

STAFF RECOMMENDATION



C. Hart
NCPC File Nos. MP028 and
7019/7021/6918

**DISTRICT OF COLUMBIA VETERANS AFFAIRS MEDICAL CENTER CAMPUS
CAMPUS MASTER PLAN
4C WING EXPANSION, OPERATING ROOM/EMERGENCY
DEPARTMENT/DECONTAMINATION CENTER EXPANSION, FISHER HOUSE**

50 Irving Street, NW
Washington, DC

Submitted by the Department of Veterans Affairs

November 24, 2009

Abstract

The Department of Veterans Affairs has submitted a draft master plan for the District of Columbia Veterans Affairs Medical Center (VA Medical Center) Campus located at the intersection of North Capitol Street and Michigan Avenue in northwest Washington, D.C. This master plan is a framework for campus development as it seeks to modernize its 900,000 gross square foot facility with the goal of improving medical care for veterans located in the national capital region and becoming the flagship Veterans Affairs medical center. The proposed development for the 35-acre site includes 818,000 gross square feet of additional space that will increase inpatient and outpatient areas, add new long-term living facility space, consolidate administrative functions, add medical research space, and improve site utilities. In addition, the surface parking will be replaced with structured parking and landscaping will be added.

Three individual projects have also been submitted for approval: the 4C Wing expansion; a Fisher House; and an expansion of the medical center's operating room/emergency department/decontamination center.

Commission Action Requested by Applicant

Approval of comments on the draft master plan for the District of Columbia Veterans Affairs Medical Center Campus, pursuant to 40 U.S.C. § 8722 (b)(1) and (d).

Approval of preliminary and final site and building plans for the 4C Wing Expansion, the Operating Room/Emergency Department/Decontamination Center Expansion, and the Fisher House on the D.C. Veterans Affairs Medical Center Campus pursuant to 40 U.S.C. § 8722 (b)(1) and (d).

Executive Director's Recommendation

The Commission:

Commends the Department of Veteran Affairs for providing a comprehensive framework for site development at the VA Medical Center over the next two decades that improves the urban character of the site by locating buildings out to the street edge, removes the surface parking and replaces it with structured parking, improves the campus perimeter by adding street trees, and proposes a transit center to improve shuttle and bus pickup for both its campus and the Washington Hospital Center.

Comments on the draft master plan for the VA Medical Center Campus as follows:

- Requires the applicant to modify the master plan to reflect recent planning work for the Armed Forces Retirement Home Master Plan and the North Capitol Street Cloverleaf Feasibility Study for active ground floor uses and build-to lines along Irving Street, NW.
- Requires the applicant to explore further the design of 1st Street, NW, as a pedestrian and bicycle connection for the VA Medical Center and between the Armed Forces Retirement Home site and the McMillan Sand Filtration site.
- Requires the applicant to provide more detail in the final master plan concerning the parking phasing to demonstrate that its parking ratio meets the 1:4 ratio stipulated in the Comprehensive Plan for the National Capital: Federal Elements as the master plan is realized and to submit additional justification for the increase in visitor parking.
- Notes that the applicant should explore an agreement with DDOT and WMATA to better define the proposed transit center on the VA Medical Center campus. While this discussion has been initiated, it is not clear whether the transit center includes a reconfiguration of the roadway, rerouting buses, a pedestrian bridge over 1st Street, NW or some other option.
- Requires the applicant to explore alternatives in the final master plan to address potential visual impacts of the Domiciliary and the Community Living Center on the North Capitol Street corridor and the Armed Forces Retirement Home viewshed. Alternatives for minimizing the impact include shifting these components, reducing their scale or adding landscape screening and need to be included in the final master plan.
- Requires the applicant to refine the perimeter security proposal in the final master plan to balance security needs and future planning objectives within an urban context.
- Encourages the VA to participate in the shuttle service study being conducted jointly by the D.C. Office of Planning and the Metropolitan Washington Council of Governments in an effort to make shuttle service that utilizes Brookland/CUA Metro Station safer, more reliable and more efficient.
- Notes that since the applicant began its archeological survey as stipulated by the DC State Historic Preservation Office an update on this progress needs to be included in the final master plan. The applicant should also submit plans and designs for individual buildings facing the McMillan Sand Filtration site and the Armed Forces Retirement Home to the D.C. State Historic Preservation Office.

Approves the preliminary and final building and site plans for the 4C Wing Expansion, the Operating Room/Emergency Department/Decontamination Center Expansion, and the Fisher

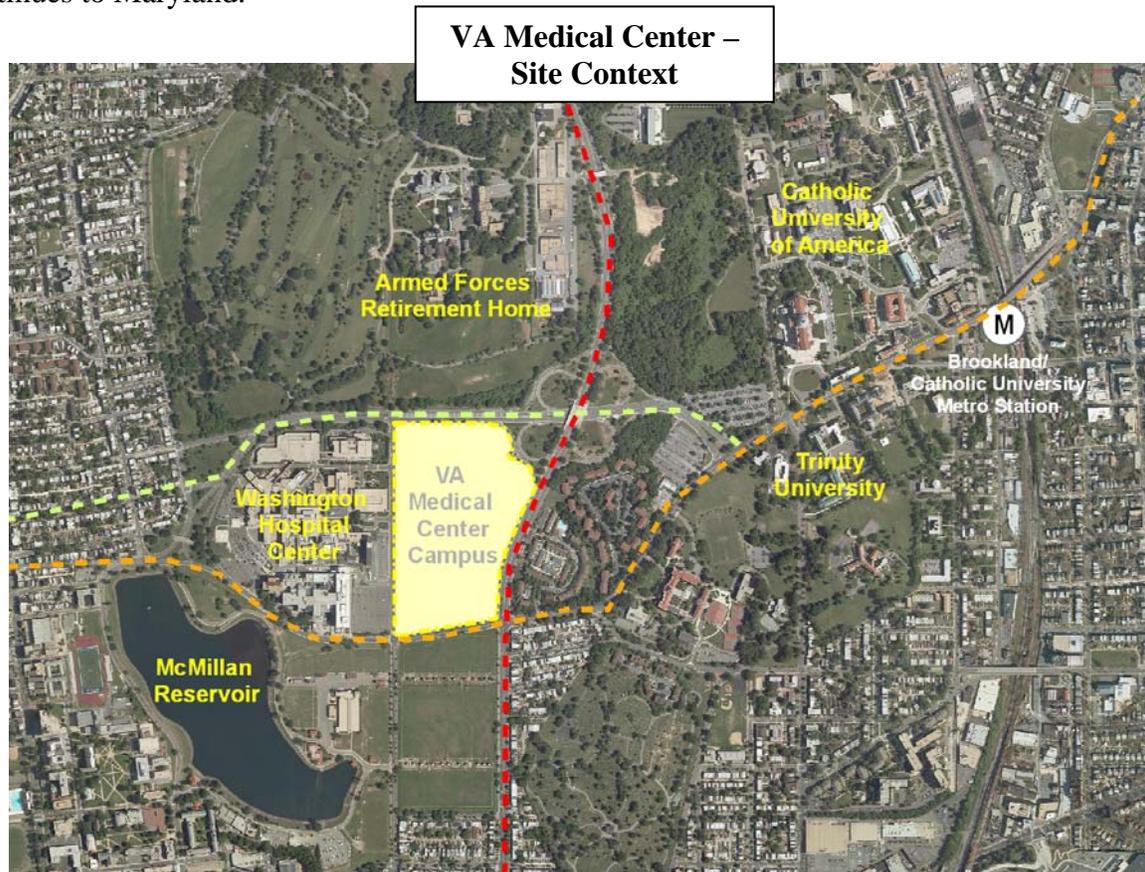
House on the D.C. Veterans Affairs Medical Center Campus as shown on NCPC Map File No. 12.20(38.00)42930 noting that the requested changes to the Master Plan do not affect these projects.

* * *

PROJECT DESCRIPTION

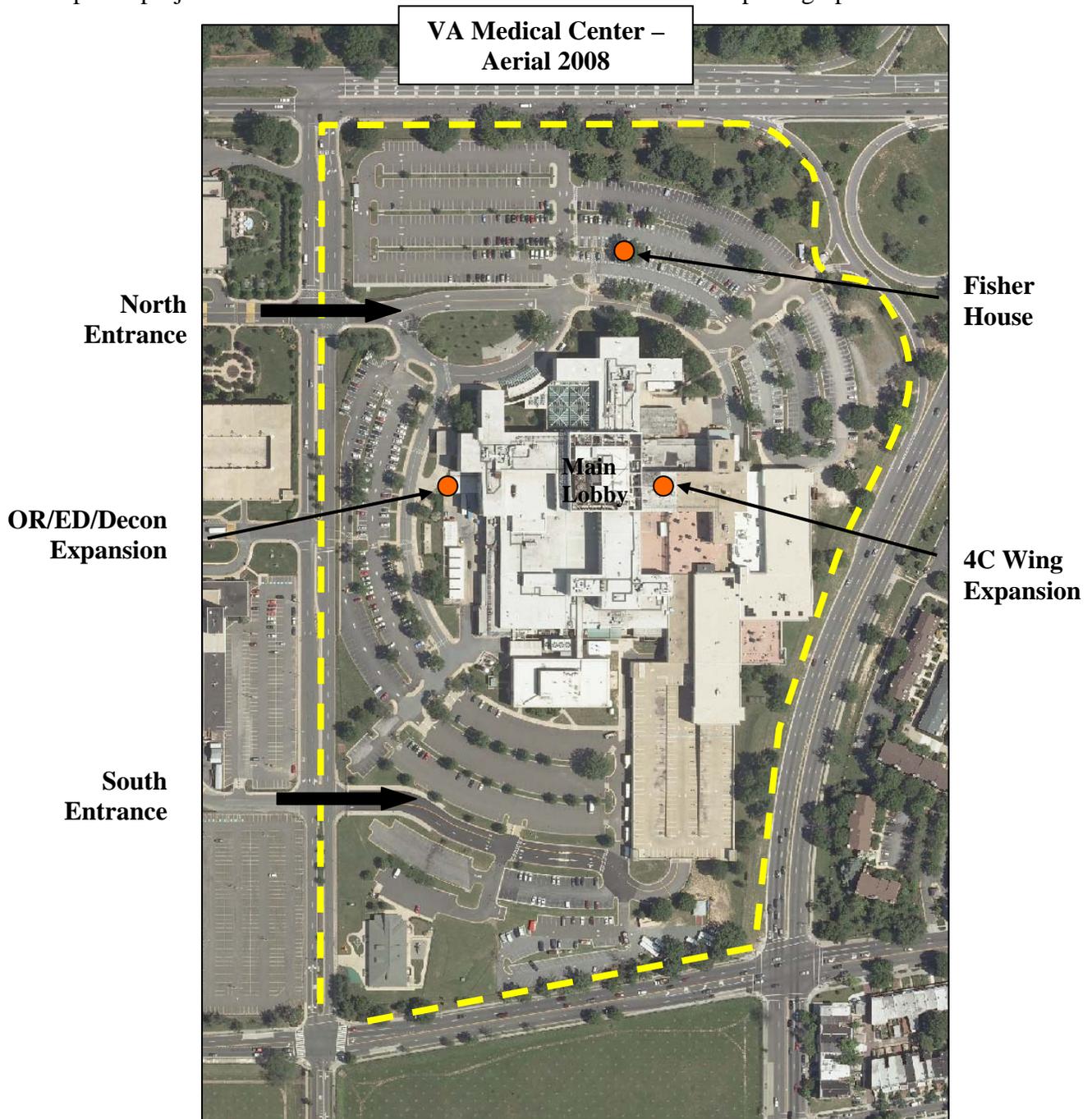
Site

The Veterans Affairs Medical Center Campus is located in northwest Washington, D.C. and bounded by North Capitol Street on the east, Irving Street, NW on the north, First Street, NW on the west and Michigan Avenue, NW on the south. The surrounding community consists of the Armed Forces Retirement Home to the north, Catholic University of America and Trinity University to the east, the McMillan Reservoir and Sand Filtration site to the south and the Washington Hospital Center to the west. Within 2 miles are the WMATA Brookland/Catholic University of America Metro Station and the Columbia Heights Metro Station. Several bus lines connect the site to each station. In addition, the eastern portion of this campus serves as a visual terminus of the North Capitol Street viewshed as the North Capitol Street curves east as it continues to Maryland.



The highest point on campus is located at the northeastern corner and the lowest point on campus is along the southern edge of the site. Due to the configuration of the cloverleaf intersection the site also slopes down steeply towards both North Capitol Street as well as Irving Street, NW.

The existing 35-acre site includes a 900,000 square foot main medical center building and a daycare care facility. There are two vehicular entrances to the site and they are both located on 1st Street, NW. The entrance on 1st Street, NW closest to Irving Street, NW is for visitors, patients and employees and the other entrance on 1st Street, NW is limited access for employees only. The main visitor/patient lobby of the medical center itself is on the northwestern portion of the building. Large surface parking lots surround the medical center with limited amount of landscaping dispersed throughout the site. There is also a 3-story parking garage on the southernmost part of the main medical center building, which is used only by employees. Proposed project included in this review are indicated in this aerial photograph below.



Background

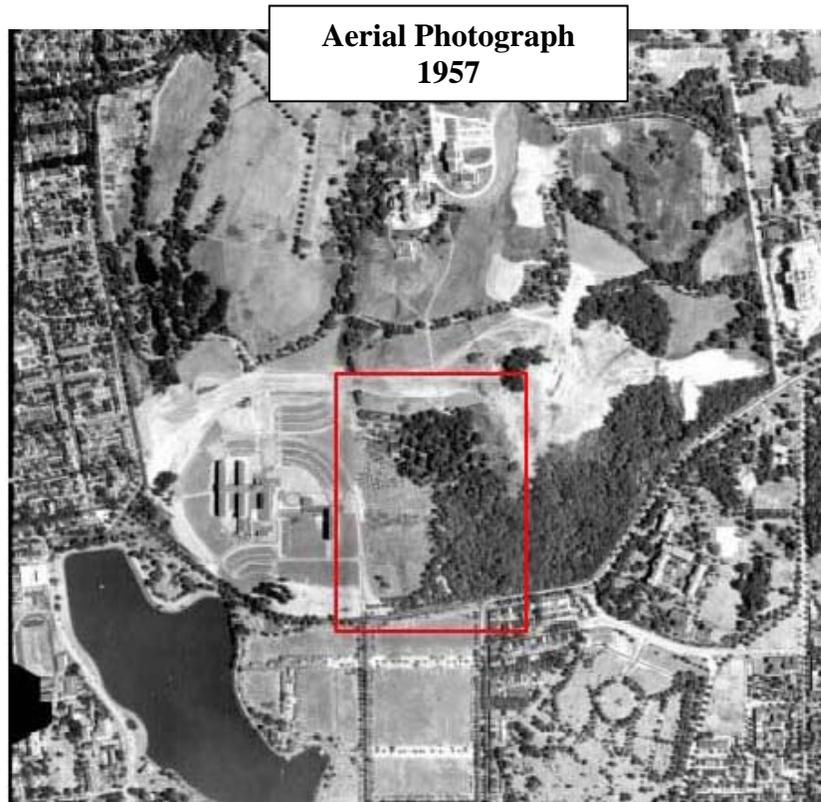
The VA Medical Center property was part of the Riggs Estate and remained in private ownership until 1851 when the Armed Forces Retirement Home Board of Commissioners purchased the estate. One hundred years later, in 1951, the Board of Commissioners transferred the parcel to other federal agencies for the purpose of building hospital facilities. The VA Medical Center opened approximately ten years later in 1962. Subsequently over the next four decades, several additions were added to the main building and a new building was introduced onto the campus:

Year	VA Medical Center Campus Project
1967	Research Development, Mental Health
1977	Linear Accelerator
1978	Ambulatory Care Addition
1982	Nursing Home Care Unit, Parking Garage
1993	Daycare Center
2001	Clinic Infill
2004	Main Entry Atrium

NCPC has taken action on several projects at the VA Medical Center including the Nursing Home Care Unit and parking garage which was approved in 1982, the Daycare Center which was approved in 1993 and the concept plan for the Fisher House which was approved in July 2009.

At its July 2009 meeting, the Commission approved the site location for the Fisher House at the VA Medical Center and commented favorably on its concept design. The Commission recommended that in the continued development of the site and building designs, the applicant reevaluate the layout of sidewalks, further

refine the proposed parking areas, include crosswalks, and develop a landscape plan that would create a buffer between the parking areas and the Fisher House. The Commission also required the Department of Veterans Affairs to develop a master plan and a Transportation Management Plan for the VA Medical Center prior to submitting any other future projects.



Existing Conditions

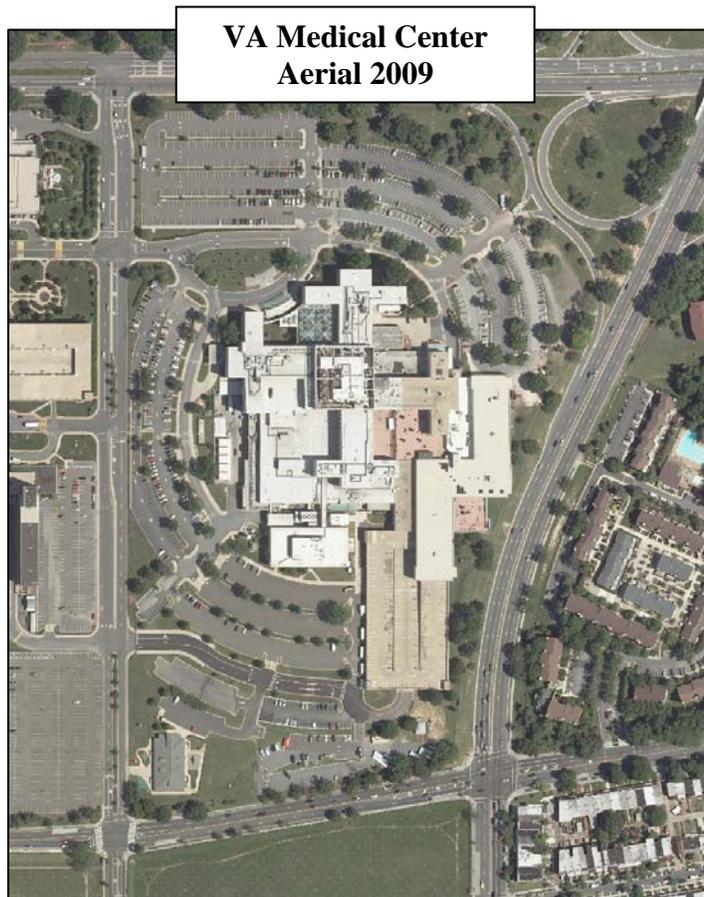
The existing 34-acre VA Medical Center includes many different services for veterans from the national capital region. The 900,000 square foot main building contains inpatient rooms and outpatient services, an emergency department, long term nursing home, a decontamination center, operating rooms as well as a research center. The medical center includes 303 inpatient beds and 120 long term beds and approximately 600,000 gross square feet of outpatient services.

Urban Design and Architecture

The VA Medical Center is a building complex surrounded by surface parking and set back from street. The main building itself is a mixture of styles as additions have been built over the last 40 years. It is located next to the only cloverleaf roadway interchange in the District. The cloverleaf, a leftover of an unrealized inner loop highway system, is northeast of the site and has an indirect influence on the campus. Because Irving Street, NW crosses underneath North Capitol Street, grading is needed to allow for specific clearances and space for the off and on ramps. This interchange creates some steep slopes on the northern and eastern edges of the campus.

The building characteristics of the VA Medical Center campus consists of one main building structure with varying height and width additions. The primarily white-glazed brick and concrete building measures approximately 1,000 feet in the north-south direction and approximately 700 feet in the east-west direction. The height of the building varies from one-story to the equivalent of a six-story building (approximately 75 feet). The four- to six-story portions of the building are to the north of the campus. Along the eastern portion of the building, in the North Capitol Street viewshed, is a two-story structure that houses the Community Living Center function. This non-descript, precast concrete addition of the building has ribbon windows and a flat roof.

A small one-story Day Care Center Building (74 feet by 140 feet) with a hipped roof is located away from the main building in the southwest corner of the campus. The exterior of this building is red brick with white vinyl siding.



As was mentioned earlier, the main building is surrounded by surface parking lots. The northern and northwest paved parking areas are for the visitors/patients. The western and southern parking lots are for the employees and students. The parking garage is restricted to employees only.

Landscaping

This campus slopes from a high point at the northeastern edge down to a low point along the southern portion of the site. Along Irving Street, NW and North Capitol Street the property slopes steeply down to the roadways. Trees are located in planting strips in the parking lots and in some areas along the property boundary. A considerable amount of the campus, approximately 10.8 acres or one third of the site, is devoted to surface parking.

Security

A fence eight feet in height encloses the perimeter of this campus and one normally unmanned guardhouse is located at the main entrance to the site. Two additional entrances are located at this campus, however one of these is not in use and the other is used sporadically. The site does not have a gate or gate arm at the main vehicular entrance; however there are gate arms for the surface parking for employees. These gate arms are all on the interior of the site.

Transportation

The VA Medical Center currently serves 50,000 veterans and 500,000 visits annually. The site is primarily accessed along 1st Street, NW through the north entrance. There is one other limited access point along 1st Street, at the South entrance, and entrance to North Capitol Street which is currently blocked off. This last entrance is at the northeastern part of the site.

There are 2,191 patients and visitors using the site daily. In addition, there are 1,989 employees and students that work at the hospital per day in the first two shifts. These shifts overlap by several hours to allow for patient continuity of care. There are an additional 201 employees that work the site during the third shift. The employees working the third shift are not included in the employee count.

The 34-acre campus has 1,868 parking spaces, an on-site bus stop, shuttle service and newly installed bicycle racks for visitors and employees to use.

Pedestrian and Bicycle Access

Pedestrian and bicycle access for this site are inconsistent. There are sidewalks around only a portion of the perimeter of this campus. There are no bike lanes to get to the campus. Pedestrian signalization could be improved at the existing locations and added to other locations.

On campus, pedestrian signage is present within the VA Medical Center; however, improvements could be implemented near the drop-off and pick-up areas to decrease right-of-way confusion and improve the safety of pedestrians, bicyclist, and motorists. While few bicycle facilities currently existing at the VA Medical Center, bike lockers were recently installed on the campus to help encourage bike commuting.

Bus and Shuttle Access:

This site is accessible by several buses and shuttles which transport patients, employees and visitors to other parts of Washington, D.C., including metro stations, and the Baltimore VA Medical Center.

The site is currently served by three (3) WMATA bus transit routes; a summary of this service is as follows:

- Route 80 (North Capitol Street) serves North Capitol Street at Michigan Avenue, as well as at nine (9) Metro stations (Farragut North and West, McPherson Square, Metro Center, Gallery Place/Chinatown, Union Station, New York Avenue/Florida Avenue/Gallaudet University, Brookland-CUA, and Fort Totten). Service begins at approximately 4:45am to 1:00am, with buses every 15-30 minutes throughout the day.
- Route D8 (Hospital Center) provides direct access to VA Medical Center from Union Station and Rhode Island Avenue/Brentwood Station. Service begins at approximately 6:00am to 1:00am, with buses every 15- 20 minutes throughout the day. Buses operate until 3:30am on Saturday mornings only.
- Route H2, 4 (Crosstown) provides direct access to the VA Medical Center from Tenleytown-AU, Van Ness-UDC, Cleveland Park, Columbia Heights, and Brookland-CUA Stations. Service begins at approximately 4:30am to 2:00am, with buses every 15-20 minutes throughout the day.

Metrobus routes D8 and H2, 4 provide direct access into the VA Medical Center, while 80 provides indirect access at North Capitol Street/Michigan Avenue. Access to Metro is provided via all three bus routes.

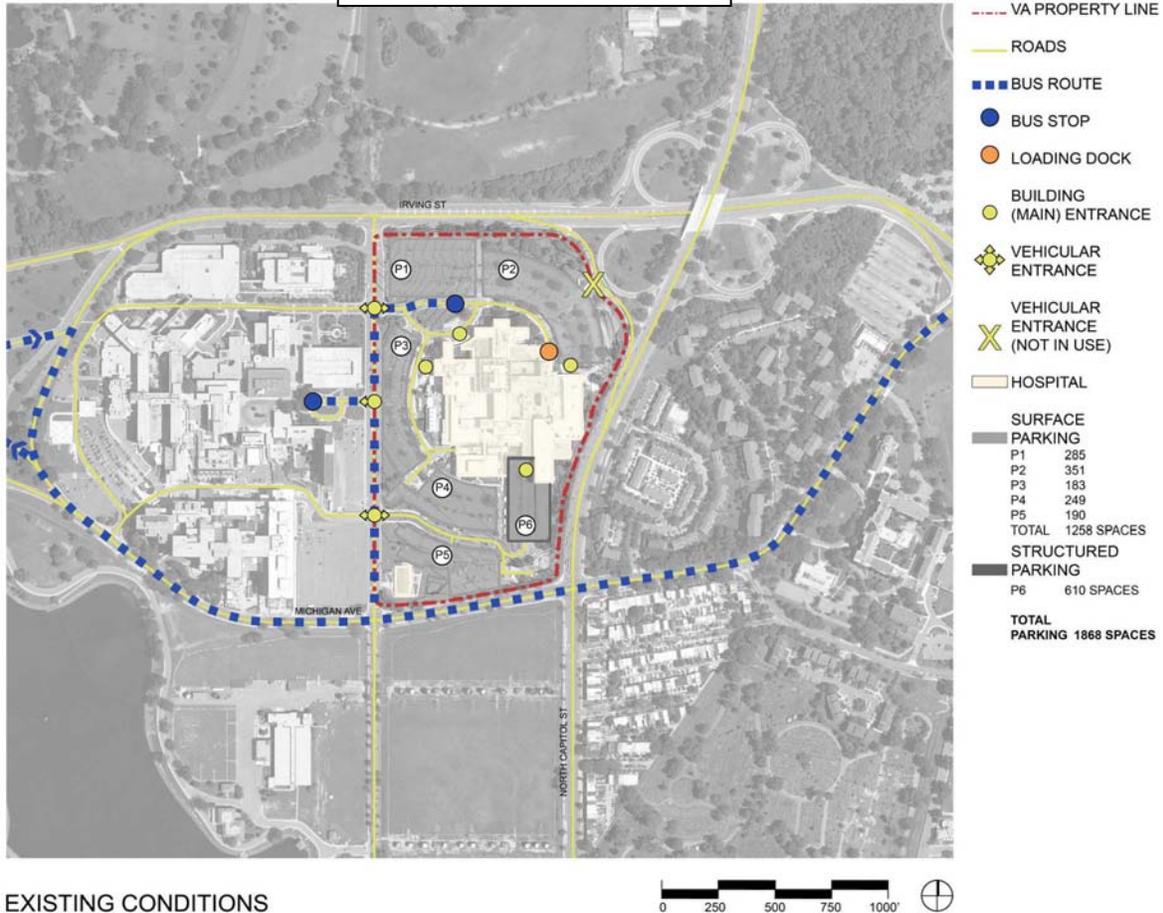
Furthermore, a number of shuttle services are available to VA Medical Center including:

- Shuttle service to VA Medical Center from Brookland/CUA Metro station
- Shuttle service to VA Medical Center from Columbia Height Metro station
- Shuttle service between DC VA Medical Center and Baltimore VA Medical Center
- Shuttle service for US Soldier's and Airmen's Home
- Battle's Transportation Inc. Shuttle service
- VA Medical Center shuttle service to McPherson Square (VACO)

Parking

Surface parking lots and a three-level parking garage currently serve the 2,191 visitors/patients and 1,989 employees that come to this site. The parking garage serves hospital and administrative staff only with a total of 634 parking spaces on three-levels. Including the parking garage a total of 1,868 parking spaces are currently available to all VA Medical Center users, of which 1,245 parking spaces are available for employees. The current parking ratio is 1 parking space for every 1.57 employees.

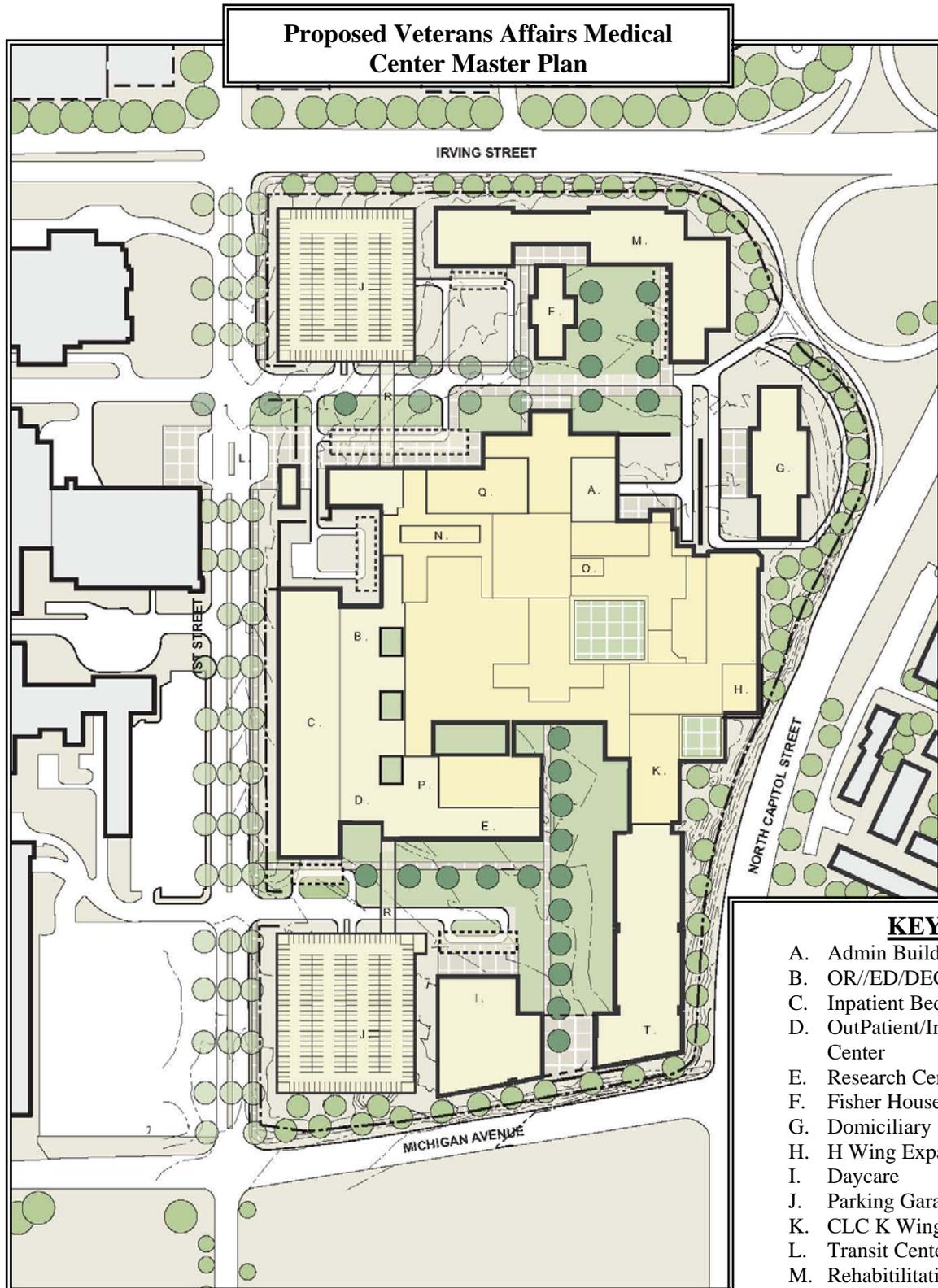
**Transportation -
Existing Conditions**



EXISTING CONDITIONS

PROPOSAL

The VA has submitted this master plan as a framework for campus development as it seeks to modernize their 900,000 gross square foot facility with the goal of improving medical care for veterans located in the national capital region and becoming the flagship Veterans Affairs medical center. The proposal includes 818,000 square feet of construction that has been designed to better respond to the site’s complex setting: addressing the urban context, responding to the North Capitol Street viewshed, minimizing the transportation conflict points, and allowing for future developments.



**Proposed Veterans Affairs Medical
Center Master Plan**

IRVING STREET

EAST STREET

NORTH CAPITOL STREET

MICHIGAN AVENUE

KEY

- A. Admin Building
- B. OR/ED/DECON Expansion
- C. Inpatient Beds
- D. OutPatient/Inpatient Medical Center
- E. Research Center
- F. Fisher House
- G. Domiciliary
- H. H Wing Expansion
- I. Daycare
- J. Parking Garage
- K. CLC K Wing Expansion
- L. Transit Center
- M. Rehabilitation Center/Canteen
- N. 4E Wing Expansion
- O. 4C Wing Expansion
- P. Central Utility Plant
- Q. OIF/OEF Welcome Center
- R. Pedestrian Bridge
- S. Community Living Center

SUMMARY DESCRIPTIONS

The following are short descriptions of the projects included in this master plan for the VA Medical Center. These projects are intended to consolidate similar functions by better utilization of existing space, expand existing functions and programs, allow the medical center to be self sufficient, and most importantly improve services for veterans and their families in the region.

Consolidation

Four-Story Administration Building: This 40,000 gross square foot building will consolidate administrative functions currently dispersed throughout the existing medical center. Several administrative functions including Business Office, Human Resources, Fiscal/Payroll and Acquisitions & Materials Management Service are proposed to move into this proposed Administration Building. Construction of this building would also allow for vacated space to be renovated and reused to expand the Primary Care and Mental Health Clinics.

Expansion

Research Building Expansion: The VA Medical Center has made a major commitment to rebuilding and growing the Medical Center's existing research program over the past four years with a goal of becoming a research flagship. This designation would be achieved through a 16,000 gross square foot expansion of the existing research center to create a state-of-the-art center dedicated to the translation of the latest research findings to direct care for U.S. military veterans. VA Medical Center researchers are currently among the leaders in several areas and will focus on specific programs and research areas including: genome medicine, mental illness, and rehabilitation research (spinal cord injury and limb-loss).

Inpatient Expansion: Medical inpatient care for overnight stays are increasing based on expanded operating room services and the referral of patients from other VA Medical Center facilities for specialty operations. Inpatient VA care for veterans has evolved from a ward system for seriously ill patients to a private-room, patient-care system. Due to biological infection and physical security concerns of the VA, a private inpatient system has been established. Therefore the existing square footage dedicated to inpatient care would be expanded by 70,000 gross square feet to meet future needs.

Community Living Center (CLC) Third Floor "K" Wing Expansion: Community Living Center (CLC) activities require concentrating specialized care at specific areas of the Medical Center. The master plan includes a 10,000 gross square feet expansion of the existing CLC facility focused on the specific needs of OIF/OEF veterans. The CLC provides a transitional rehabilitation of ambulatory, low vision, comprehensive nursing and rehabilitation care as a transitional residential treatment program.

120-Bed Community Living Center (CLC): The need for an extended stay nursing type care expansion within the existing Community Living Center is required to address the needs of all veterans in the region. The need for the CLC expansion is described above under CLC Third Floor K Wing Expansion. This project would add 120 beds to the existing facility.

Outpatient Clinic: Due to increased demand, the VA Medical Center is proposing a 350,000 gross square foot outpatient clinic expansion to better serve and modernize outpatient-oriented medical services.

Domiciliary: Currently, there are no domiciliary beds in Washington, DC specifically focused on homeless veterans. According to the Department of Veterans Affairs website, a domiciliary is a place to provide coordinated, integrated rehabilitative and restorative clinical care in a bed-based program, with the goal of helping eligible veterans achieve and maintain the highest level of functioning and independence possible. A Veterans Affairs initiative named the Capital Asset Realignment for Enhanced Services Initiative recommended transferring 77 domiciliary care beds from the Martinsburg VA Medical Center to the District. To provide a continuum of care, VA Medical Center proposes to co-locating the Compensation Work Therapy (CWT) program within the domiciliary facility to improve access for the residents of the homeless vocational counseling within the confines of their living area. This program would occupy the first floor with domiciliary support functions operating on the upper levels.

Self sufficiency

Central Utility Plant: A new 18,000 gross square foot utility plant is being proposed to allow the VA Medical Center to provide steam for its own use. The VA Medical Center is currently purchasing steam from the WHC and has calculated that it will substantially reduce its operating expenses with an on-site utility plant. In addition, the construction of this plant will enhance the DC medical complex's (WHC and DC VA Medical Center) ability to be a self-sufficient medical campus in a time of emergency.

Improved Service

OIF/OEF Welcome Center: A Welcome Center is proposed at the VA Medical Center to provide a central location easily accessible and identifiable to Veterans, their friends and families. Located to the side of the proposed main entrance, the Welcome Center would be adjacent to the primary care clinics of the VA Medical Center. While this center would be accessible to all veterans, it is intended to provide focused care issues specifically related to the Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans.

Day Care Center: During the implementation of the Master Plan a parking structure would be located at the site of the existing day care center. To continue to provide child day care service the Medical Center would integrate the required space into the proposed new medical facilities within the expansion of the Medical Center new buildings.

Rehabilitation/Wellness Centers/ Canteen: DC VA Medical Center is in need of a consolidated location for the outpatient rehabilitation while providing educational services for wellness care. The purpose of the rehabilitation/wellness center is to provide a separation of physical rehabilitation away from the ill patient care. The wellness activities relate to follow-up educational programs that occur after surgical procedures are performed when lifestyle changes are required to promote healing. The purpose of the canteen facility is to support the rehabilitation center and wellness center activities with eating and cooking facilities. This will help the demonstration of healthy eating habits and provide a socialization activity space.

Multi-Story Parking Structures: The applicant proposes to construct structured parking garages to replace the existing surface parking areas. These parking garages are to be located along 1st Street, NW, include 3,769 parking spaces and be available for all users.

Transit Center: The existing DC VA Medical Center's main vehicular entrance and associated drop-off area is presently used for multi-vehicle access. The existing drop-off area serves multiple functions as a pedestrian entrance, a mass transit bus stop and a private vehicle access point. The purpose of the transit center would be to relocate the mass transit buses and other large vehicles to separate them from private vehicles. The VA anticipates that this approach would reduce congestion and improve the safety of pedestrians entering the VA Medical Center. The exact size and nature of the transit center is not known and roadway changes may be necessary to improve traffic flow.

IMPROVEMENTS

Proposed Urban Design and Architecture

The proposed master plan is an attempt to respond to the urban character of the surrounding community and various nearby developments recently proposed. The VA Medical Center has improved the urban character of the site by bringing buildings out to the street edge, removing the surface parking and replacing it with structured parking, creating interior courtyards and improving perimeter by adding street trees, consolidating the bus and shuttle pickup, and proposing vertical expansions,

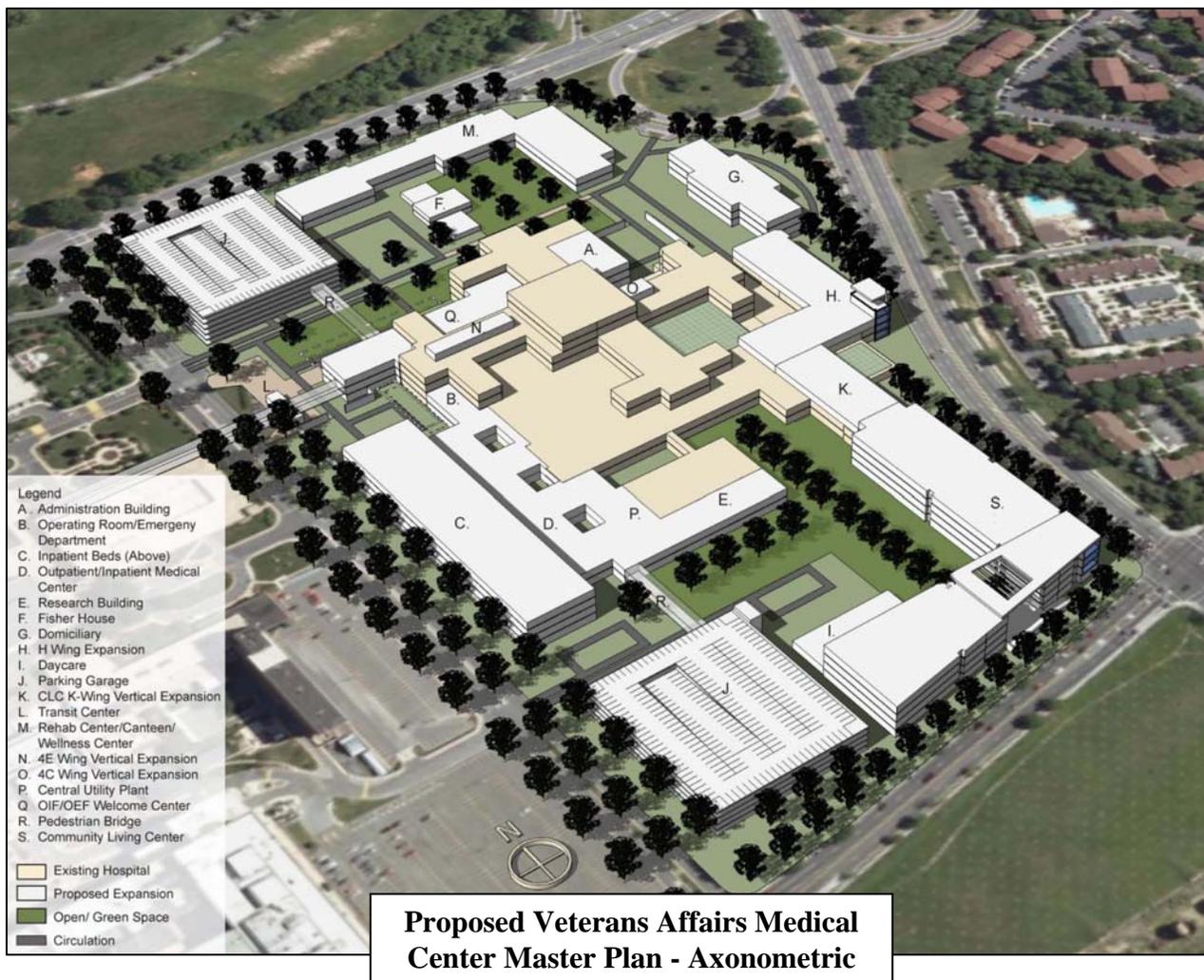
The applicant states that the viewshed along North Capitol Street will be enhanced through the planting of street trees and low shrubbery. They further state that this approach would allow for visual buffers of the medical buildings massing from the viewshed of North Capitol Street, while still allowing the medical facilities to view of the Capitol building and monuments to the south.

The height and massing of the Master Plan development is expected to be similar to the adjoining development of the Washington Hospital Center (WHC) and will not exceed the existing top elevation of the VA Medical Center. The building with the greatest height is the proposed Community Living Center (CLC) expansion on the southeastern portion of the campus. The above ground structure at the southeast property corner would reach five stories due to the existing ground elevation at the lowest surface floor. The new top floor of the CLC is proposed to be lower than the central core of the Medical Center, given the site topography which slopes down from a high point at the northeastern portion of the campus. Building massing of the CLC along Michigan Avenue would be buffered by green space areas varying in width from 50 feet behind the street curb at North Capitol Street to approximately 120 feet at First Street. The massing of new structures along First Street is anticipated to be similar in character to the existing west side of First Street at the WHC. The area along First Street would be landscaped with sidewalk hardscape, street trees and other streetscape amenities to create a park-like atmosphere.

New structures in the northeast corner of the property along Irving Street and North Capitol Street would be two- and three-story structures. The VA also includes in their submittal building

massing that will be similar to the character of the projected reconstruction or gateway development as portrayed in the North Capitol Street Cloverleaf Feasibility Study prepared for the D.C. Office of Planning. The south side of Irving Street, NW would also be developed with similar two-and three-story multiuse structures along the north side of Irving Street, NW under the Armed Forces Retirement Home Master Plan that the Commission approved in 2008. The space between the off-site gateway development and VA Medical Center property would be established as open space with an access drive to the northeast portion of the property.

The proposed perimeter of the medical center is a green space buffer that would contain street trees, sidewalks along with street curbs and street furniture. As part of the buffer area, the applicant states the setback limits would be established as stand-off areas (50 feet) with security fencing similar to the existing security fence. The fencing would be rated as pedestrian barriers. The lighting of this area would follow the street standard.



The applicant intends to follow sustainable strategies established by the United States Green Building Council’s LEED rating system as well as the Green Guide to Healthcare for all new and expansion buildings on this campus. As a facility with a mission to promote wellness, the VA

believes it is important to strive toward creating as healthy an environment as possible, both locally and globally. Staff and patients will benefit from reduced toxic chemical exposure resulting from green building materials. High performance ventilation and filtration systems improve air quality and utilize methods for containing contaminants. By incorporating strategies for reducing energy, water and waste, the VA Medical Center can lower operating costs while conserving natural resources.

Specific architectural strategies that the VA will use at the VA Medical Center are:

- Building materials will be local and durable.
- Day lighting within the facility is encouraged through the uses of courtyards and light wells.
- Large expansions of glazing should be utilized on northern and southern facades with proper shading coefficients and architectural shading devices (overhangs, deep recesses, or sun screening.)
- Large expansion of glazing on the eastern and western facades should be limited.
- Green roofs are encouraged to reduce heat island effects.
- Use of green surfaces and lightly colored paving surfaces are encouraged to reduce heat gain.

The applicant proposes the following materials for the facades: glazed brick, stone, and architectural reconstituted stone and stucco. They also propose that glazing will tend toward a clear appearance; highly tinted or reflective glass will be avoided, if possible. Large glass openings are anticipated as accents at appropriate points within the facades to express public spaces such as major entrances, lobbies, large waiting areas or public gathering spaces.

In addition, outdoor spaces are proposed to be human scale to reinforce the pedestrian emphasis of the campus. Building design will avoid monolithic façade treatment and vertical changes are encouraged as well as the use of a horizontal datum to give expression to ground level and upper floors. The applicant proposes the inclusion of an arcade in the design to provide covered pathways and resting areas for all of site visitors, especially the elderly and disabled veteran patients and their families.

Concept Open Space Plan

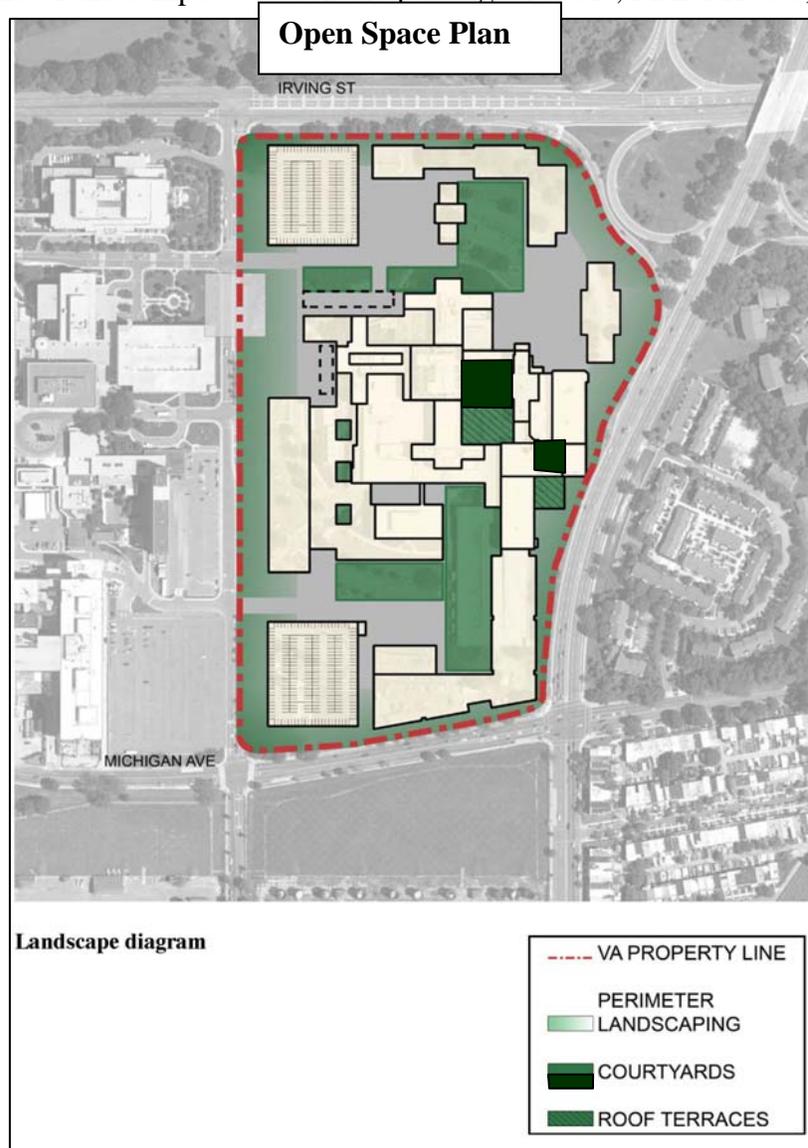
The VA proposes to increase open space on the VA Medical Center through the removal of paved surface parking areas and the construction of two multi-story parking structures. These parking structures will consolidate all of the parking on the campus. The main goal of the concept open space plan is to make the campus more pedestrian friendly and to act as a buffer for the buildings on their surroundings. Generally, the proposed concept plan includes two new large interior courtyards, and improvements to the perimeter landscape buffers.

All of the proposed green spaces are anticipated to be landscaped with new trees and used for informal recreational activities. The VA proposes these open spaces to form building landscape buffers and to be used as security setbacks from abutting uses. Pervious surfaces generally on campus are anticipated to increase from its existing amount of 18.8 percent to 33.8 percent of the property with the removal of the existing surface paved parking.

The courtyards are the main elements around which the new buildings/additions are organized. Together with limiting the number of cars circulating within the center zone, the VA anticipates that these courtyards will support a pedestrian friendly environment. There are two main courtyards, one on the south end of the campus around which the CLC, daycare and hospital are organized and one on the north end of the campus between the parking structure, Fisher House, Rehab Center, and Canteen.

Each of the courtyards offers a different type of experience:

The VA envisions the north courtyard as a highly active exterior space with opportunities for outdoor dining and informal recreational activities. The surrounding buildings will be designed to encourage a flow between the interior spaces and the courtyard, treating main spaces such as dining and the rehab gym as continuations of the courtyard itself. The close proximity of this courtyard to the hospital's main entrance allows it to be a signature and identity defining space for the campus, as it will be the first major exterior space seen and utilized by the first time visitor. The courtyard should be designed with the ability to host formal and visitor-oriented program elements such as dedication of flags, memorials and artwork.



For the south courtyard the VA envisions a series of more quiet and contemplative spaces with lawn areas, trees, and other landscaping. A walking path along its north-south axis could include a series of smaller, intimate settings. This axis runs adjacent to the CLC as an arcaded space. Access to this space is provided from the south edge of the main hospital block at the end of the major public spine within the building. In addition, the VA proposes a plaza, on the southern edge of this courtyard, to allow for views of the McMillan Reservoir Site and possibly the U.S. Capitol.

Concept Security Plan

Proposed Security

Citing Department of Defense requirements, the VA is proposing a 50' stand-off Zone from all buildings. This requirement also puts a constraint on where roads may be located on the campus. The VA submitted a Concept Security Plan to be implemented in the future. The plan includes the following elements: a new perimeter fence, new surveillance cameras, and new site signage. The VA also states that they believe the new perimeter fence will have a positive impact on the site boundary. The current chain-link, barbed-wire fence will be replaced with a more architectural "estate fence" and ornamental bollards where required.

Guardhouses are proposed for each three of the entrances to the site; however the master plan does not describe the operation of the guardhouses. Currently, the existing guardhouse is not manned for most of the day.

Proposed Transportation Plan

The VA states that there will be three entrances to the hospital, two along Irving Street, NW and one along North Capitol Street. Along Irving Street, the north entrance would be reserved for patients and visitors, while the south entrance would be primarily for employees and the child daycare center.

The VA estimates that there will be 6,635 patients and visitor coming to the site daily as well as 2,190 employees if the proposed development in the master plan is constructed. Two new parking garages are proposed along First Street, NW which would consolidate the current surface parking lots. There are a total of 3,769 parking spaces in these garages. The existing parking garage would be demolished in order to construct the CLC expansion.

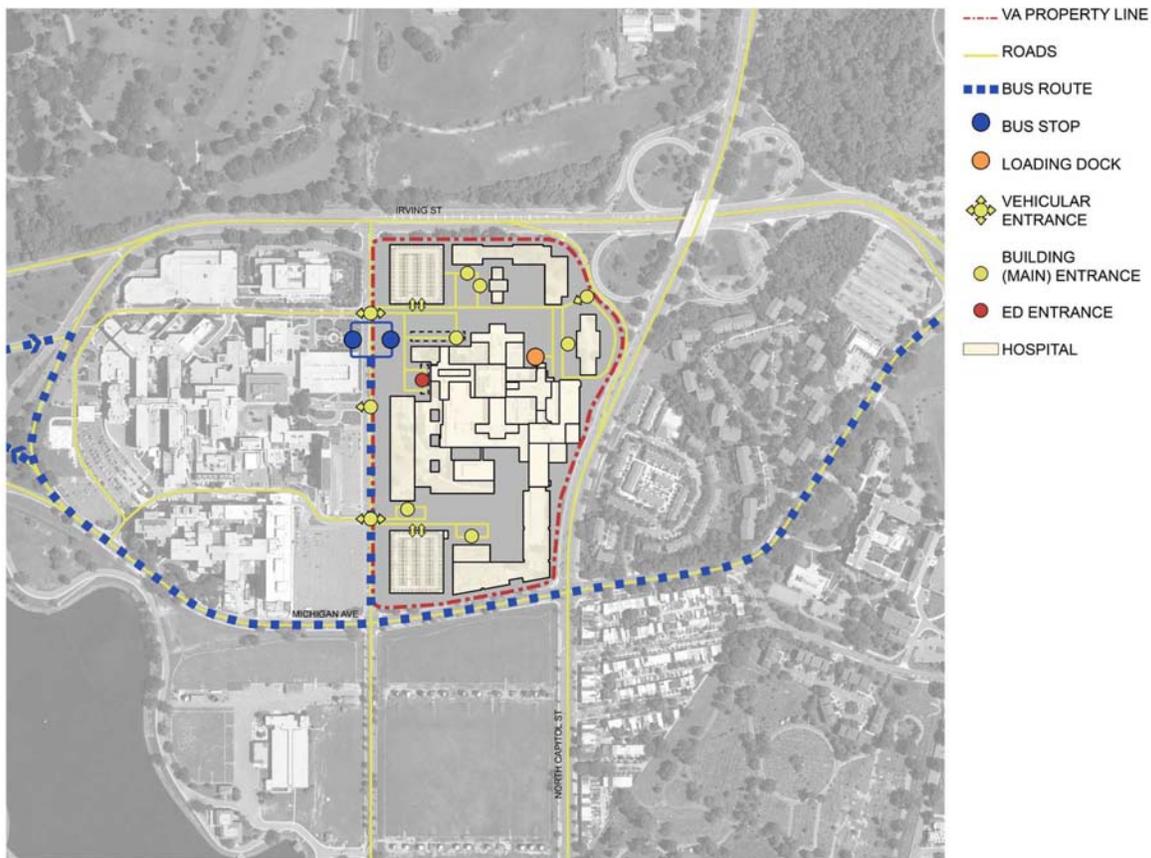
Access to public transit and shuttles that serve VA Medical Center campus is proposed to be transferred from the existing drop off area at the existing medical center's main entrance to a new transit center. The transit center is proposed to be along First Street immediately south of the northern vehicular entrance in an effort to separate bus/shuttle traffic from the vehicular traffic within the site. This location is also being proposed to allow easy access for hospital staff and visitors to the hospital's main entrance. The intention is that the proposed transit center will



be utilized not only by the VA Medical Center population but the Washington Hospital Center as well.

The master plan includes an option for treatment of the transit center and multiple options should be studied in the future and an agreement should be developed between the VA Medical Center, the Washington Hospital Center, the District Department of Transportation (DDOT) and Washington Metropolitan Area Transit Authority (WMATA). Variations in the bus turnaround such as creating a traffic circle at this intersection should be explored as well as the pedestrian overpass. In addition bus routes may need to be changed as well.

Proposed Transportation



PROPOSED CIRCULATION DIAGRAM



Parking

The applicant sought to use parking requirements using similar health care facilities in urban settings and this led them to develop the following guidelines for parking for the campus:

- provide 3.5 parking spaces for every 1,000 SF of outpatient facility. It is interesting to note that majority of private institutions, even those in urban locations, provide a minimum of 4 cars per 1,000 SF.
- provide 1 parking spot for every inpatient bed. It is interesting to note that a majority of private institutions, even those in urban locations, provide a minimum of 2 parking spots for every inpatient bed.
- provide 2 parking spots for every long term nursing home and transitional patient bed.

The applicant’s consultant noted in the TMP that a majority of private institutions, even those in urban locations, provide a minimum of 5 parking spots for every nursing home and transitional patient bed. The applicant is proposing 3,769 parking spaces located in two new parking garages with 643 of the space reserved for VA Medical Center employees. Staff notes that the parking ratio of 1 parking space per 4 employees is required for all federal facilities in the District of Columbia as stipulated in the Comprehensive Plan for the National Capital. This requirement is part of the Commissions’ ongoing effort help reduce vehicle emissions by limiting the number of federal employees that commute using single occupancy vehicles.

Proposed Master Plan Summary

Category	Size/Number of Beds	Proposed Parking Spaces
Outpatient	750,000 square feet	2,625
Inpatient	469 beds	469
Long term beds	351 beds	702

TOTAL 3,769

The proposed master plan anticipates that there will be 2,321 employees and students, that include all three shifts, working at the VA Medical Center, if all of the proposed development occurs. If only the first two overlapping daytime shifts are included, staff has determined that there will be 2,089 employees working during the day. Using this employee count, staff calculates that the maximum number of parking spaces allowed, using the Comprehensive Plan parking ratio of 1:4 and a total of 2,089 employees, would be 520 spaces. The VA acknowledges that upon completion of the parking garages they would mandate that the employees only be allowed enough spaces to achieve the 1:4 parking ratio.

4C WING EXPANSION

The 3E/4C ward, or wing, was original designed as a 40-bed, open, patient ward. Although the ward is now divided into small patient rooms, most of the patient rooms have three beds and do not have a private bathroom and patients have to use public shower rooms and restrooms. In addition, some of existing patient rooms do not have adequate ventilation and exhaust as the

guidelines have changed since this building was constructed. The ward is unable to meet current service needs and do not meet the healthcare facility design and construction guidelines.



The need to convert ward 3E to wards' 4C and 4E with private rooms is related to insufficient space, combined with increased workload under the existing ward system that adversely affects the quality of medical services. Due to the prevalence of airborne contaminants, patients screening procedures must be followed under isolation restrictions until a patient is cleared. The patient screening can not occur in the ward when patients are placed on a co-located bed in a ward setting. Expansion of inpatient wards to form wards 4C and 4E with private rooms would decrease the need for holding patients for screening before placement. By having private-rooms, the VA states that patient flow is improved to provide maximum utilization of all beds is available and reach peak utilization of the Center's facilities.

The 4C wing project consists of a 18,000 square foot renovation of existing interior space in addition to a new 1,800 square foot new patient/family waiting area space that would offer patients a comfortable lounge area and employees a new meeting space.

The exterior of the 1,800 square foot roof top expansion is primarily precast concrete panels. South facing, metal-framed windows are also proposed for the lounge and meeting room located on this level. The interior renovation of the existing wing would not precipitate any exterior changes.

OR/ED/DECONTAMINATION CENTER EXPANSION

This project is to construct a two-story 8,000 square feet expansion of the OR/ED and Decontamination Center and renovate 10,000 square feet of existing space for a total of 18,000 square feet.

The applicant notes that the workload in the operating rooms (OR) has increased over the last 10 years, while the complexity of the operations performed have expanded. The VA also states that there is an increase in the number of unique patients to use the services of the OR in the Medical Center due to the increase in referral patients from the Martinsburg VA Medical Center. Expanded complexity of cases and the change in the surgical treatment paradigm in some specialties, such as vascular surgery, require hybrid open surgical/endovascular procedures.



These procedures require a dedicated OR room with fixed imaging capability. Therefore, one aspect of this project is to expand the number of OR's by two, from five to seven. One of the new operating rooms would be fitted with fixed imaging equipment. The OR expansion would also need a procedure room to meet the requirements of bariatric patients. The number of bariatric patient treatment is a growing need within healthcare provisions.

The applicant stated that the VA Medical Center emergency department (ED) area is currently failing to meet the national performance standard for ED's with an average of 33 minutes waiting time from registration to disposition. In FY 2007, the VA states more than 10 percent of the patients seen in the ED had waits from two to six hours from registration to disposition. The lack of necessary space in the ED area greatly impacted achieving the Medical Center's ability to meet the national performance standard. In addition, the flow of patients through the ED is impaired due to inadequate examination areas. The ED expansion would increase patient privacy, improve quality of care, processes of care delivery at the VA Medical Center, and replace the space lost to the OR's expansion.

The Decontamination (DECON) Center is currently located in the basement level of the Medical Center. VA Medical Center's fixed decontamination facility was one of the first established in the national VA medical center system. However, the facility has not been updated since it was first established and now the DECON center is inadequate based on VA standards and will need to be replaced. This proposal is to relocate the DECON center from the basement to the first level, adjacent to the ED, which will also expand.

This expansion will blend with the existing façade and the proposed exterior materials are primarily glazed brick and precast concrete with metal frame windows. A metal screen material is also proposed for the DECON entry.

FISHER HOUSE

The VA Medical Center and the Fisher Foundation propose a Fisher House to be built to allow families to stay near the patient during medical care periods. Fisher Houses are given to the U.S. Government as gifts. The Fisher House Foundation, Inc. builds the houses, and assists in the coordination of private support and encourages public support for the homes. Typically the Fisher Houses are 5,000 to 16,000 square feet homes. Each house can accommodate 16 to 42 family members. The house features a common kitchen, laundry facilities, dining room and living room with library and toys for children. A Fisher House is a temporary residence and is not a treatment facility, hospice or counseling center.



The proposed Fisher House at the VA Medical Center is a 16,000 square foot 20-suite, brick-clad building. This two-story building will have a front entry porch and hipped roofs. The entire site will be landscaped and this landscaping includes trees, shrub and a rear patio.

PROJECT ANALYSIS

Executive Summary

Staff finds that the proposed draft master plan will allow the VA Medical Center to better address its urban context rather than the suburban model it currently reflects. Allowing buildings to define the street wall, reducing the surface parking lots and improving the interior courtyards allow the campus to achieve a more urban character. Staff also notes that the proposed master plan has incorporated many changes discussed during numerous consultations with the applicant over the past six months and commends the applicant for its willingness to address these concerns.

However, staff finds that there are still several unresolved issues with the proposed master plan that need to be addressed before the final plan is approved. These issues include the following: how to complement recent planning initiatives along Irving Street, NW like the Armed Forces Retirement Home Master Plan; how to improve north-south pedestrian connection; what phasing is necessary to ensure employee parking meets the parking ratio of 1:4; what are the alternatives for the transit center; what is the impact of the Domiciliary on North Capitol Street viewshed; and why is the perimeter security necessary.

Staff also reviewed three projects that were submitted for approval: the 4C Wing Expansion; an expansion of the medical center's operating room/emergency department/decontamination center and a Fisher House.

VETERAN AFFAIRS MEDICAL CENTER MASTER PLAN

Irving Street

This campus is part of a larger group of institutional and federal uses in this area that, because of their auto-oriented design, tend to act as a barrier for pedestrians - separating east from west. In addition, the nearby cloverleaf just amplifies the auto-oriented environment and negatively impacts the pedestrian experience.

As the federal government continues to construct new or expand existing federal sites in the District there is a growing local concern that these facilities will be inaccessible given the heightened threat levels and agency guidelines for stand-off distances. In the Comprehensive Plan for the National Capital: Federal Elements, NCPC has included Federal Government Workplace Element policies that state the federal government should:

- Consider combined public and private mixed uses at federal workplaces where security requirements will not be compromised.
- Plan federal workplaces to be compatible with the character of the surrounding properties and community, and where feasible, to advance local planning objectives such as neighborhood revitalization.

Furthering the need to study pedestrian oriented uses along Irving Street, NW is the District Department of Transportation's long term goal of bringing light rail, rapid bus transit or streetcar service to this important east west corridor. Recent planning initiatives including the Armed Forces Retirement Home Master Plan and the North Capitol Street Cloverleaf Feasibility Study

have included ground floor uses along Irving Street, NW in an effort to enhance an east west pedestrian connection which currently has an automobile-oriented character. The District of Columbia Office of Planning submitted comments that raise the potential for retail on Irving Street, NW as one of their main concerns. Staff finds that addressing the possibility of retail or other ground floor uses in the VA Medical Center Master Plan will help to strengthen this plan and other recent planning initiatives.

In this light, staff recommends that the Commission **require the applicant to better accommodate recent planning work envisioned in the Armed Forces Retirement Home Master Plan and the North Capitol Street Cloverleaf Feasibility Study with regard to exploring the possibility for ground-floor retail along Irving Street, NW and include the results of this discussion in the final master plan submittal.**

Improving North-South Connections

As development is planned both north and south of the VA Medical Center at the Armed Forces Retirement Home and the McMillan Sand Filtration sites, respectively, it is important that the proposed master plan include an opportunity for creating north south pedestrian link that connects the Armed Forces Retirement Home and the McMillan Sand Filtration site. The District Elements of the Comprehensive Plan, Rock Creek East Area Element supports this idea as it includes a reference to this linear park “...A linear park connection extending from [the AFRH] south through the Irving Street Hospital Campus and McMillan Sand Filtration Site to LeDroit Park should be pursued.” (2215.9)

The ability of site visitors to have on-site and off-site open space opportunities to enjoy is a worthwhile objective and staff finds that this option should be pursued in order to enhance pedestrian amenities at this site. Therefore, staff recommends that the Commission **require the applicant to explore the alternatives for a north-south connection, possibly a linear park along 1st Street, NW, to connect the Armed Forces Retirement Home site and the McMillan Sand Filtration site.**

Parking Ratio

There are currently 1,868 parking spaces at the VA Medical Center with 634 parking spaces in an existing employee parking garage. There are also 622 employee parking spaces in surface parking lots west and southwest of the main medical center building for a total of 1256 employee spaces. Visitors and patients may use remaining 612 parking spaces. Since there are 1,989 employees and students at the campus during the 1st and 2nd shifts, and the shifts overlap by 2-3 hours, the current parking ratio would be 1 parking space per 1.58 employees, which does not meet the 1:4 parking ratio as established in the Comprehensive Plan for the National Capital.

Staff finds that the parking summary included in the submittal is incomplete as it does not discuss the existing parking situation in a manner that is consistent with stated goals in the Comprehensive Plan for the National Capital Region. The applicant does include a 1:4 parking ratio in the TMP upon completion of campus development, however, there is little discussion of the steps the applicant will undertake during the subsequent phases of development to reach the 1:4 ratio at each phase and at the end of the process other than stating that it will occur. Staff has found that creating a phased parking plan is necessary because only some of the proposed

development is funded and there is no guarantee that the 1:4 ratio will ever be attained. In addition, it has been the Commission's practice to understand the interim parking ratios in an effort to make an informed decision on whether to approve or disapprove master plans.

A second issue the applicant raises in their proposal is the need for an increase in the amount of parking for visitors and patients on site. The applicant developed parking requirements of 3.5 spaces for every 1000 square feet of outpatient facility, 1 parking space per each inpatient bed and 2 spaces per each long term nursing home and transitional patient bed. By applying these rules to the VA Medical Center, the applicant states it needs a total of 3,769 parking spaces. Staff needs additional information to determine that the increase in parking for visitors and patients is justified given the urban character of the VA Medical Center. The D.C. Office of Planning submitted comments on the increase of parking and requested the applicant to coordinate with the District Department of Transportation in order to "...maintain an acceptable level of service for motor vehicles circulating in and through this area."

Staff therefore recommends that the Commission **require the applicant to provide more detail concerning the parking phasing to demonstrate that their parking ratio meets the 1:4 ratio stipulated in the Comprehensive Plan for the National Capital: Federal Elements as the master plan is realized and to submit additional justification for the increase in visitor parking.**

Transit Center

The applicant discovered during the master plan process that the Washington Hospital Center was open to discussing transit and shuttle connections to their site and that providing a more central location may be beneficial for both institutions. As the master plan progressed, the VA Medical Center began conceptually exploring alternatives to having buses enter their site to pick up and drop off passengers. These alternatives include creating a rotary, including lay-by lanes for the buses, and incorporating a pedestrian bridge. There was also some discussion about altering existing bus transit routes in order to accommodate the changes being discussed. The District Department of Transportation and WMATA have been invited to these discussions however the WMATA representative has been unable to attend any meetings regarding these changes so it is unknown what concerns WMATA may have with any or all of these alternatives.

In addition, the possibility of light rail, rapid bus or streetcar along Irving and Michigan Streets, NW and the close proximity of the proposed transit center may be an opportunity for developing a center that is able to accommodate all of these modes of travel.

Therefore, staff recommends that the Commission **notes that the applicant should develop an agreement with DDOT and WMATA on the proposed transit center on the VA Medical Center campus. While this discussion has been initiated, it is not clear whether the proposed transit center would require a reconfiguration of the roadway, rerouting buses, a pedestrian bridge over 1st Street, NW or some or all of these options.**

Viewshed Analysis

This campus is not only bordered by North Capitol Street, the eastern portion of the VA Medical Center is visually at the northern terminus of North Capitol Street –the street curves to the east as

it heads north towards Maryland. The master plan describes the importance of this vista and makes an argument that the proposed projects along this corridor, namely the Domiciliary and the Community Living Center (CLC), will improve the existing condition. Staff is not convinced that this will be an improvement.

The Comprehensive Plan for the National Capital, Historic Preservation Element describes the need to “*Protect views outward from the L’Enfant City and views inward from vantage points along the rim of the topographic bowl from inappropriate intrusions. Open space should be preserved to allow for public use and enjoyment of these views.*” As the VA Medical Center is in a major viewshed of the L’Enfant City and the AFRH provides an opportunity to view inward, towards the L’Enfant City, designing buildings sensitive to this context is of the utmost importance.

While the proposal does not include detailed drawings of the proposed Domiciliary, staff has met with the applicant regarding the Domiciliary and raised concerns about the impact of the building mass along North Capitol Street, the location of the parking lot associated with this facility as well as the need to add retaining walls to level the existing site. In addition, retaining walls are necessary for this construction due to the steep slope between the site and North Capitol Street. In order to minimize these impacts staff would suggest possibly shifting the building to the west away from North Capitol Street or describe the vegetative screening in greater detail. Staff suggested that the applicant conduct additional viewshed studies to better understand the relationship between the Domiciliary and the street.

Therefore, staff recommends that the Commission **require the applicant to explore alternatives to understand the visual impact the Domiciliary and the Community Living Center have on the North Capitol Street corridor and the Armed Forces Retirement Home views. Alternatives for minimizing the impact include shifting these components, reducing their scale or adding landscape screening.**

Perimeter Security

The applicant includes a security fence 8 feet in height around the entire perimeter of the site as well as a 50 foot stand-off distance citing a Department of Defense requirement. Staff is unsure of the type of security that is necessary for this campus because currently the main entrance is without a gate so anyone can enter and the existing guardhouse is normally unmanned during the day.

While many agencies propose perimeter security for their facilities in the District, staff is interested in ensuring a balance between the appropriate security response and the urban context of these facilities. In this instance, staff is concerned that a perimeter fence will prohibit any possibility of a more urban response for the perimeter of the campus.

Therefore, staff recommends that the Commission **requires the applicant to study additional alternatives to the perimeter security fence in an effort to balance security needs and future area-wide planning objectives within the urban context of the site.**

4C WING EXPANSION

This project is an interior renovation that includes a 1,500 square foot addition on the roof of the medical center wing. This rooftop expansion provides addition space for a conference room and staff lounge. Although this project is on the eastern side of the building, staff finds that this roof addition is set back sufficiently so as to be not visible from North Capitol Street. Therefore, staff recommends the Commission **approve the preliminary and final site and building plans for the 4C Wing Expansion at the Veterans Affairs Medical Center in Washington, DC, as shown on NCPC Map File No. 12.20(38.00)42928.**

OR/ED/DECONTAMINATION CENTER EXPANSION

This expansion project is both an interior renovation as well as an expansion of this part of the medical center and will improve needed services already provided. The building materials and architecture chosen for the exterior of the expansion, while not identical are definitely in keeping with the existing medical center building. This expansion will be visible from 1st Street, NW and is identified in the VA Master Plan that is before you at this meeting. While the master plan seems to include more development along the 1st Street, NW façade, this project should not interfere with any planned future expansions at this location.

The expansion of the operating rooms will increase the number of rooms from five to seven and provide patients state of the art medical treatment as well as being able to treat more patients quicker.

Expanding the size of the Emergency Department will allow the VA Medical Center to reduce wait times for patients and improve medical service. Medical procedures have changed since this building was first constructed and this project is necessary to meet the demands of a modern emergency department.

The Decontamination Center expansion will addresses many of the concerns about the existing facility. Construction of a DECON Unit would solve the problems of the existing decontamination facility, plus provide the following benefits:

- Allowing flow-through ambulance traffic.
- Allowing the DECON Unit to feed casualties toward the Emergency Department, where supplies and personnel can be concentrated.
- Allowing triage and urgent care provided to the ED and not in an improvised, crowded setting.
- Allow Air handling systems designed to provide optimal air flow to prevent entry of contamination.
- Provide ample storage, changing, and supply staging space.
- Provide easy flow-through route for the entry of supplies.
- Provide space for training, ED surge capacity, and isolated infected patient reception.

Therefore, staff recommends the Commission **approve the preliminary and final site and building plans for a OR/ED/Decontamination Center Expansion at the Veterans Affairs Medical Center in Washington, DC, as shown on NCPC Map File No. 12.20(38.00)42929.**

FISHER HOUSE

At its July 9th, 2009 meeting, the Commission commented favorably on the Fisher House concept design. As well, the Commission recommended the applicant in the further development of the design the applicant reevaluate the layout of sidewalks, further refine the proposed parking areas, include crosswalks, and develop a landscape plan that would create a buffer between the parking areas and the Fisher House.

The VA submitted a developed site and landscape plan. The plan illustrates a landscaped buffer between the Fisher House and the adjacent parking lot. The buffer includes trees, shrubs, perennial flowers, and ground cover. The plan also illustrates new and reconfigured crosswalks and sidewalks that will service the Fisher House to the VA Hospital and to the surrounding parking lots. Therefore staff recommends the Commission **approve the preliminary and final site and building plans for a Fisher House at the Veterans Affairs Medical Center in Washington, DC, as shown on NCPC Map File No. 12.20(38.00)42930.**

CONFORMANCE

Comprehensive Plan for the National Capital

While the proposed VA Medical Center Master Plan is not inconsistent with some aspects of the Comprehensive Plan for the National Capital, additional information is needed to determine if it conforms to the following:

Federal Environment Workplace Element

- Consider combined public and private mixed uses at federal workplaces where security requirements will not be compromised.
- Plan federal workplaces to be compatible with the character of the surrounding properties and community, and where feasible, to advance local planning objectives such as neighborhood revitalization.

Historic Preservation Element

- Protect views outward from the L'Enfant City and views inward from vantage points along the rim of the topographic bowl from inappropriate intrusions. Open space should be preserved to allow for public use and enjoyment of these views.

Transportation Element

- Outside the Central Employment Area, but within the Historic District of Columbia boundaries, the parking ratio should not exceed one space for every four employees.

District Elements: Rock Creek East Area Elements

- ...“...A linear park connection extending from [the AFRH] south through the Irving Street Hospital Campus and McMillan Sand Filtration Site to LeDroit Park should be pursued.” (2215.9)

Staff will continue consultations with the VA to address these concerns prior to the final master plan submittal.

Federal Capital Improvements Plan

These projects are not included in the FY 10-15 FCIP. As these projects become better defined, staff recommends that the VA submit projects to be included in future FCIP reports.

National Environmental Protection Act (NEPA)

In accordance with the National Environmental Policy Act (NEPA), the VA has submitted an Environmental Assessment (EA) for the DC VA Medical Center Master Plan and FONSI, signed October 30, 2009. NCPC staff is reviewing the submitted Environmental Assessment and will use the Environmental Assessment when making its recommendation on the final master plan.

NCPC staff has independently reviewed the information for the three individual projects and has determined that they can be categorically excluded under Section 8(c)(21) of NCPC's Environmental and Historic Preservation Policies and Procedures. Each of these projects has independent utility.

National Historic Preservation Act (NHPA)

Pursuant to Section 106 of the National Historic Preservation Act (NHPA), the VA submitted the master plan update to the District of Columbia State Historic Preservation Officer (DC SHPO) for review. The VA determined and the DC SHPO concurred that the master plan update will have no adverse effect to known historic properties. The DC SHPO recommends and NCPC staff concurs that in the future a Phase 1A archeological survey be conducted at the VA Medical Center. The VA has agreed to undertake a Phase 1A as part of their master plan update process. In addition, DC SHPO will require that any projects that face the McMillan Sand Filtration site or the Armed Forces Retirement Home be submitted for review.

CONSULTATION

Coordinating Committee

The Coordinating Committee reviewed the VA Master Plan update, the 4C Wing Expansion and the OR/ED/Decontamination Center Expansion at its November 10, 2009 meeting and forwarded it to the Commission with the statement that the proposal has been coordinated with all participating agencies. The participating agencies were NCPC; the National Park Service; the General Services Administration; the District of Columbia Department of Housing and Community Development and the Washington Metropolitan Area Transit Authority.

The District of Columbia Office of Planning (OP) submitted comments which are focused on three areas: urban design/streetscape, parking circulation and transportation, and public involvement. The urban design and transportation related comments are addressed in various sections of this analysis. OP encourages the maximum public involvement as the VA continues to refine the master plan and NCPC staff agrees with this comment.

It should also be noted that the OP commented that they are developing a study of shuttle service at the Brooklyn/CAU Metro Station, in conjunction with the Metropolitan Council of Governments, in "...an effort to devise a strategy to consolidate the shuttles in a more safe, reliable and efficient system." Staff supports this comment and encourages the VA to join the study as it may provide an opportunity for improved shuttle access for the VA Medical Center.

Finally, the Coordinating Committee reviewed the Fisher House at its May 13, 2009 meeting and forwarded it to the Commission with the statement that the proposal has been coordinated with all participating agencies. The participating agencies were NCPC; the National Park Service; the General Services Administration; the District of Columbia Office of Planning and the District Department of Transportation.

Commission of Fine Arts

The Commission of Fine Arts (CFA) approved the final VA Medical Center Master Plan on October 15, 2009 and commended the VA on the improvements incorporated since they review the draft plan in September 2009. CFA recommended that the applicant include a narrative statement in the master plan to address topics such as architectural intent, strategies for energy conservation and sustainability, treatment of parking garage facades and the character of open spaces. In addition, CFA expressed disappointment that their previous suggestion to include retail along 1st Street, NW could not be accommodated in the master plan. Finally, CFA discussed the need to create a unified design treatment to more clearly identify the arrival experience of this facility and to further study the transit center options.

CFA also approved the location and the concept design for the Fisher House at their June 18, 2009 meeting. For final submission CFA suggested that the VA use building materials and colors that reflect the existing character of the VA Medical Center and surrounding buildings.

Public Comments

A community group named Washington Central Parks submitted comments on the VA Medical center master plan and stated that they think the proposed master plan needs further study to fully address several issues namely: the historic importance of the site; relevant planning documents including the McMillan Plan; urban design issues; and how to improve the open space characteristics of the site. Staff supports some of these comments and thinks that the VA should provide further analysis and study specifically to show how it responds to the relevant planning documents and open space connections. These recommendations have been incorporated into the report.