

STAFF RECOMMENDATION



C. Hart

NCPC File No. 7115

VETERANS AFFAIRS MEDICAL CENTER DOMICILIARY

50 Irving Street, NW
Washington, DC

Submitted by the Department of Veterans Affairs

May 27, 2010

Abstract

The Department of Veterans Affairs has proposed a 38,000-square-foot, three-story Domiciliary on the Veterans Affairs Medical Center campus in Northwest Washington, DC. This building is a 77-bed residential home for transitioning homeless veterans and is located on the northeastern part of the campus. A work therapy program and a medical clinic are also included in the building program.

Commission Action Requested by Applicant

Approval of comments on concept design, pursuant to 40 U.S.C. § 8722(b)(1) and (d).

Executive Director's Recommendation

The Commission:

Comments on the concept design for the Domiciliary on the Veterans Affairs Medical Center in Northwest Washington, DC as shown on NCPC Map File No. 12.20(38.00)43067, as follows:

- Remove the proposed parking spaces located east of the Domiciliary between the building and North Capitol Street from the design.
- Include additional dense landscaping to the east of the Domiciliary, between North Capitol Street and the building to minimize views from the street and provide residents with a more tranquil setting.

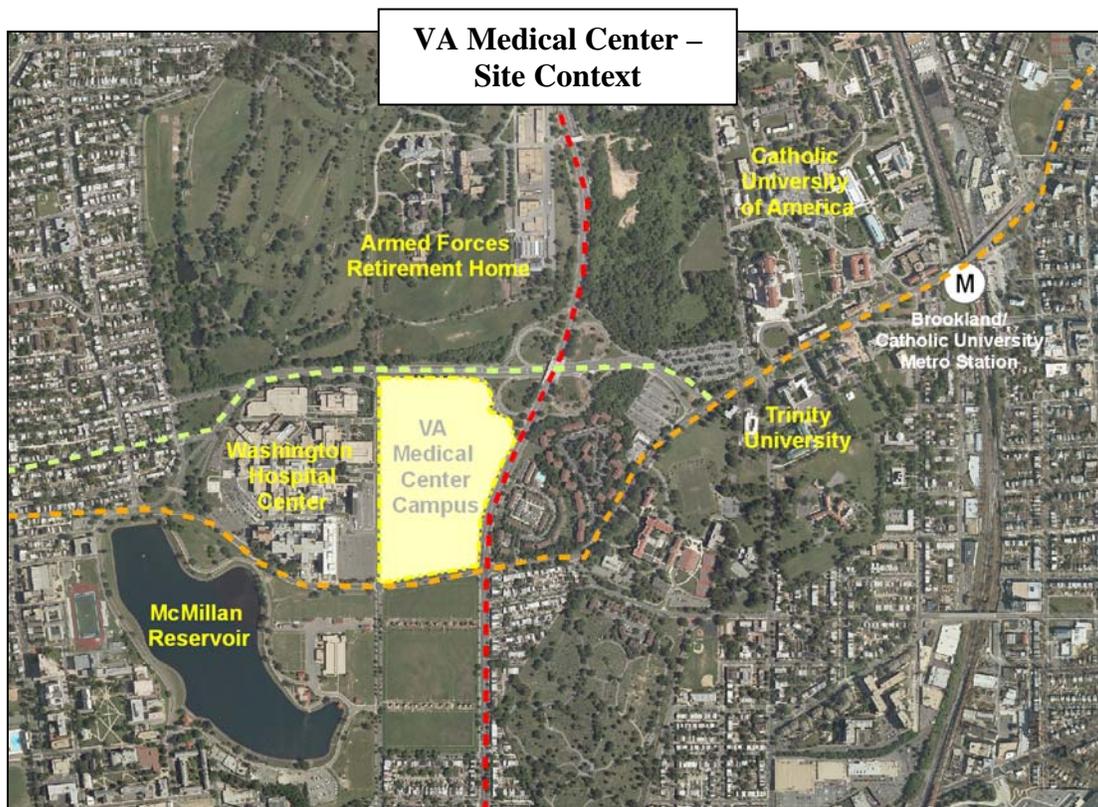
- Relocate and screen the chiller, electrical transformer and other utilities currently located southeast of the Domiciliary to another part of the site to minimize their visibility along North Capitol Street.
- Minimize the retaining walls on the eastern portion of the site thereby reducing their effect on North Capitol Street.
- Design a brick façade for the Domiciliary to be compatible with the other residential buildings on this part of the campus.
- Include pedestrian circulation for this part of the campus to ensure sidewalks connect to each other on site.

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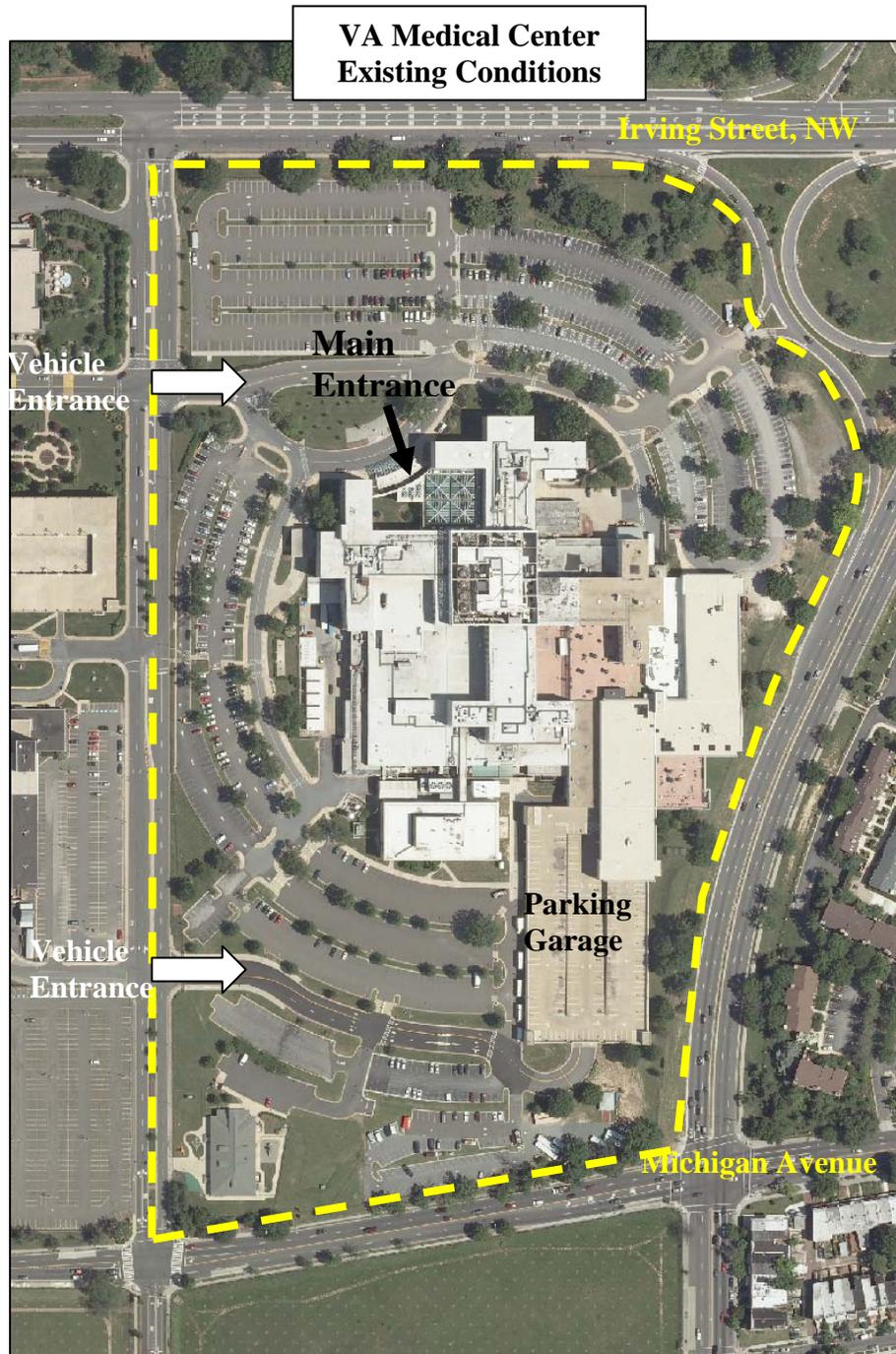
PROJECT DESCRIPTION

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, 1st 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 (WHC) to the west.



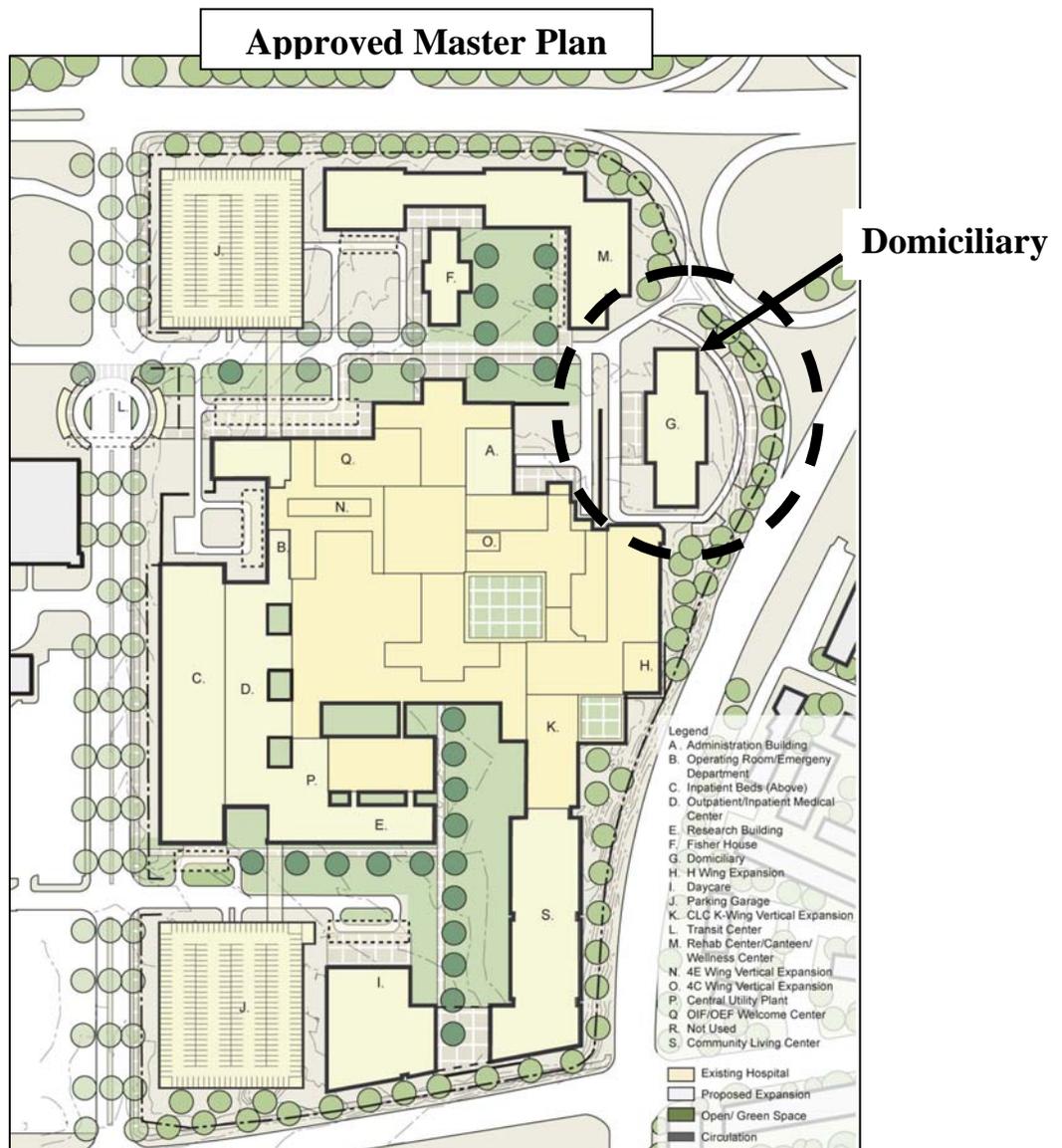
The existing 35-acre site includes a 900,000-square-foot main medical center building and a daycare facility. There are two vehicular entrances to the site and they are both located on 1st Street, NW. The northernmost entrance is for visitors, patients and employees and the southernmost entrance is limited for employee access. The main visitor/patient lobby of the medical center is on the northwestern portion of the building. Large surface parking lots surround the medical center and there is also a three-story parking garage on the southernmost part of the main medical center building, which is used only by employees. A limited amount of landscaping is dispersed throughout the site.



Background

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.

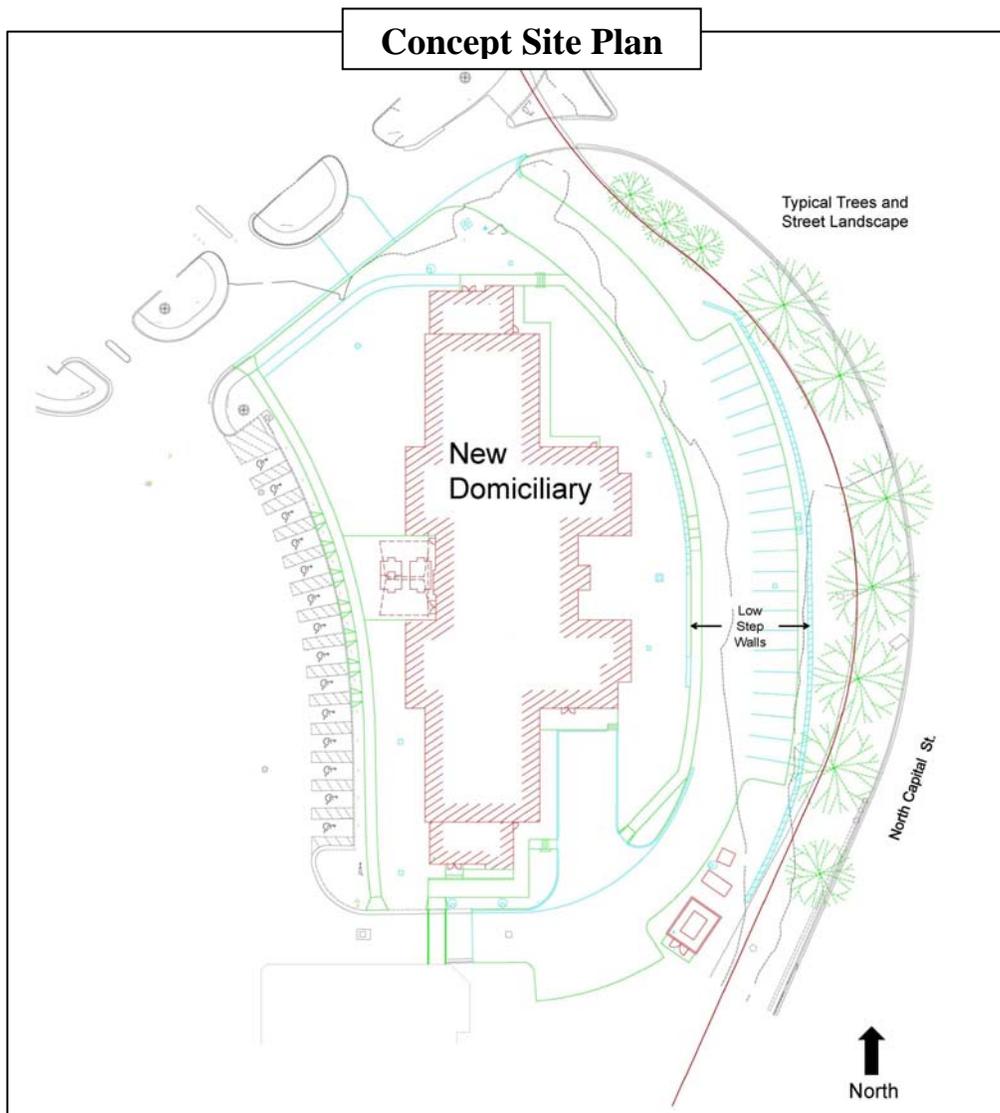
The VA submitted a final master plan which included a transportation management plan and the Commission approved it at the May 3, 2010 meeting. The Domiciliary was included in the master plan on the northeastern portion of the site.

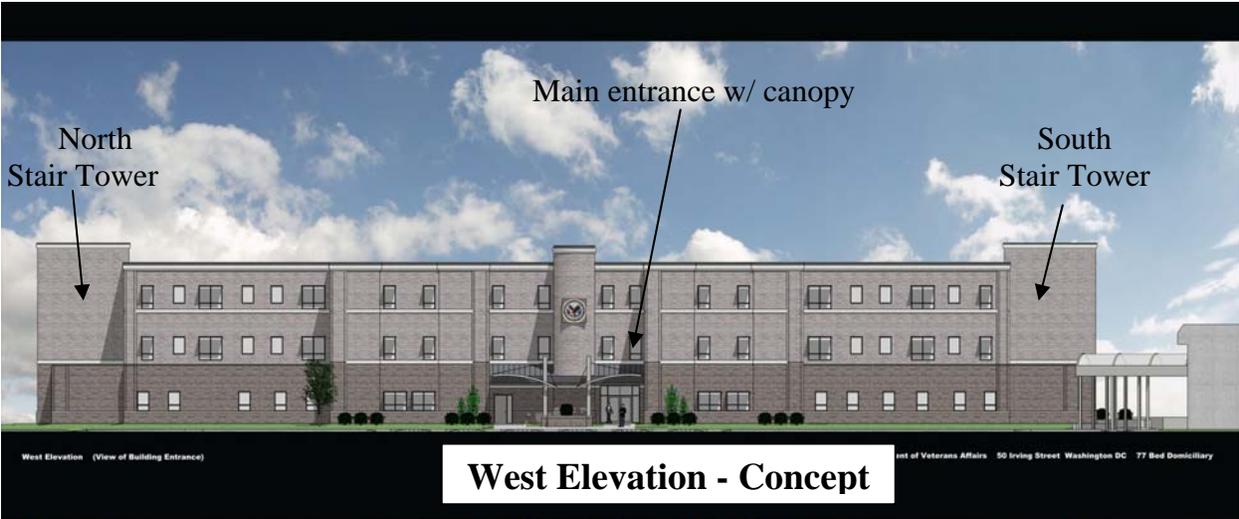


Proposal

This proposal is for a 38,000-square-foot facility 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 recommended transferring 77 domiciliary care beds from the Martinsburg VA Medical Center to Washington, D.C. These beds will occupy the second and third floors of the new facility on the Washington, D.C. campus.

The building is oriented with the main entrance on the west façade as shown in the concept site plan below. This plan also includes parking east and west of the facility. Limited landscaping is proposed. Two retaining walls are included in the design along the eastern portion of the site, where it transitions down to North Capitol Street. In addition, site utilities including a chiller and electrical transformer are located just southeast of the Domiciliary.





In addition, the VA Medical Center proposes to co-locate the Compensation Work Therapy (CWT) program for the domiciliary residents within the facility. This program is proposed to occupy the first floor with domiciliary support functions operating on the second and third levels.

The proposed façade of the building is a light tan brick finish with an alternate dark brown brick wainscot similar to the adjacent main medical center building. Fenestration for the building includes a punched window with an integral overhang to provide shade during the summer months. A spandrel feature will be incorporated to protect the linear nature of the building along the window lines. The main entrance will have an ornamental canopy feature; a proposed matching canopy over an at-grade walkway will connect the domiciliary to the main medical center building. Elevator and stair towers will project from the north and south facades of the building.

PROJECT ANALYSIS

Executive Summary

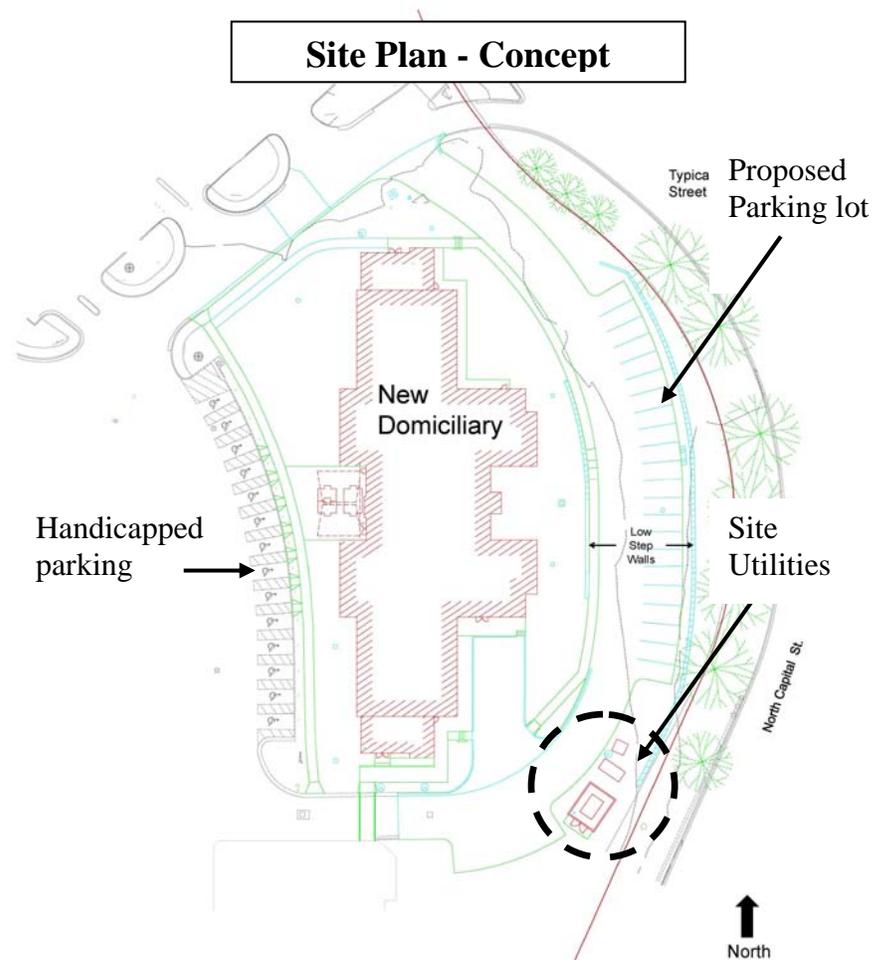
Staff has consulted with Department of Veterans Affairs over the past year on several projects at the VA Medical Center and was first made aware of the Domiciliary in early 2009. Since then, the VA has made changes to the design concerning building orientation, exterior materials and rooftop embellishments, but the overall form and design of the project has remained virtually the same. While staff accepts many of the changes that have been proposed, staff finds that the building design lacks an aesthetic appeal that would be expected for a facility along a major arterial axis such as North Capitol Street. The VA Medical Center itself is in the transition area between the rectilinear, urban portion of North Capitol Street and the portion of the street that has a more parkway quality. The VA states budgetary constraints necessitated many of the design decisions. Staff finds that there are issues that need to be addressed regarding site design and the buildings exterior materials before the project is submitted for preliminary and final approval.

Site Design

The VA has not provided staff with sufficient information on the proposal to have a clear understanding of the project's site design. In particular, the drawings provided are without dimensions and do not describe the height, location and extent of the retaining walls on the eastern portion of the site, which is next to North Capitol Street. This is important given the height of the VA Medical Center property is approximately 10 feet higher than the adjacent roadway.

The proposed parking lots included in the design are oriented in a similar fashion as the existing parking lots. The VA has not submitted drawings showing how much of the existing parking will remain after demolition. Staff has requested demolition plan to better understand what is being proposed.

In addition, several sidewalks included in the design terminate without a description of what they are supposed to connect. Staff has requested a site plan to



understand the relationship between the sidewalks that are included with this design and existing sidewalks.

There are also several site elements that staff has determined need to be either moved from their current location or removed from the plan altogether. These elements include parking lots, building utilities, and retaining walls.

Staff has suggested that the proposed parking lot along the eastern portion of the site be removed because this part of the campus is in close proximity to North Capitol Street at its visual terminus. This parking lot, which is intended primarily for employees, is not consistent with the master plan as parking spaces are consolidated in two parking garages along 1st Street, NW. While there is an existing parking lot on the campus at this location, staff finds that the relocation of the parking spaces will allow vehicles to be moved away from parking along North Capitol Street. In addition, the VA states that the removal of parking spaces at this location will allow for a gradual topographic change and help to minimize the height of the retaining walls proposed for the eastern portion of the site.

The proposed utilities for this proposal, which include both the chiller and an electrical transformer, are southeast of the Domiciliary and east of the Main Medical Center Building. In an effort to consolidate the building footprint and improve the site aesthetics, staff recommends moving these utilities from their current location closer to the Domiciliary itself.

Finally, the landscaping identified in the site plan does not adequately describe the design of the site once this building has been completed. Additional information is necessary to understand what portion of the building will be visible from off site. Staff finds that since this building is located along the northeastern portion of the campus in close proximity to North Capitol Street and the VA sites budgetary constraints that limit the architectural expression of the building, that trees and other dense landscaping be used to enhance views of this portion of the campus from points off-campus. Staff anticipates that additional campus landscaping will also be beneficial to the veterans residing in the Domiciliary and those being treated at the medical center as it will be aesthetically pleasing.

Computer Generated Perspective looking Northeast



Building Exterior

The building exterior has changed through consultation and staff is agreeable to the changes that have been proposed. As the building form is unlikely to change due to budgetary constraints, staff has determined that a change in the color of brick may soften the institutional nature of the architecture for the campus. As the Fisher House, a short-term residential facility for patient families, will also be located in close proximity to the Domiciliary, staff finds that these two facilities should use a compatible color brick. As these buildings make up the majority of the residential quadrant, creating similar architectural cues for these buildings could help to make this area more cohesive architecturally.

Therefore, staff recommends that the Commission **comment on the concept site and building plan design for the Domiciliary on the Veterans Affairs Medical Center in Northwest Washington, DC as shown on NCPC Map File No. 12.20(38.00)43067, as follows:**

- **Remove the proposed parking spaces located east of the Domiciliary between the building and North Capitol Street from the design.**
- **Include additional dense landscaping to the east of the Domiciliary, between North Capitol Street and the building to minimize views from the street and provide residents with a more tranquil setting.**
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CONFORMANCE

Comprehensive Plan for the National Capital

The proposed Domiciliary is not inconsistent with the policies in the Federal Workplace Element or Historic Preservation Element Comprehensive Plan for the National Capital provided that the VA makes changes to the project that have been recommended by the Commission.

Federal Capital Improvements Plan

This project is not included in the Fiscal Year 2010-2015 Federal Capital Improvements Plan, adopted in September 2009.

Relevant Federal Facility Master Plan

The VA submitted a final master plan and the Commission approved it at its May 3, 2010 meeting. The Domiciliary is located in the northeastern portion of the campus and was included as part of the 2010 Campus Master Plan.

National Environmental Policy Act (NEPA)

The VA submitted the VA Medical Center Master Plan Environmental Assessment (EA) dated April 2010 for the Domiciliary. The VA issued a finding of no significant impact (FONSI) for the EA dated April 13, 2010. As the Domiciliary is a project located in the District of Columbia, NCPC has an independent responsibility under the National Environmental Policy Act.

The submitted EA includes two alternatives for the campus in the analysis - a no-action alternative and the action alternative. The Domiciliary has been fully analyzed in the action alternative in the EA and staff finds that no further NEPA analysis is necessary. Pursuant to NCPC's Environmental and Historic Policies and Procedures, the Executive Director issued a FONSI for the EA on April 30, 2010.

National Historic Preservation Act (NHPA)

As a project located in the District of Columbia, NCPC has an independent responsibility under Section 106 of the National Historic Preservation Act. The VA concluded its Section 106 responsibilities for the VA Medical Center Master Plan, which includes the Domiciliary, with a determination of no adverse effect, following consultation with the District of Columbia State Historic Preservation Office, Commission staff and the Commission of Fine Arts. DC SHPO concurred with the VA and required that a Phase I archeological survey be conducted when any new facilities are proposed for the site. Staff will review the Phase I archeological survey as part of the approval process for preliminary and final design.

CONSULTATION

Coordinating Committee

The Coordinating Committee reviewed the proposal at its May 12, 2010 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; the District of Columbia Fire and Emergency Medical Services; the District Department of Transportation; and the Washington Metropolitan Area Transit Authority.