National Capital Planning Commission

NCPC File No. MP028

VETERANS AFFAIRS MEDICAL CENTER
MASTER PLAN

50 Irving Street, NW
Washington, DC

Finding of No Significant Impact

APR 3 0 2010

Pursuant to Section 102(2)(C) of the National Environmental Policy Act, the Council on Environmental Quality Regulations (40 CFR, Parts 1500-1508), and the National Capital Planning Commission's Environmental and Historic Preservation Policies and Procedures, I have evaluated the master plan for the Veterans Affair Medical Center, located at 50 Irving Street, NW in Washington, DC, as shown on NCPC Map File No.12.20(05.14)43011; the April 2010 environmental assessment (EA) prepared by the Department of Veterans Affairs; and the Department of Veterans Affairs April 13, 2009 Finding of No Significant Impact, and I have determined that the Veterans Affairs Medical Center Master Plan, as proposed will not have a significant impact on the human environment.

Proposed Action

The EA analyzes two alternatives, the proposed action and a no action alternative. The proposed action is the result of an extensive examination of various planning strategies through consultation with the Commission and with other federal and District agencies. The master plan is intended to guide campus development over the next 20 years as the Department of Veterans Affairs seeks to modernize its 922,000-square-foot facility with the goals of improving medical care for veterans located in the national capital region and becoming the flagship Veterans Affairs Medical Center. Individual building projects proposed in the master plan will be the subject of further analysis under the National Environmental Policy Act (NEPA) as each project is funded and designed. There has been no major expansion of the 48-year-old medical center since 1982 when a nursing home was added. The nursing home is now referred to as the Community Living Center.

The proposed development for the 35-acre site includes 818,000 gross square feet of additional space that will increase the size of inpatient and outpatient areas, add new long-term living facility space, consolidate administrative functions, add medical research space, and improve site utilities. In addition, existing surface parking will be replaced with structured parking to open up new green space on the hospital campus in the form of two new courtyards - one north and south of the main medical center. These proposed courtyards and other new landscaping on site will bring order to a campus that has incrementally added occupied space over time. The Community Living Center will define the southern courtyard while the Domiciliary, Fisher House and Canteen buildings will define the northern one. The addition of the courtyards equate to an increase of open space from the existing 19 percent to nearly 34 percent of the campus.

New buildings will also define the campus edges so that the campus will better relate to its urbanizing surroundings.

The master plan is expected to be realized in four phases over the next 20 years. The first three phases will expand existing medical center building and add five new buildings: the Fisher House; an administration building; a research expansion building; a central utility plant; and the Domiciliary. The first three phases will add 162,000 square feet to the size of the medical center. In addition, a north parking structure will be constructed with 1,916 parking spaces in the third phase. The final phase of the master plan will include a south parking structure containing with approximately 2,000 parking spaces and the remaining 656,000 square feet of new occupied space.

Standard for evaluation

Under NEPA, the Council on Environmental Quality (CEQ) regulations, and NCPC Environmental and Historic Preservation Policies and Procedures, an EA is sufficient and an Environmental Impact Statement need not be prepared if the EA supports the finding that the federal action will not significantly affect the human environment. The EA for this project was prepared in accordance with these standards.

Potential Impacts

The EA found that there were both long-term beneficial impacts and adverse impacts associated with the proposed action. Beneficial impacts include an increase in the quality of medical care for local veterans, a decrease in the amount of impervious surfaces on campus, an increase in green space, an improvement to stormwater management activities on the campus, an increase in transit usage to the campus, and enhanced views along North Capitol Street. A limited number of minor to moderate adverse impacts to the environment is also associated with the proposed action. These long-term adverse impacts include a future increase in traffic on the surrounding road network and associated emissions, an increase in building area on campus, and an increase of emissions from the site with the construction of a new central utility plant. None of these impacts was found to be significant.

As several other large developments are likely to be constructed in the vicinity of the campus during the life of the master plan, traffic projections analyzed in the EA include these developments in the future background traffic counts.

Long-term traffic impacts will be mitigated through the implementation of a transportation management plan (TMP) that focuses on more efficient transit service to all site users to reduce vehicle trips to and from the site; reducing congestion and delay on nearby roads, providing facilities for safe and efficient pedestrian and bicycle access to the VA Medical Center site, and managing the proposed parking supply. The EA identifies establishing a TMP coordinator on the VA Medical Center campus as an important first step in addressing the potential long-term traffic impacts.

The EA also includes a proposal to build a transit center that will make transit service to the campus and surrounding area more efficient. The proposed transit center, will be located on 1st Street, NW. The VA is coordinating the transit center design with the District Department of Transportation, the Washington Hospital Center (WHC) and the Washington Metropolitan Area

Transit Authority. Continued monitoring of transit center use will be important to understanding its efficiency and effectiveness.

The EA analyzes the expansion of the buildings on campus and finds that the reduction in the amount of surface parking, addition of structured parking, and the designation of additional open space equates to a net increase of pervious surface for the campus overall. The proposal also includes the development of buildings closer to the street, a planning move that is likely to encourage pedestrian and transit modes of travel.

The construction of a central utility plant to generate steam and emergency power will cause an increase in site emissions and is expected to be off-set by a corresponding decrease in the emissions from the WHC utility plant that currently supplies steam and power to the VA Medical Center. In addition, the new central utility plant is expected to be a more energy efficient facility than is currently used at the WHC. The fixed sources of air pollutants at the campus, steam generators and emergency power generators, will be permitted through the District government and by the Environmental Protection Agency.

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. NCPC concurs with the VA determination. The DC SHPO recommends and NCPC staff agrees that a Phase 1A archeological survey be conducted at the VA Medical Center as part of any future development project at the campus. In addition, DC SHPO recommends that any projects that face the McMillan Sand Filtration site or the Armed Forces Retirement Home be submitted for review.

Marcel C. Acosta
Executive Director