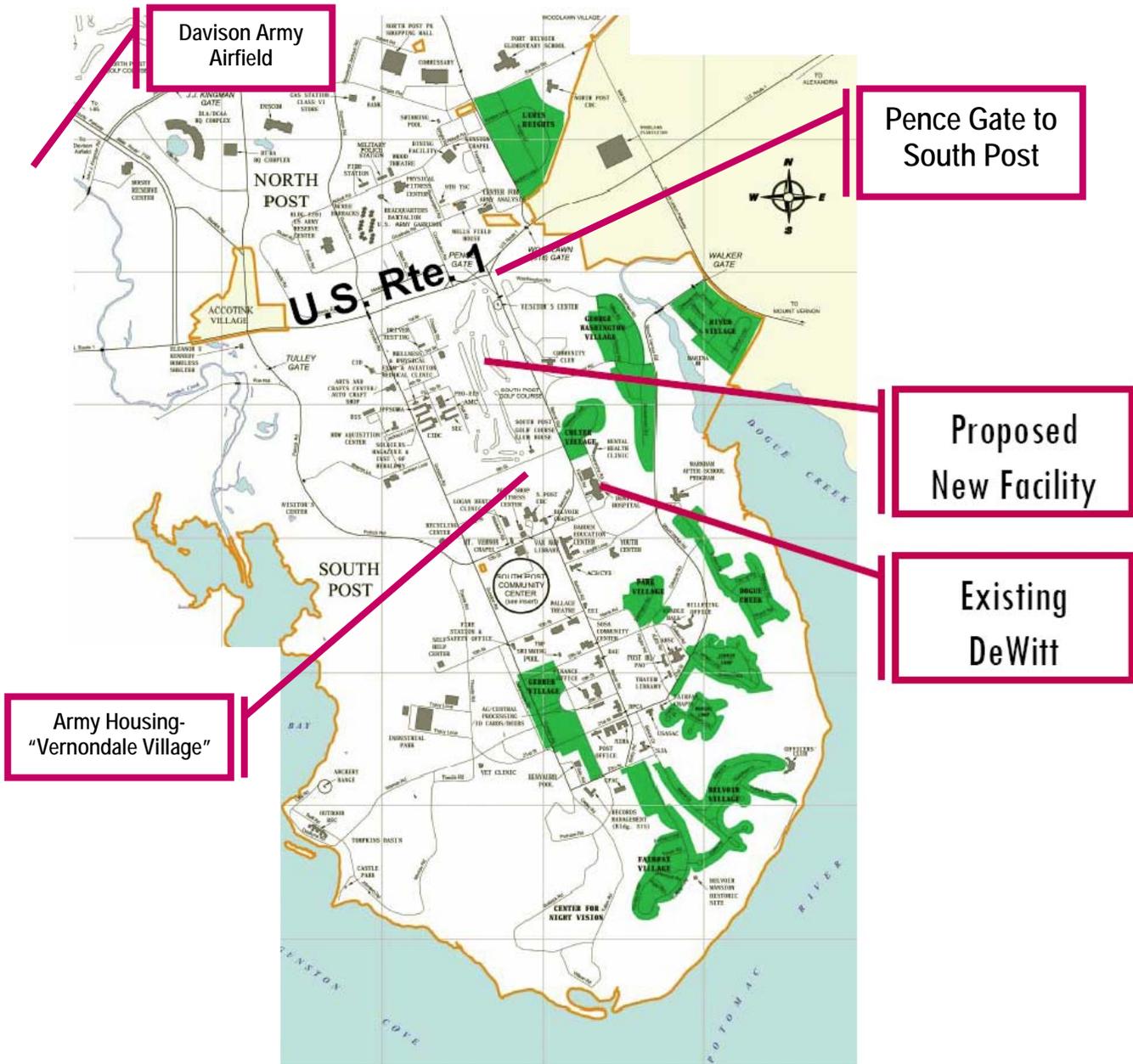
## Background

This project supports the Base Realignment and Closure Commission (BRAC) 2005 decisions within the National Capital Region affecting Walter Reed Army Medical Center (WRAMC) in Washington, DC; National Naval Medical Center (NNMC) at Bethesda, Maryland; Malcolm Grow Medical Center (MGMC) at Andrews Air Force Base; and Dewitt Army Community Hospital at Fort Belvoir. BRAC closes Walter Reed in 2011 and places about one-quarter of the functions of WRAMC in a new community hospital at Fort Belvoir.

The new Fort Belvoir Community Hospital (FBCH) project will provide a new modern hospital within Fort Belvoir. The project components include a 1.1 million square foot hospital comprising 125 patient beds, medical clinical space and outpatient services, 2,600 spaces in structured parking, a Dental Clinic and an administrative building that would house the North Atlantic Regional Medical Command (NARMC) offices. Ancillary facilities include a central energy plant, helipad, ambulance shelter, surface parking, and various utility and infrastructure services.

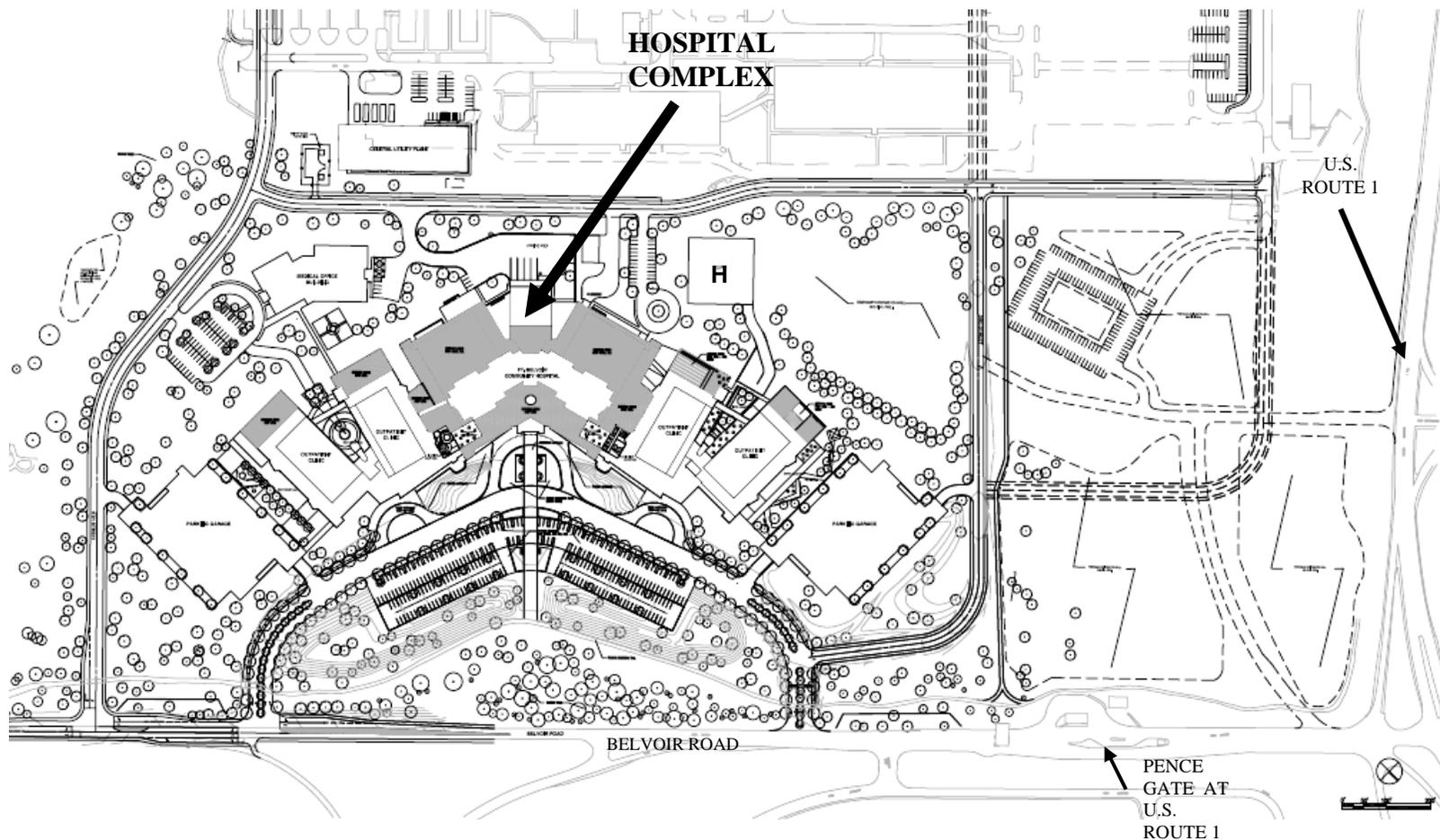
Other earlier Commission actions on projects and activities at Fort Belvoir include:

- On May 6, 1993, the Commission approved the updated Master Plan Land Use Element for Fort Belvoir. The plan designated the McNamara HQC site as an area for future administrative expansion. It further stated that if expansion did take place, structured parking would be required.
- The Commission, on November 1, 2001, approved the preliminary site and building plans for an addition to the Andrew T. McNamara Headquarters Complex, as well as the construction of a parking garage in Fort Belvoir to allow the Defense Threat Reduction Agency relocation.
- On July 11, 2002, the Commission approved the final site and building plans for an addition to the Andrew T. McNamara Headquarters Complex to allow for the Defense Threat Reduction Agency relocation, as well as the construction of a parking garage at Fort Belvoir, Virginia, as shown on NCPC Map File No 2204.00 (38.00)-41053.
- The Commission, on August 1, 2002, approved the Subarea Plan for the Regional Community Support Center, Fort Belvoir, Fairfax County, Virginia as shown on NCPC Map File No. 2205.10(05.12)-41072, and approved the preliminary and final site and building plans for the replacement of the DeWitt Army Hospital, Fort Belvoir, Fairfax County, Virginia, as shown on NCPC Map File No. 2205.10(38.00)-41073.
- Pursuant to delegations of authority adopted by the Commission on October 3, 1996, the Executive Director in November 2003 approved the preliminary and final site and building plans for a new K-9 Kennel at Fort Belvoir, Virginia, as shown on NCPC Map File No. 2204.10(38.00)-41247.



**VICINITY MAP INDICATING LOCATION OF THE PROPOSED FORT BELVOIR COMMUNITY HOSPITAL ON THE SOUTH POST AREA OF FORT BELVOIR**

All projects subsequent to 1993 were in compliance with the concepts and goals of the approved Master Plan, except for the replacement Dewitt Army Hospital, which was identified in the separately prepared subarea plan that modified land uses in that section of the post. All the projects have been constructed; however, the Dewitt Army Hospital was deferred for completion when BRAC 2005 was initiated.



### **FORT BELVOIR COMMUNITY HOSPITAL SITE PLAN AND CONCEPT SITE DESIGN**

#### Proposal

The proposed new FBCH concept utilizes a siting strategy that centralizes the new hospital in the area of the South Post golf course with an orientation toward approaches from Belvoir Road. The entrance roadway for the facility is envisioned as a landscape boulevard shaped around an existing large wooded depression adjacent to Belvoir Road. Major access points for the building and for parking facilities will all be reached as destinations along this boulevard. Because the boulevard enters and exits the site area from flanking positions, the foreground of the building

would be predominantly a large, verdant landscape when viewed from the entrance roads to the building as well as from the interior site public spaces.

The FBCH building height took into consideration elevation restrictions associated with nearby Davison Army airfield. The hospital building is six occupied levels above grade, at its highest points, with flanking portions of the buildings to the north and south lower. Structured parking for staff and visitors totals 2,600 spaces, and will be deployed in two five level structures to the north and south of the hospital building. A separate lower structure along the entrance drive to the east will serve visitors and patients. The principle parking structures located to the north and south of the hospital will be linked to the outpatient entrances by enclosed walkways. Of the available spaces, 2,035 will be available for staff use after accounting for 450 patient spaces for outpatient visits daily (based on project traffic study) and approximately 115 spaces for patient visitor use. This amount of parking would establish a staff parking ratio of 1 space per 1.5 employees, which is in conformance with the parking ratio specified by the Comprehensive Plan.

In the main hospital structure there will be a partial basement containing services and support functions. Truck loading docks will be located at this level also on the south side of the building. The design of the hospital building is envisioned as being closely associated with site-development, integrating concepts of generous exposure to natural light and views to the outside with patterns of movement and locations of public space. The site plan incorporates fully and partially enclosed outdoor courtyards which will be intensively landscaped with pedestrian paving, low maintenance planting, water features, and other materials providing visual interest and human comfort. A large area of vegetated roof (green roof) will be developed over the central portion of the hospital building, reducing runoff and providing visual relief and interest to the views from the inpatient areas. At the penthouse areas of the outpatient clinics, collection of rainwater will occur that will be stored in cisterns located at each of the north and south outpatient courtyards. Further measures to manage stormwater runoff include the development of a system of bioswales to the east and west of the building, which will contain and naturally absorb surface drainage.

The public face of the building engages wide concourses where vehicular drop-offs and access points are clearly established. Pedestrians enter the main public lobby which interconnects inpatient and outpatient destinations. Secondary entrances permit more immediate access to outpatient functions for both patients and staff. The areas which are deployed in the center of the building are oriented toward inpatient care as well as diagnostic and treatment areas. Supporting functions are located at basement and first floor levels below these areas. Mechanical equipment serving these areas is located in a floor dedicated to this use immediately beneath the inpatient nursing unit floors.

Material composition of the concept design features materials similar and sympathetic to that visual character of the South Post, but will be modern and high performing. Most of the unglazed portions of the exterior of the buildings will be composed of a terra cotta rain screen system, which is energy efficient and may be constructed rapidly (an important factor in an aggressive schedule for BRAC completion actions). In addition, the terra cotta tiles may be manufactured in larger units that would suit the scale of the new facilities. The design incorporates a pattern of tiles throughout which are 24" wide and 12" high. Much of the glazing in the buildings will be

composed of a unitized curtain wall system, with more limited applications of strip and punched windows. The glazing will support energy efficiency strategies by incorporating insulating panels, low-emission coatings, ceramic frit patterns, and sun shading devices. In addition to the rains screen system, limited areas of aluminum metal panel wall surfaces are incorporated in the design. Sloping curvilinear roof forms over the penthouse elements above the outpatient clinics are designed to express their rain collecting functions, as well as help relate to the vertical scale of the central inpatient nursing tower. The courtyard cisterns also will be exposed to view as sculptural forms in order to convey their role in conservation.

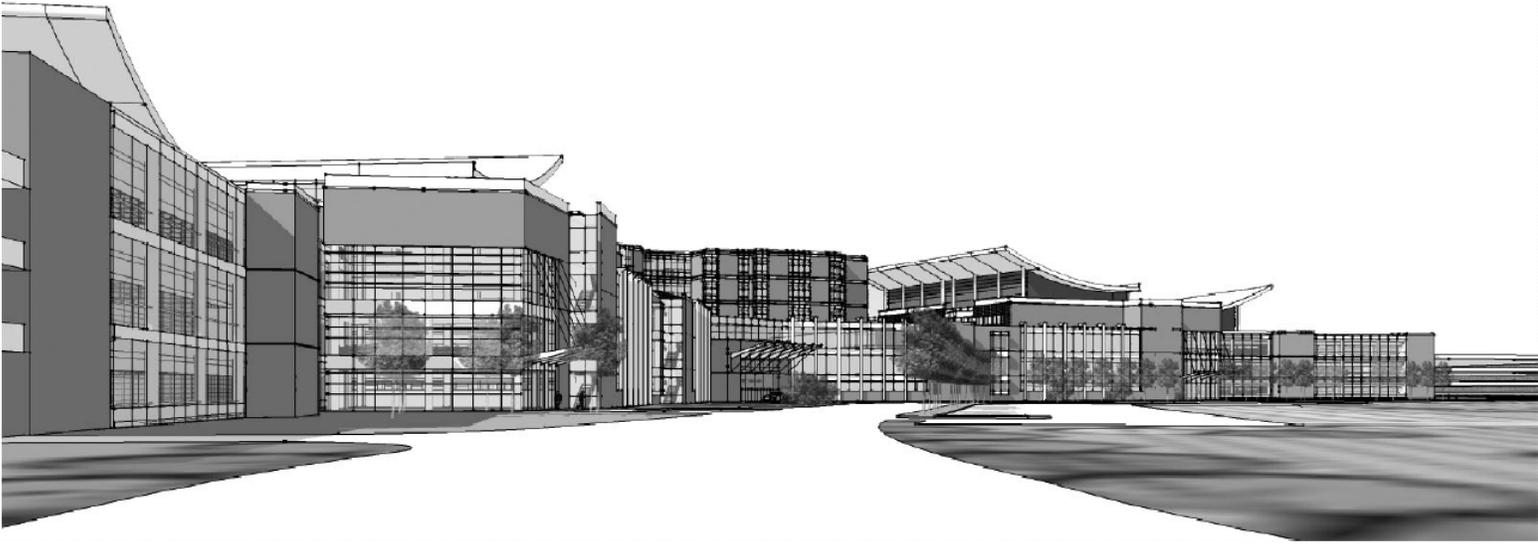
Assigned employment to be relocated to Fort Belvoir Community Hospital is 2,069 employees. With the existing staff employment at the current hospital of 922, the total assigned personnel for the FBCH would be 2,991 personnel.

The intent for the FBCH is to achieve a LEED rating for adherence to sustainable design goals. The criteria for achieving this rating include selecting an appropriate site, designing the project in an environmentally appropriate way, and providing alternative means of transportation to the site. Some of the highlights of the strategies proposed for the FBCH are:

- Providing significant and functional open space
- Utilizing quality and quantity of stormwater management
- Maintaining strategies for automobile use that limits parking of employees and therefore encourage public transportation, carpools, and other alternatives to the automobile.
- Reducing the use of potable water through re-cycling and initial capture through cisterns



**HOSPITAL MAIN BUILDING AT CENTER, WITH FLANKING PARKING GARAGES AT LEFT AND RIGHT OF BUILDING**



**VIEW OF MAIN HOSPITAL BUILDING FROM SOUTHEAST, AT LOOP  
BOULEVARD DRIVE**

Development Program

Applicant: Department of the Army

Estimated Cost: The FBCH construction cost is preliminarily established at approximately \$639,000,000. Funding is planned to be allocated in a phased and incremental sequence to meet the needs of development progress.

Architect: Joint Venture of HDR and Dewberry, Alexandria and Fairfax, Virginia

Completion Date: The FBCH is a BRAC action which the President and U.S. Congress have authorized to be completed by 2011. The schedule for construction and occupancy is to begin in late 2007 with occupancy scheduled for mid to late 2010.

**COORDINATION**

The Fort Belvoir Army planners and the design consortium, called Belvoir New Vision Planners, initiated consultation with NCPC staff concerning the FBCH in late 2006 and throughout 2007. In its overall efforts, the Army and its design teams have maintained communications with many stakeholders in the planning initiative for FBCH and have conducted several meetings with state and local jurisdictional agencies. Army planners have also communicated with staff of the Fairfax County Office Department of Planning, County Supervisors and representatives of the Supervisors, and the County Department of Transportation regarding the FBCH plans.

Additional coordination of the land use modifications and FBCH planning was undertaken by NCPC staff in requesting comment on the plans from the Fairfax County Department of Planning and Zoning, the Metropolitan Washington Council of Government planners, Virginia Department of Historic Resources, Fairfax County Public Schools, Virginia Department of Environmental Quality, Virginia Department of Transportation, and the Northern Virginia Regional Planning Commission in July 2007.

Members of the Fairfax Department of Planning and Department of Transportation met with NCPC staff on August 20, 2007 and expressed the following:

- In the Context of Biological Resources
  - Protect environmentally sensitive areas on the FBCH site
  - Minimize clearing of trees by utilizing BMPs
  - Reforestation and landscape tree planting that will be sufficient to restore the tree canopy that will be removed on the FBCH site. The existing Fort replacement policy for trees should be confirmed and strengthened at it applies to BRAC activity areas
  - Wetland mitigation occur as close to the source of impacts as possible and within the same watersheds
- Cultural Resources
  - Local jurisdictional consulting parties should be included in the preparation of a Programmatic Agreement (PA) including Fairfax County Park Authority and Fairfax County Government staff
  - Interpretation of cultural resources near the FBCH site should be included such as brochures, signage, exhibits, websites, etc.
  - Additional issues as described under the National Historic Preservation Act conformance section of this report.
- Land Use
  - Exterior lighting should be designed to be consistent with county requirements particularly near FBCH site boundaries.
- Parks and Recreation
  - Dedication of the 135-acre portion of the western EPG site area to the Fairfax County Park Authority consistent with the 2003 Defense Authorization Act.
  - Construction of recreation facilities on the western EPG site to help off-set demand and loss of open recreation created by the new development associated with the FBCH.
- In the Context of Schools

- The Army provide funding to off-set the cost of additional school facilities required as a result of BRAC actions. Specifically, the impact and assistance resulting from the Fort Belvoir BRAC actions will require an additional elementary school and expansion of middle schools to accommodate additional children. All facilities are projected to cost \$ 77.1 million.
- Transportation Issues
  - Transportation mitigation measures specified by the EIS process should be in place prior to site and building occupancy. Commitments by the Army for implement of EIS mitigation and improvements should be specified by the NGA submission review noting schedule and finance implementation.
  - The new hospital close proximity to the Pence Gate security control area requires coordination and the establishment of additional lanes to allow hospital only traffic access to the FBCH area.
  - The FBCH vehicle access must have coordinated signal timing reviewed by VDOT and adjusted as recommended.
  - Onsite design features should include locations for bus stops, shelters, and bus pullouts.
- Non Transportation Connections
  - The Accotink Stream Valley should be used, and development coordinated with the County, to establish a regional trail that would connect and assist in creating non-motorized transportation to Fort Belvoir and surrounding area.
  - New FBCH development should accommodate bicycle use by employees including parking for bicycles, showers, and locker space.
- Water Resources
  - The County Planning review applauds the FBCH to comment to making the new facilities LEED certified, but details to understand the full initiative are lacking.
  - FBCH stormwater management details are not completely described on the submission materials and the County is concerned the extent of clearing and location impacts may be undesirable.
  - Resource protection areas (RPA) should not be degraded by insufficient protection measures, and the avoidance of the areas when possible should be achieved.
  - The Army should use full BMPs and low impact development (LID) facilities for both water quantity and quality control.
  - The extent of vegetation removal demonstrated in some to the plans is a concern. Mitigation and or protection planning must be adhered to.
  - Water runoff detention requirements are a full and separate County permitting regulation that must be adhered to. Stormwater management measures must be consistent with the requirements of the Chesapeake Bay Preservation Areas, floodplain regulations, erosion and sediment control requirements, and adequate outfall provisions. All design elements of the drainage systems of the FBCH must be

- consistent with the Virginia Erosion and Sediment Control Regulation (4VAESO.30-40.19) and Stormwater Management Regulation (AVAC3.20.81).
- The Army should provide a courtesy review of its stormwater management and water quality control plans once they are better developed.
- Waste Water
- The wastewater conveyed to county operations is utilizing the Fairfax Wastewater System. No major issues develop from the proposed hospital complex.
  - The County wastewater review, however, does highlight a connected and important concern regarding the force main that conveys over 8 MGD of raw sewage from Dogue Creek Pump Station across Northeast areas of the property near the Pence Gate. The County requires replacement of this pipe at its own cost to avoid significant and adverse service impacts to the Fort and its environment in the vicinity of the new hospital. Efforts to coordinate this County work on Army property have been continually met in an unresponsive manner with little or no cooperation from Fort Belvoir authorities. Cooperation with the county is earnestly sought to achieve the repairs in a timely manner before a catastrophic failure occurs.

In a transmittal letter, dated August 28, 2007 (see attached) the County provided a record of the above issues. It is noted by the letter the County Board of Supervisors has not taken a position on the specific project.

Virginia Department of Environmental Quality indicated they will provide a written response to NCPC by September 4, 2007.

The Metropolitan Washington Council of Government (COG) planners have not responded to the NCPC request to date, although they did meet directly with NGA project representatives on July 24, 2007. Informal minutes from the Army on the July 24 meeting indicated COG representatives are aware of Virginia Department of Transportation concerns and will rely on their input. COG also noted that they recognized that there may be future issues raised by the study of Washington Headquarters Service relocation to the GSA Warehouse site at Springfield, and analysis of the proposed interchange between Fairfax County Parkway and the I-95 Hot Lanes. One minor issue was raised that developed sites should not preclude access by bus transit. COG staff had noted in responses to questions, at a mid-2007 Metropolitan region air quality board meeting, that COG staff had reviewed the draft environmental impact statement but the issues at Fort Belvoir would be subject to General Conformity reviews conducted by Virginia DEQ and COG would not input to that effort.

Fairfax County Public Schools had no comment on the specific FBCH plans.

The Virginia Department of Historic Resources indicated, by a staff response, that Section 106 consultation is on-going and that they have no comments on the plans at this time.

The Virginia Department of Transportation (VDOT) provided environmental impact statement comments regarding their review of the FEIS for the BRAC NEPA document, and emphasized

they still had significant issues with transportation effects from the Fort Belvoir BRAC actions. The VDOT in summary requested a re-drafting of the impact statement and further review. Those comments are attached.

Prince William County Office of the Executive provided comment on July 30, 2007 indicating their interest as it related to the county's review of the FEIS. Those comments are attached.

The Northern Virginia Regional Planning Commission has not responded to NCPC's request to comment, but the FBCH facility planners did meet and brief Commission officials on July 25, 2007.

## PROJECT ANALYSIS

The current submission presents necessary modifications to the existing land uses at Fort Belvoir, and indicates a concept presentation of specific buildings that comprise the new FBCH. The most significant alteration in land use activity is at the South Post golf course. The modification encompasses approximately 185 acres being reclassified from open recreational space to professional/institutional use, but only 60 acres are totally used and altered for the hospital construction. The remaining balance would still be open green space adjacent to the hospital structures and ancillary activity areas. Moreover, other Army project activities have impacted the South Post to a greater extent in recent years (Residential Community Initiative for housing), and various mitigation actions for modification of the land use plan are presented in the project submission. Staff has determined that the expanded activities are consistent with the existing general land use patterns of the post, and the Army has achieved a well integrated plan of development for the new hospital that respects many natural features of the location.

Staff believes that the architectural objectives and the concept provisions of the hospital building concept design are consistent with design guidelines of the post composition. The staff is confident the concept location, specific site design elements noted by this report, and the detailed architectural interpretation of the hospital at this concept stage are acceptable. These efforts establish a modern, state of the art medical facility focused on outpatient treatment services.

However, the staff further notes additional project development augmentation is needed to meet NCPC future review obligations for the FBCH. Because the project proposes a significant increase in medical personnel at the new hospital, staff does have concerns regarding the total commitment of the Army to proceed with transportation management objectives of the TMP requirement for the FBCH staffing and operation. The Army's ROD implementation for a TMP Coordinator to begin efforts in a delayed timeframe (cited as before FY 2009) would hinder the design review for this medical facility, and better efforts towards transportation and parking management must address particular issues of the unique requirements of the FBCH. These issues would include management of staff shifts, late night operation transportation, and the needed focus for a reduction in single occupant vehicle usage by hospital staff given the goals of the Army's overall Fort Belvoir TMP objectives. NCPC staff finds the necessary information of transit usage and specific FBCH staffing parking goals not available at this time. Consequently, **staff recommends the Commission strongly request the applicant begin development of FBCH TMP information for consideration by NCPC, and that it be submitted no later than**

**the application for NCPC final building design review of the FBCH and/or its parking structures.<sup>1</sup>**

**Additional staff concerns relate to this project's site development and the provisions for transit bus drop-off. The Commission staff also recommends a request for finalization of the operational aspects of the proposed parking garage, and that the Army provide a complete circulation diagram and parking usage diagram for the garages that accounts for all various operational modes of the FBCH parking requirements through a typical 24-hour time period.**

**An additional point that staff recommends is that the Commission request further details on existing and planned pedestrian connections.** The existing complex of buildings along Gunston Road, to the rear of the hospital site, has pedestrian walkways, and the revised perimeter trail does link the site to some of the trails systems. But pedestrian connections to other areas of the post are needed. NCPC staff believes further refinement of the project site development plans in that context should be requested.

Finally, the presence of the existing residential development across Ninth Street suggests that large scale development at the hospital is potentially intrusive toward this area. **Staff recommends the Commission request the applicant investigate a location and implementation of open space, between the Sixth Street and Ninth Street corridor, with a buffer zone that would serve to protect the residential area along Ninth Street from traffic and service truck noise, emergency sirens, and other activity associated with the hospital location.** Staff believes completion of a buffer zone across from the medical office area toward Ninth Street would be sufficient (see pages 14 and 15).

As a related matter, **the staff notes the concern of County waste water authorities on the seemingly difficult situation to obtain focus and cooperation from Fort Belvoir on an important effort to repair a county forced main sewage pipe which crosses a portion of the South Post.** As cited in the Fairfax County's comment, in the coordination section of this report, it is significant that efforts by the Army to meet and cooperate with the county in the best fashion possible would be beneficial toward repairing the pipe.

With the provisions noted in the above review, **staff recommends favorable comment on the concept site and building plans for the proposed Fort Belvoir Community Hospital at Fort Belvoir.**

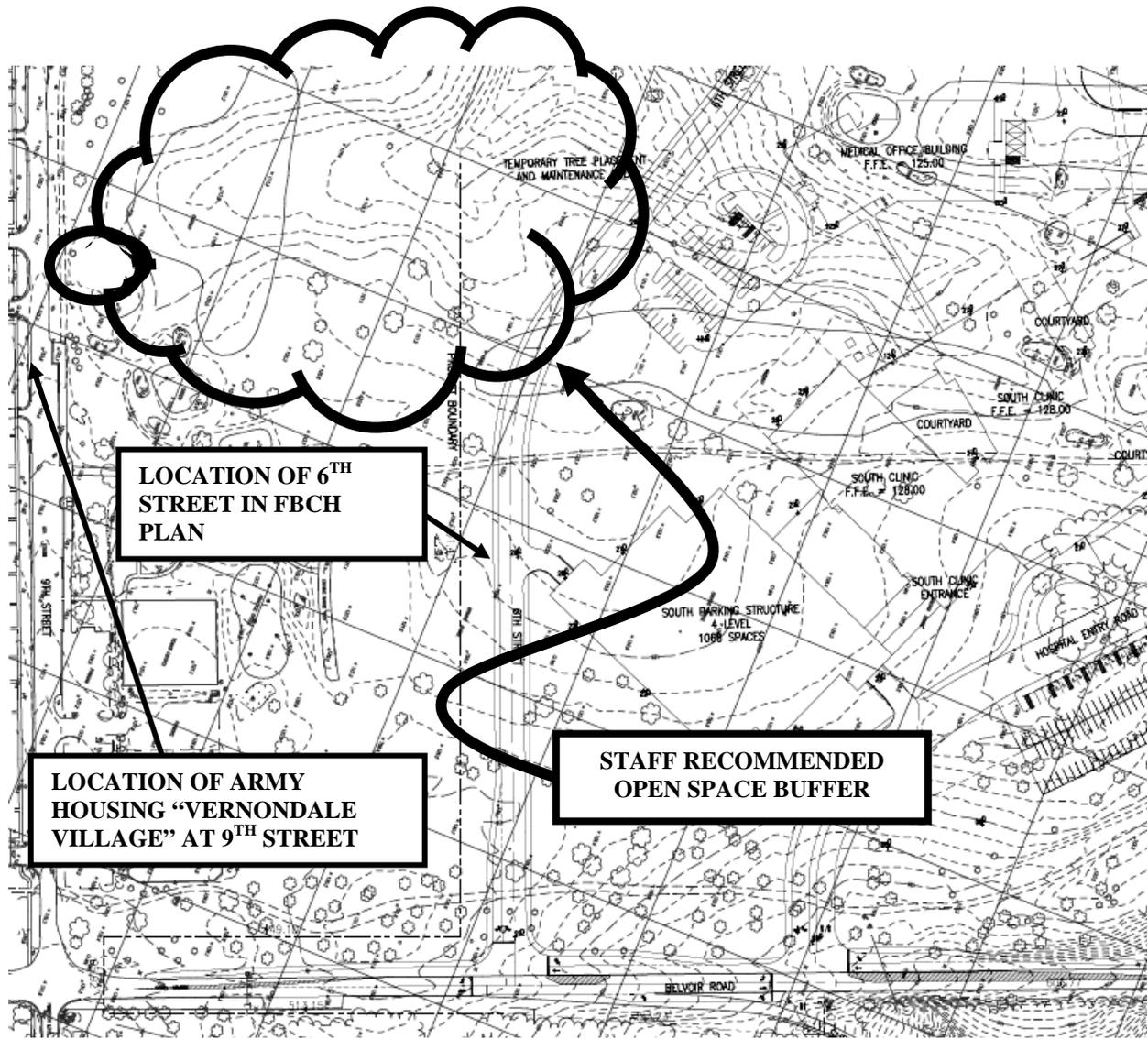
## CONFORMANCE

### Master Plan

The submission is a concept design that is rationally factored into the existing Master Plan established in 1993 and now revised with a land use modification that is identified in the submission and provided in the review materials. In the subsequent review stages of the FBCH

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<sup>1</sup> Section 5(b) of the Planning Act notes; ...that the appropriate defense agency shall consult with the Commission as to any developments which materially affect traffic or requires coordinated planning of the surrounding area.



### LOCATION OF SUGGESTED OPEN SPACE BUFFER BETWEEN SIXTH STREET AND NINTH STREET

project that will be brought to the Commission, a land use modification for the FBCH site will be submitted which conforms to the Commission requirements of land use and circulation plan updates. No final project approvals of any nature can be issued by NCPC without that land use modification, as established by the Commission's review procedures. Those revisions to the existing 1993 Master Plan would replace the portions of the document addressing the South Post area. The land use modifications are identified and reviewed within the current Army Final EIS issued in July 2007 and are specified by the Army Record of Decision. Other projects of both the Fort Belvoir BRAC action, and additional future planning, are being analyzed and prepared under a new long range real property Master Plan update that will be brought to the Commission for staff early consultation in the first quarter of 2008. Ultimately the Master Plan update would be officially submitted for final review by NCPC in 2008.



**VERNONDALE VILLAGE ON SOUTH POST, LOOKING NORTHWEST TOWARD FBCH SITE**



**VERNONDALE VILLAGE ON SOUTH POST, WITH 9<sup>TH</sup> STREET AT LOWER PORTION OF PHOTO; SUGGESTED BUFFER AREA AT LOWER CENTER WHERE GOLF GREENS CURRENTLY EXIST**

### National Environmental Policy Act

In conformance with its NEPA compliance procedures, the U.S. Army completed a NEPA analysis of the site and project by accomplishing a draft and final EIS document, with the final EIS issued July 2007. An Army Record of Decision was signed by the Army on August 7, 2007, which completed the NEPA review of the Army and its new FBCH.

The project is a proposal outside the District of Columbia and consequently the Commission does not have an independent NEPA responsibility in accordance with NCPC Environmental and Historic Preservation Policies and Procedures. NCPC staff has reviewed the NEPA documents and project in the environs as advisor.

### National Historic Preservation Act

A draft Programmatic Agreement, pursuant to requirements of Section 106 of the NHPA, addresses the assessment and mitigation of potential adverse effects to historic properties from undertakings at Fort Belvoir's Main Post. It is being developed for signature by Fort Belvoir, the U.S. Army Corps of Engineers, the Virginia SHPO, and the Advisory Council on Historic Preservation.

The Army formally initiated the Section 106 consultation process for the Fort Belvoir BRAC actions in April 2007 with the Virginia Department of Historic Resources. Fort Belvoir authorities scheduled a series of meetings with consulting parties and the public to discuss potential impacts of BRAC on cultural/historic resources on and around the installation's Main Post in May 2007. The hospital site is in close proximity to the Woodlawn Historic District. Furthermore, the Army has determined that the South Post golf course is eligible for listing in the National Register of Historic Places.

As of August 2007, the consultation process continues. The exact provisions of the PA remain under discussion. Most issues related to the hospital appear to be moving forward toward some resolution. Expressed concerns from the consulting parties include limiting effects from construction noise and vibration on the historic Quaker Woodlawn Friends Meeting House.

Other concerns are the helipad site at the proposed hospital and on the project's light pollution. While no increase to the current number of helicopter operations is expected—about 1.8 operations per month—the consulting parties are concerned with potential overflights. Flight path restrictions are a potential mitigation measure for the PA. (It should be noted that many helicopters, namely police, traffic, and medical emergencies bound for other hospitals in the vicinity, currently fly over the area.)

The Army has further analyzed the noise issue in relation to the Meeting House and reached a finding of No Potential Effect (NPE) for hospital construction noise and vibration toward many cultural resources. NPE findings for helicopter noise and vibration were based on the location of the historic sites in question. As helicopter traffic will be between Walter Reed National Medical Center Bethesda and the new hospital; all helicopter traffic will approach from the north

or northeast. All of the sites for which a NPE review concerning noise was made are located either to the south, east or west of the proposed location for the South Post FBCH. Similarly, most regular ambulance traffic will be to hospitals to the north of Fort Belvoir. Properties to the west and south will not be impacted by this traffic.

The Fort Belvoir authorities and the hospital design team continue to work with the consulting parties to determine effects and develop appropriate language committing to suitable mitigation measures or future actions for study on the issue of light impacts.

### Comprehensive Plan for the National Capital

The proposed FBCH concept proposal is consistent with the *Comprehensive Plan for the National Capital: Federal Elements*. The *Comprehensive Plan for the National Capital: Federal Elements* notes that "...federal workplaces that require extensive land for medical or research activities...are primarily located in suburban areas. These include intelligence, research, development, and testing activities. Military installations, such as the Department of the Army's Fort Belvoir, have become administrative centers for a variety of government tenants with these types of land uses." (Federal Workplace Element, p. 26)

Furthermore, the *Comprehensive Plan for the National Capital: Federal Elements* includes the following policy:

Guide the long-range development for all installations on which more than one principal building, structure, or activity is located or proposed through a master plan. Agencies should review master plans on a periodic basis to ensure that both inventory material and development proposals are current. Such reviews should be conducted at least every five years. Agencies should advise the Commission of the results of such reviews and provide to the Commission a proposed schedule for revising master plans when updating is determined to be needed. Revisions to master plans should reflect changed conditions and provide an up-to-date plan for the development of the installation.

(Federal Workplace Element, Development of Workplaces with Communities Policies-Coordination with the Community, Policy #10)

The *Comprehensive Plan for the National Capital: Federal Elements* also includes the following policy:

Parking ratios for federal facilities located outside of the District of Columbia, Arlington County, and Old Town Alexandria, and beyond 2,000 feet of a Metrorail station:

Suburban areas beyond 2,000 feet of Metrorail, phased approach linked to planned improvements over time (1:1.5-1:2)

(Federal Transportation Element, Parking ratios, p. 85)

And the transportation management planning objectives as cited in the *Comprehensive Plan for the National Capital: Federal Elements* that include the following policies:

Federal agencies should:

1. Prepare Transportation Management Plans (TMPs) to encourage employee commuting by modes other than the single-occupant vehicle.
2. Develop TMPs that explore methods and strategies to meet prescribed parking ratios, and include a thorough rationale and technical analysis in support of all TMP findings.
3. Analyze scenarios that incorporate data on employee home zip codes, nearby bus routes, Metrorail, MARC, and VRE lines and their schedules, and that identify existing and planned HOV lanes.
4. Include, within TMPs, implementation plans with timetables outlining each agency's commitment to reaching TMP goals.
5. Reflect, within TMPs, planned regional transportation infrastructure or service improvements within five miles of the federal facilities.
6. Submit their most recent TMP with all master plans and with all projects that increase employment on site by 100 or more.

(Federal Transportation Element, Transportation Management Plans, p. 87)

Additional policies involve the transportation demand management objectives cited in the *Comprehensive Plan for the National Capital: Federal Elements* that include the following policies:

The federal government should:

1. Encourage ridesharing, biking, walking, and other non-single-occupant vehicle modes of transportation for federal commuters.
2. Maximize telecommuting strategies for employees in accordance with federal law.
3. Employ compressed and variable work schedules for employees, consistent with agency missions.
4. Support pedestrian and transit commuting through Live-Near-Work programs.
5. Steadily increase transit subsidy rates, and consider applying subsidies and incentives to other modes, such as biking, walking, carpooling, and vanpooling.

(Federal Transportation Element, Transportation Demand Management, p. 88)

Staff finds that while conceptually, the FBCH project consistency with the Plan is maintained, further detailed planning information, including a specifically applicable TMP to the hospital is needed and requested by staff.

**ATTACHMENTS ON FOLLOWING PAGES**