



PLANNING & TRANSPORTATION COMMISSION MINUTES

1 =====MEETINGS ARE CABLECAST LIVE ON GOVERNMENT ACCESS CHANNEL 26=====

2 *Wednesday, April 22, 2009*
3 *Special Meeting at 7:00 PM*
4 *Council Chambers, Civic Center, 1st Floor*
5 *250 Hamilton Avenue*
6 *Palo Alto, California 94301*

7
8 **ROLL CALL: 7:04 PM**

9
10 **Commissioners:**

11 *Daniel Garber - Chair*
12 *Samir Tuma – V-Chair – conflict with Item 2*
13 *Susan Fineberg*
14 *Karen Holman – conflict w/Item 1*
15 *Arthur Keller*
16 *Lee I. Lippert*
17 *Fabio Rosati - absent*

10 **Staff:**

Curtis Williams, Interim Planning Director
Cara Silver, Senior Assistant City Attorney
Steven Turner, Senior Planner
Zariah Betten, Admin. Associate

18
19 **AGENDIZED ITEMS:**

- 20 1. Recommendation of Ordinance Amending Section 18.18.070(e) (Floor Area Bonuses) of
21 Title 18 (Zoning) of the Palo Alto Municipal Code Regarding Protective Covenant if
22 Favor of City for 2560 Embarcadero Road (Former Sea Scout Building).
23 2. Stanford Projects Study Session

24
25 Chair Garber: Welcome to the Wednesday, April 22 Special Meeting of the Palo Alto Planning
26 and Transportation Commission. Just before the Secretary calls roll, I have two announcements.
27 First of all we are without Fabio Rosati this evening and Karen Holman will be joining after item
28 number one for which she will recuse herself from participating in. Secretary, would you call
29 roll? As previously noted Commissioner Rosati and Commissioner Holman are missing with
30 Commissioner Holman coming in after item number one.

31
32 This would be the time that anyone that would like to approach the Commission about items not
33 on our agenda to speak. We have no cards so we will move immediately to item number one.

34
35 **ORAL COMMUNICATIONS.** Members of the public may speak to any item not on the agenda
36 with a limitation of three (3) minutes per speaker. Those who desire to speak must complete a
37 speaker request card available from the secretary of the Commission. The Planning and
38 Transportation Commission reserves the right to limit the oral communications period to 15
39 minutes.

1 *AGENDA CHANGES, ADDITIONS, AND DELETIONS.* The agenda may have additional items
2 added to it up until 72 hours prior to meeting time.

3
4 Chair Garber: This is the review and recommendation to City Council to adopt an ordinance
5 amending Sections 18.18.070(e) Floor Area Bonuses of Title 18, our zoning code, of the Palo
6 Alto Municipal Code to amend the requirements regarding covenants for City-owned properties.
7 Would the Staff care to make a presentation?

8
9 ***NEW BUSINESS***

10 ***Public Hearing:***

- 11
12 1. **Recommendation of Ordinance Amending Section 18.18.070(e) (Floor Area**
13 **Bonuses) of Title 18 (Zoning) of the Palo Alto Municipal Code Regarding Protective**
14 **Covenant in Favor of City for 2560 Embarcadero Road (Former Sea Scout**
15 **Building).**

16
17 Mr. Curtis Williams, Interim Planning Director: Yes, thank you Chair Garber and
18 Commissioners. This is an item which was prepared relative to an action the City Council was
19 taking a couple of weeks ago to pave the way for the sale of transfer of development rights
20 related to the Historic Preservation of the old Sea Scout building now being rehabilitated by the
21 Environmental Volunteers. It is simply a provision our code. There was an item related to that
22 and part of the item was to amend the zoning code to stipulate relative to the contractual
23 agreement that is developed around those TDRs that in this type of case, which is a very unusual
24 one, that the City becomes the party that basically benefits from the sale and the transfer of
25 development rights. In other cases we have third parties that are the beneficiaries and in this
26 case the third parties that might be those beneficiaries are involved in the project so can't be.

27
28 Cara Silver is here and helped work with this if you have questions but this is a pretty
29 perfunctory ordinance change. It is one sentence in the existing TDR provisions. We need to
30 move this back to the Council then so that that transaction process can proceed. Thank you.

31
32 Chair Garber: Thank you. Commissioners, unless there is discussion the Chair would like to
33 move the Staff's recommendation. Actually before I do that, with a reminder from
34 Commissioner Keller, are there any speakers from the public? There are none so we will open
35 and close the public hearing.

36
37 **MOTION**

38
39 So the Chair will move the Staff's recommendation. Do I hear a second?

40
41 **SECOND**

42
43 Commissioner Keller: Second.

44
45 Chair Garber: Any discussion? Commissioner Lippert and then Commissioner Fineberg.

1 Commissioner Lippert: I have a couple of questions and they are relatively simple and a couple
2 of minor concerns. Did I hear Curtis say that there is a third party already involved in these or
3 would these be put out to bid or auction?
4

5 Ms. Cara Silver, Senior Assistant City Attorney: This would relate just to the covenant that
6 would apply to the former Sea Scout building. There are currently no third parties that are
7 beneficiaries of the covenant. The Environmental Volunteers will be rehabilitating the building
8 and then the City will be enforcing the covenant that would require the building to be
9 rehabilitated to the Secretary of the Interior's Standards.
10

11 Commissioner Lippert: Okay. My only concern is that City TDRs or in this case these TDRs I
12 think are leveraged on the front end versus after the restoration work is done. In other words,
13 they are used as part of the financing mechanism, am I correct?
14

15 Ms. Silver: It can be done both ways. In this case Environmental Volunteers has requested that
16 the TDRs be sold to help finance the project. Of course that is not the issue in front of the
17 Planning Commission tonight.
18

19 Commissioner Lippert: I understand that. My concern, and I just want to I think reiterate this
20 for the Council's benefit more than anything, is that right now the economic times that we are in
21 are pretty bad and I don't know what TDRs would get. In fact, the way the financing for TDRs
22 generally work is that there are 2,500 square feet of bonus FAR the 2,500 square feet of bonus
23 FAR breaks up to be about ten parking spaces so we are looking at a number of about \$300,000,
24 which is what they say that they could probably get on the open market. It offsets the parking
25 associated with it, which is about \$50,000 to \$52,000 per parking space.
26

27 I have concerns that it won't meet that threshold of \$300,000 that is in here. In fact I have not
28 really seen TDRs approach that threshold when they are sold on the open market. It is heavily
29 discounting the cost of that parking in the Downtown. So it is more of a concern than anything.
30 The City Council can do with what they want but it does put it on the front end of discounting
31 something that we really should be getting top dollar for, and if there was another way of
32 financing that portion, that \$300,000, versus selling those TDRs off now while the economy is in
33 the tank and maybe only realizing \$100,000 for that. So that is my only concern.
34

35 Chair Garber: Thank you. Commissioner Fineberg and then Keller.
36

37 Commissioner Fineberg: Just a quick clarification of your comment. I understand you said that
38 the changes we are discussing tonight will apply only to the Sea Scout building. If Council
39 approves based on our comments and recommendations and their analysis the change in the TDR
40 program would that not then apply to all City-owned buildings where the situation came up in
41 the future where the City is not the developer?
42

43 Ms. Silver: Yes, I apologize I didn't mean to imply that this would only apply to the Sea Scout
44 building. The ordinance change was prompted by the Sea Scout transaction. You are correct
45 that this ordinance would apply to any long-term lease in excess of ten years for City-owned
46 buildings.

1
2 Commissioner Fineberg: Thank you. So this type of TDR and part of the ordinance is not
3 something I have worked with before. I understand that Director Williams is telling us this is a
4 perfunctory act. I would have preferred to see a bit more information in our packets so that I
5 could have come better informed. For instance, I think it would have been beneficial to include a
6 copy of the covenants that were developed for the Children's Library just so that we could see,
7 okay it is going to look like this, it is not raising any red flags, there are no issue, there are
8 comments, and what would they relate to so that we would more easily have an informed
9 discussion. So I would like to see sample language like that if this kind of thing comes back.

10
11 Then as a quick question, if we remove a third party so take PAST out of the enforcement, they
12 would not be named in the covenant, who within our City Staff is qualified to determine whether
13 the maintenance and development is consistent with Secretary of the Interior's Standards and
14 why would any of our Staff members have an incentive to enforce that kind of a clause? Would
15 we have the money, does our Staff have the cycles to perform that duty well?

16
17 Mr. Williams: Well that responsibility would logically fall to our Historic Preservation Officer,
18 Dennis Backlund. I think he has a tremendous amount of incentive to do it and his job is to look
19 out for and protect historic structures. If it is a situation where there is some question from a
20 professional standpoint as to whether something being done or that has been done is violating
21 standards and he is not sure then I am sure his next course of action would be to either go to the
22 HRB to get their input on it and/or to contract with a professional historic resources consultant to
23 do an analysis of that. So those are the avenues that are open to him.

24
25 These kinds of projects in terms of the work that is being done on them in the first place are
26 going to the HRB like this one did. So there is quite a bit of review that already does occur from
27 the community perspective as well as from the Staff.

28
29 Commissioner Fineberg: Thank you.

30
31 Chair Garber: Thank you. Commissioner Keller.

32
33 Commissioner Keller: Thank you. First I am sympathetic with Commissioner Lippert's
34 comment about this is a time in the economy when TDRs might not have as much value as they
35 might otherwise.

36
37 I also think that the ARB's frequent practice of not counting various kinds of square footage also
38 acts to diminish the value of TDRs. We have seen some of the projects for which there have
39 been exempted FAR Downtown that some may agree with or disagree with.

40
41 I think that Commissioner Fineberg's comments about the more information and background
42 certainly is useful. I see this as a technical correction. When the City is doing its own
43 rehabilitation as happened for the Children's Library, as I guess would happen for the College
44 Terrace Library it makes sense for the City not to be checking over itself in a direct legal way in
45 this kind of thing. So having Palo Alto Stanford Heritage be the legal entity that can enforce the
46 City to do that makes sense. However, in this case it isn't the City that is doing the rehabilitation

1 it is a third party doing that rehabilitation. Because of that I think it actually not only makes
2 sense from that point of view that we don't need the third party such as Palo Alto Stanford
3 Heritage having that legal oversight but in fact it actually makes sense for the City being the
4 owner and landlord to have more direct legal control over whether or not this property is
5 upgraded and maintained according to the proper standards. I suppose it could that through its
6 leasing agreement but in some sense it also adds teeth through doing this and it simplifies the
7 process. I would dare say that the City probably has a little more legal resource to provide to it if
8 in fact the Environmental Volunteers were not to perform to standards than a nonprofit like Palo
9 Alto Stanford Heritage would in terms of being able to bring the suitable lawsuit. Thank you.

10
11 Chair Garber: Commissioner Tuma.

12
13 Vice-Chair Tuma: Just one quick question. How was the ten-year number arrived at? If we had
14 a situation where it was five years with multiple five-year renewals or something like that –
15 could I get just a quick comment on the ten years?

16
17 Ms. Silver: Yes. Ten years is generally considered a long-term lease that would go to the
18 Council for approval. We have a lot of short-term leases that we didn't think would be
19 appropriate to fall under here so we came up with the ten year that way.

20
21 Vice-Chair Tuma: If it were a five year with multiple five year renewals would that be caught by
22 this or would that not?

23
24 Ms. Silver: It probably would be if the tenant had the option to renew.

25
26 Vice-Chair Tuma: Okay, thanks.

27
28 MOTION PASSED (5-0-1-1, Commissioner Holman abstained due to conflict, Commissioner
29 Rosati absent)

30
31 Chair Garber: Commissioners, let's vote. All those in favor of the motion say aye. (ayes) All
32 opposed? The motion passes with Commissioners Lippert, Fineberg, Tuma, Garber and Keller
33 voting for and Commissioner Holman abstaining due to conflict and Commissioner Rosati
34 absent. Thank you.

35
36 With that we will close item number one and go to item number two.

37
38 Mr. Turner: Chair Garber, Staff recommends just a few minutes between items to load the
39 applicant's presentation.

40
41 Chair Garber: Sure. Commissioner Tuma.

42
43 Vice-Chair Tuma: I just want to note that for item number two, Stanford, my wife is employed
44 by Stanford University so I am conflicted out and will not be participating.

1 Chair Garber: Thank you. We will also take a small break here not only for Staff but to await
2 the arrival of Commissioner Holman. We will break for five minutes and be back at 7:25.

3
4 Okay, let's start again. As previously noted Commissioner Holman is joining us and she will be
5 the Vice-Chair for this item. Commissioner Tuma who is conflicted left us and Commissioner
6 Rosati is still out.

7
8 So Commissioners, this is item number two where this is a study session to review the urban
9 design of the Stanford University Medical Center Facilities Renewal and Replacement and
10 Stanford Shopping Center projects and overview of the Village Concept Alternative. Would
11 Staff like to make a presentation? I suspect there are some opening comments as well.

12
13 *Other Items*

14 Study Session:

15
16 **2. Stanford Projects Study Session: Review and Discussion of the Urban Design of the**
17 **Stanford University Medical Center Facilities Renewal and Replacement and**
18 **Stanford Shopping Center Projects and Overview of the Village Concept**
19 **Alternative.**

20
21 Mr. Steven Turner, Senior Planner: Sure. I will get into the Staff presentation. Good evening
22 Chair Garber and Commissioners. My name is Steven Turner. I am the Project Manager for the
23 Stanford projects. We are here tonight to have a discussion around the urban design aspects as
24 they relate to the Medical Center and an update and discussion on the Village Concept
25 Alternative.

26
27 So the format and purpose of the meeting tonight is to hear a presentation from the applicant on
28 the conceptual architecture and design elements for the Medical Center. I will follow that up
29 with some summary comments from the City Council, which heard this topic at a Special
30 Meeting on Saturday, March 14. We will then get into an overview of the Village Concept
31 Alternative and an update from our Urban Design Peer Review Consultant, Bruce Fukuji. Then
32 we will get into an opportunity for Commissioner questions and also hear from members of the
33 public.

34
35 Just to give you an update on the Stanford projects as you are aware Stanford has withdrawn the
36 application for the Stanford Shopping Center from review. We have been reviewing these two
37 projects together certainly as part of a joint EIR. Each project was submitted by a separate
38 applicant and existed individually on its own so it wasn't like they were combined together into
39 one large project. They were really two separate projects looked at together in one EIR.
40 Stanford has decided to withdraw that application so moving forward will just be the Medical
41 Center application at this time.

42
43 We are still considering the effects of this action on the EIR and the project schedule. We hope
44 to be able to kind of resolve those issues hopefully within the next week or two and get ourselves
45 going in the right direction towards issuance of the Draft EIR and bringing back to the Planning
46 Commission and City Council the entitlements for your review.

1
2 The Village Concept Alternative, which you will hear a little bit more about tonight, will
3 continue to be studied as an alternative in the EIR. The Stanford Shopping Center area will
4 really focus on the connections between the Medical Center and the transit center and Downtown
5 Palo Alto rather than building placement. So you will see on the diagrams that the Stanford
6 Shopping Center reflects essentially existing conditions and that is what is expected to continue
7 out into the future.

8
9 Before we get onto the applicant's presentation I just wanted to give a really brief overview of
10 the project elements for the Medical Center. It is broken up into four different areas. The
11 Stanford hospitals and clinics would be adding about 824,000 square feet of net new area. The
12 Children's Hospital would add about 441,000 square feet of new floor area. The School of
13 Medicine would essentially be a net new floor area of zero. They are essentially replacing their
14 existing buildings with no net new floor area. The Hoover Pavilion would have a net new floor
15 area of about 46,000 square feet. So the all in total of net new floor area would be about 1.3
16 million square feet of new floor area.

17
18 Over the past year to year and a half or so we have had conceptual and preliminary design review
19 discussions with the Architectural Review Board on the various aspects of the Medical Center.
20 No decisions were made during these meetings but it gave the opportunity for the ARB to look at
21 each component of the project and to provide some initial feedback and discussion with the
22 applicants and with Staff in terms of the direction in design and planning for the Medical Center.
23 Throughout this time our Urban Design Peer Review Consultant, Bruce Fukuji here to my left,
24 has provided valuable insight and recommendations and analysis of each of those elements at a
25 very conceptual and preliminary level, and will continue to do so as the formal requests for
26 architectural review come forward from the applicant. Bruce will be reviewing those and
27 making recommendations to the Planning Commission and to the City Council.

28
29 So with that we will go ahead and get some comments from Curtis before we get to the
30 applicant's presentation.

31
32 Mr. Williams: Thank you Steven. Before we go to the applicant's presentations I want to make
33 a few preliminary comments. So the item tonight is specifically the reviewing of the urban
34 design components of the Stanford University Medical Center. As Steven said, the Shopping
35 Center has been withdrawn and also to put it in context, the Village Concept Alternative.

36
37 We certainly understand that there is concern and questions about sort of the direction of the
38 project, how the EIR is going to address these things really would suggest that those are not
39 appropriate discussions for us to have tonight. We are in the middle of trying to work through
40 some of those issues and really don't have answers to those. That is not what is on your agenda
41 as well. So the EIR, the status of the Shopping Center other than the fact that at this point it is
42 withdrawn, the community benefits discussion, those are not items that are before you tonight
43 and we strongly recommend staying away from those discussions and focusing on the urban
44 design component.

1 There were a couple of questions today about the process of how this got before the Commission
2 and specifically why it is following the Council's review, which happened on March 14. I think
3 I have reported this earlier to you at previous meetings but just to reiterate, we had had this
4 scheduled in order of coming to the Commission in late March or something like that or maybe it
5 was even the week after the Council heard it, and then going to the Council. Council then
6 scheduled this Saturday morning study session to talk about community benefits and there were a
7 couple of other possible topics but the urban design one was the one that was most easily brought
8 onto that agenda and be able to have some meaningful discussion about it. So we apologize. We
9 have told you before that was not our idea of the way we wanted to go with it but by the same
10 token I think we were comfortable with that in that what you are really doing is having a very
11 preliminary look at the urban design components of the projects. So it is an opportunity for the
12 Commission to hear these presentations, ask questions, and provide input back to the applicant
13 and to Staff. We recognize you will be seeing this again. There was a question about how does
14 this information get conveyed to Council. This design component will be back to you again
15 before it goes back to the Council and you will have the EIR, which will have the Visual Impacts
16 section in it, which is probably the component of the EIR that relates mostly to urban design. So
17 you will have more information to look at. At that point there will be some specifics about what
18 you might be looking at. So it is not that you have missed an opportunity to comment to the
19 Council. The Council study session as it turned out went long on the community benefits portion
20 and they got kind of rushed into quickly getting through the design aspect of it. Later Steven
21 will talk about what some of the Council comments were in their brief discussion period.

22
23 So the Draft EIR would come to you and you would see the Visual Impacts section. We will
24 probably have a separate session then on the design components. The other thing that will be
25 packaged probably about that time for you is the zoning issue. We certainly realize that there is
26 not an assumption here necessarily that this is the project that you will see under this zoning or
27 that this means that the zoning to accommodate this project is happening but this is the
28 applicant's proposal. So the Commission had indicated concern about the fact that ARB has
29 seen this on a few occasions and that you should have that input too. So that is why we are
30 bringing it to you again to give you that opportunity to give us some feedback and give the
31 applicant some feedback on this before we go farther down the road. Then again get a more
32 detailed look at it once we have the zoning ready to come to you and the Draft EIR is completed.

33
34 Chair Garber: Planning Director, just a quick question. On the EIR topic that you would like the
35 Commission to steer clear on I suspect there may be more than one Commissioner that would
36 welcome the opportunity to speak about that directly. Would it be acceptable to segregate those
37 comments into a separate conversation at the end or do you want to not have us address that at all
38 and if we have questions, comments, thoughts, etc. address them to you directly through email,
39 etc.?

40
41 Ms. Silver: It depends on the nature of the comment relating to the EIR. If you are talking about
42 how the Shopping Center withdrawal impacts the EIR we are still analyzing that issue and we
43 will get back to you on that issue and it is not agendized for tonight.

44
45 If there are urban design issues that tie to the EIR those are appropriately discussed tonight.

46

1 Chair Garber: What about questions that might relate to for instance the relationship between the
2 now known project and the potentiality of a project in the Shopping Center and how an EIR
3 might or should respond to those two conditions?
4

5 Ms. Silver: That is not agendized for tonight.
6

7 Chair Garber: Okay. With that let's go to the applicant.
8

9 Mr. Turner: I would like to introduce three speakers from the applicant's team tonight. Mark
10 Tortorich, the Vice President of Facilities and Design and Construction for Stanford Hospitals
11 and Clinics, followed by Charles Carter, Director of Stanford University Land Use
12 Environmental Planning, and finally Mike Peterson representing the hospitals will have a few
13 closing comments. Thank you.
14

15 Chair Garber: Just before you start I was going to inform you that we are giving you 30 minutes
16 recognizing that you may have a longer rather than shorter presentation. You are not obligated
17 obviously to speak for that entire time.
18

19 Also, there is a question as to whether there are copies of your slides that were available.
20

21 Mr. Turner: There are no copies for this meeting although we can make those available via
22 email to Commissioners.
23

24 Chair Garber: Thank you. Please.
25

26 Mr. Mark Tortorich, Vice President of Facilities and Design and Construction, Stanford
27 Hospitals and Clinics: In answer to that question Staff will have an electronic copy of the
28 presentation. This is exactly the presentation we provided to the Council on Saturday, March 14.
29 We recognize that you are the Planning and Transportation Commission.
30

31 So our agenda tonight was to talk about the regulatory need for these projects and clearly that is
32 the state mandates to provide safe facilities for our patients, review the current status of design
33 for Stanford Hospital and Clinics and Lucile Packard Children's Hospital. Those are the two
34 major hospital components of the project. Then Charles Carter will talk about the School of
35 Medicine laboratories that are being rebuilt. Some of the design guidelines and connective
36 elements I think you have seen some presentations from us prior about how we plan to knit
37 together these projects through the landscape and through urban design issues, and then talk a
38 little bit about sustainability.
39

40 So what is the Medical Center proposal in summary? First, the new hospital buildings to replace
41 structures that are vulnerable to damage in significant earthquakes includes both the structural
42 damage and the nonstructural damage. I will talk a little bit more about that later. Nonstructural
43 damage to hospitals is just as much of a risk to our patients as structural damage.
44

45 Second, we need an emergency department that is scaled for our community. We currently have
46 approximately 45,000 emergency department visits each year. That is we have one emergency

1 department that supports both hospitals, and we are woefully undersized to support the demands
2 of the community today. Certainly when you project the community's growth in the next ten
3 years the emergency department just won't be able to function. It barely functions now so there
4 is clearly a need to replace that with right-sized facilities.

5
6 Intensive care and acute care patient rooms that accommodate new treatment standards. The
7 new standard, it is not new any longer, but the standard for hospitals across the country is to
8 provide one room for each patient. There are a variety of medical reasons why you would do
9 that. It reduces the potential spread of infection in the hospital. It provides a more satisfactory
10 environment for a patient to have a shorter stay in the hospital. There is a much easier
11 accommodation for the hospital to accommodate patients with special needs. It also provides an
12 ability for the family to be part of the healing process.

13
14 Our operating rooms and imaging suites certainly in the adult hospital the newest ones were built
15 in 1989. Medical interventional techniques have changed dramatically since then. Our facility
16 can't support those new techniques. Many of those techniques have been developed at Stanford
17 that we can't apply the technology in our hospital.

18
19 Modern research laboratories to replace the facilities that were built in 1959. So the School of
20 Medicine has approximately 440,000 square feet of space in a building designed in 1959 without
21 any air conditioning or the systems to support modern research laboratories. So our proposal
22 includes a rebuild of that infrastructure but not to add any net new square feet.

23
24 Obviously we are proposing new parking facilities to support some of the new facilities. I think
25 you will be please in the attention that we have given to make the parking facilities as much as
26 possible a part of the landscape.

27
28 Then finally medical office space for our community physicians. That is something that is
29 unique and special I think about Stanford Medical Center is that we are a community hospital.
30 That was a question that came up during our Council hearing and I want to make it very clear
31 that we are a community hospital. Certainly, both hospitals have an extraordinary commitment
32 to the community practitioners. The Children's Hospital had a persuasive speaker, Dr. Richard
33 Green, who commented as a community physician how he relies on this facility. So these
34 facilities are open to our independent community physicians and we are providing space in our
35 plan to accommodate their needs.

36
37 So what are the compliance laws that we have to deal with in the Medical Center? This is an
38 overall site plan that shows a little bit of the new and a lot of the old. To orient you, the Welch
39 Road, the Pasture Mall entrance, this U-shaped structure is the 1959 building, which was built by
40 the way with the City of Palo Alto and partially financed by the City of Palo Alto as both a
41 community hospital and a teaching hospital. I believe in fact that was the Palo Alto wing and
42 this was the Stanford wing. Right now today that building is combined with School of Medicine
43 functions, which are research laboratories, and hospital functions. The hospital is in that salmon
44 color. In 1973 the adult hospital expanded in this region and then in 1989 again here. So this
45 platform really is comprised of the Stanford adult hospital and then the Lucile Packard
46 Children's Hospital sort of caps the end at the top.

1
2 So we have both structural and nonstructural performance criteria to meet by certain deadlines.
3 The specific deadline of the law is 2013, that is January 1, 2013. So it is really more like 2012.
4 The nonstructural criteria has to do with the bracing of critical care areas the sprinkler pipes, the
5 mechanical systems, the medical gas systems, all of those features and structures that could fall
6 off of a wall or fall through a ceiling onto a patient in a major seismic event. As you can see our
7 1959 facilities are in bad shape and our 1989 facilities are in bad shape. They don't meet the
8 current nonstructural criteria that needs to be in place by 2013. To make those modifications in
9 an existing operating facility that is operating at peak capacity is nearly impossible. You have to
10 shutdown huge portions of the hospital including the emergency department to get some of this
11 work done.

12
13 Our structural criteria, there are two separate deadlines 2013 is the first phase and 2030 is the
14 second phase. As you can see the structures below this line, which are School of Medicine and
15 Stanford Hospital, do not meet the 2013 criteria and they cannot meet the 2013 criteria. The
16 facilities within this band, again this is part of that 1959 structure, in their structural capacity they
17 meet minimum criteria for 2013, but they have to by law be replaced by 2030. There is no
18 ability under the law for those buildings to be retrofit. We wouldn't want to retrofit them but if
19 we did we would have no legal ability to do it. The structural frame does not meet the criteria
20 the state has set for buildings that can operate as acute care environments beyond 2030. The
21 structural capacity of our 1973 and 1989 buildings meet the minimum standards but as I said it
22 does it in varying degrees and it does not meet the nonstructural criteria. So our proposal is to
23 obviously replace School of Medicine buildings starting with the first increment of our
24 foundation in Medicine I in this region, replace the critical care functions of Stanford Hospital in
25 this new platform and then downsize the operating capacity in these patient rooms, which would
26 allow us to do structural retrofits there and make it compliant for future criteria.

27
28 So what are the last things that we learned from Northridge earthquake and why is nonstructural
29 an important criteria to us? After the Northridge earthquake the New England Journal of
30 Medicine did a study of the eight hospitals that had to close immediately after the earthquake and
31 evacuate patients from the hospitals. Six of the eight hospitals had to evacuate patients because
32 of nonstructural issues. The building frames didn't collapse like you see in the slide, which is so
33 dramatic, but sprinkler pipes broke making the building unsafe. Medical gas lines broke making
34 the building unsafe. Important medical equipment either fell from ceilings or fell off walls and it
35 just made the building unsafe for a patient who is incapacitated and unable to take care of
36 themselves after a seismic event. So that is why the nonstructural issues are just as important for
37 us to take care of as the structural issues.

38
39 There is another important point and that is the advancements in patient care from 1989 to 2009.
40 So the slide to the left is the configuration of our current intensive care unit, one unit that is in
41 our 1989 building. As you can see there are four patients within this zone. There is one toilet to
42 be shared by the four patients or by a patient family member. There is a very small area for the
43 caregivers to do their work, the proper charting and such that has to be done, and there is really
44 no place for a family member to be with a patient in intensive care.

45

1 The drawing you see to your right is our proposal for a new intensive care unit. Now this is a
2 drawing from our Stanford Hospital design but the drawing from our Children's Hospital project
3 is very similar. You can see it is a very different way to provide care. This is the standard
4 around the country. All other hospitals being built around the country are meeting this care
5 model. It provides space for family members to stay with a patient recuperating in the ICU. It
6 also provides space for hygiene either of a family member or hopefully of a patient or of a
7 caregiver within the room. It gives the caregivers more space around the patient to access the
8 patient and provide the various techniques for care that are important in the ICU.
9

10 So let me share with you a little bit of the design as it currently stands for Stanford Hospital and
11 Clinics. I think it is important to start with the conceptual framework of this building. This is
12 something that our architects have been working very hard to reinforce in their concept. There
13 are a couple of different – well, one, design of a hospital building is extraordinarily complex. It
14 is a very function driven building and too often hospital buildings are designed for people like
15 me, a hospital administrator or for the caregiver, and they lack the care of the patient and the care
16 of the families that are part of that healing process. So both projects and in particular here at
17 Stanford the architectural concept is to provide a different point of view of how we are going to
18 care for patients in this facility. so the concept is to provide a garden and a garden as the
19 interface between the technology of the hospital, the interventional spaces, the areas where the
20 surgeons or the interventionalists do their work and the space of healing or the space of humanity
21 which where the patient recuperates. So this region between the technology floors and the
22 humanity floors is a garden, accessible to all participants within the hospital environment.
23

24 To look at the master plan over time, so by 2025 when we have rebuilt that 1959 structure, you
25 can see the orientation. We are using a modular concept design. So in our planning as we think
26 of the building we think of the building as something that is going to have flexibility of its
27 internal operation and use and we want to have a flexible modular grid. You can see how that
28 grid repeats itself both in the in-patient environment as well as in the outpatient environment.
29 We want to have appropriate places of arrival and orientation. So the hospital entrance here off
30 of Pasture Mall very much in connection with your memory to the entrance to the hospital
31 building originally. The emergency department entrance off of Welch Road, which is much
32 more accessible. We get frequent comments and complaints from folks trying to find our
33 emergency department that it is hidden in the campus somewhere. So clearly we want to make a
34 much more visible and accessible entrance. Then the organization of the pavilion really around a
35 garden and around a fountain. You will see more of that next.
36

37 So the view from Pasture Mall really I think really is true to that conceptual diagram that I
38 showed you earlier. So the technology floors are first floor, which has our entry lobby, our
39 emergency department, and our imaging department. Our second floor, which has our
40 interventional spaces typically operating rooms, and some intense surgical intensive care units,
41 and then a garden. The garden here that runs horizontally as the datum between this technology
42 and the floors of humanity, which is really where a lot of the healing occurs, where if you were a
43 visitor to the hospital you may go visit a friend or a loved one in this environment. An abundant
44 amount of natural light coming into the facility, an abundant opportunity to always orient
45 yourself within the building towards the courtyard.
46

1 So as we look for thoroughly at the plan you can see that that ground floor is consumed to a great
2 extent by our emergency department here with the entrance off of Welch Road. The critical
3 adjacency of the emergency department to the imaging department creates this rather large floor
4 plate. So clearly imaging is an important component of the diagnosis when you come to the
5 emergency department. We have also worked very hard with our design team and others to talk
6 about how the public amenities for the hospital both for staff and for visitors to the hospital can
7 also create some interesting edges to the building. So our cafeteria and dining is at the ground
8 floor. We have about 150 outdoor seats along a promenade, which connects the School of
9 Medicine, the adult hospital, and the Children's Hospital up above.

10
11 This is the hospital entrance. As you see the fountain, the idea of the fountain is one of a
12 fountain of life, something that can really be a testament to the brilliant work that occurs at this
13 hospital in saving lives. It is something else that helps you move up the building, up to the floors
14 of the building, as you can see the escalators that take you up to the second floor or up to the
15 third floor garden. That fountain really represents the movement and elements of the design.

16
17 At our garden floor, again to orient you, we have Welch Road up here and Pasture Mall. There
18 will be extraordinary views of the mountains here in this range in the open space. The plan takes
19 a little bit more of a freeform flow to accommodate the functions there. Again, an abundance of
20 natural light coming in from all elements and a landscaped roof garden on top of that. This is a
21 view of the space on that garden floor.

22
23 We have also proposed, as I mentioned, space for community physicians at our Hoover Pavilion
24 site. So there are really three parts of this project. The 49,000 net new additional square feet
25 really occurs in this building. That is a 60,000 square foot building we will be demolishing
26 some. We will be renovating the existing Hoover Pavilion primarily for community physicians
27 who are practicing at 1101 Welch Road. Then we have a parking structure to accommodate both
28 the occupants here at the Hoover site and also to accommodate staff at the main Medical Center.

29
30 So now I want to talk a little bit about Lucile Packard Children's Hospital and the need there for
31 expanded facilities. As you know, Lucile Packard Children's Hospital is just overflowing. It is
32 operating regularly at 90 to 95 percent capacity where most hospitals like to operate around the
33 75 to 80 percent capacity. It just puts a tremendous strain on the community physicians and it
34 puts a tremendous strain on the staff. In fact, I think some of the comments from the Council
35 that were made about the lack of access to the hospital related more to the lack of ability for the
36 community physicians to find beds for their patients than for Stanford denying access to a
37 physician.

38
39 So this talks about how this addition is going to work with our existing hospital. To orient you
40 again, Welch Road here at the top of the slide, and Quarry Road. Our existing hospital provides
41 services both in pediatric specialties and to mothers and newborns. So as we do the expansion
42 we really want to kind of separate those two functions because they have two different missions,
43 different types of spaces. The expanded Children's Hospital will be for pediatrics, facility, and
44 faculty support and then we will be repurposing the existing facility really to be a mothers and
45 newborn facility. The view of the building from Welch Road shows that we are interested in
46 creating a distinctive image for the Children's Hospital, one that would be in counterpoint to the

1 adult hospital, but also one, which would provide a cohesive campus plan. I think you start to
2 see this in the three-dimensional axonometric of how both new and old work. I also think that it
3 is important to point out that as a Children's Hospital we describe the building quite frequently
4 as a story because that is a more appropriate way to describe a Children's Hospital. So we have
5 given the names to the various parts of the building. Our entry piece our Explorer Pavilion will
6 be that sort of linkage to what happens here in the hospital to be able to tell a story to a sibling of
7 what really is happening here, and also to help make some connections to nature and show how
8 the building makes connections to nature. There will be a garden that connects the existing
9 facility and the addition. Our trail, which is our public circulation to our patient wings, has a
10 series of what are called tree houses, and those tree houses become a very important
11 programmatic space. What we find in the existing hospital is that we have a similar kind of
12 setup is that families gravitate towards these places and they claim these places because the
13 family needs to get away from the care giving process for a period of time. They need time to
14 talk with family, they need time to collect their own thoughts, and have a place of quiet
15 contemplation, and we want to provide that in the expansion in those tree houses. We also have
16 overlooks at the end of the patient wings that would overlook the arboretum and be a garden
17 space. You will see that on the next floor again to provide a little bit of a place of respite for
18 family members whose children are going through very severe treatments. So here is that look.
19 The Quarry and Welch Road side of the building with the overlooks off the patient wings. At
20 this point I would like to ask Charles Carter to talk to you about the School of Medicine projects
21 and our connective elements.

22
23 Mr. Charles Carter, Director, Stanford University Land Use and Environmental Planning: Thank
24 you Mark. Good evening Commissioners. The School of Medicine facilities are University
25 facilities, which is why I am here to talk about them. They are basically research facilities to
26 support medical research programs known as the Foundations in Medicine. I will also touch
27 briefly on what we like to call connected development, those parts of the campus that are
28 addressed to knit the various project elements together.

29
30 So the School of Medicine is fairly unique both in its placement on the campus and in its
31 programmatic placement within the overall Medical Center. It is related to the clinical portions
32 of the Medical Center in that the research that goes on there supports those clinical functions but
33 it is also tied very closely with the academic campus. So it is a transition zone between the
34 clinical functions of the hospitals and clinic buildings and the research and teaching functions of
35 the University. What is also unique about these three facilities, these Foundations in Medicines
36 I, II, and III is that they are private research facilities that support the rest of the School of
37 Medicine campus. The School of Medicine campus master plan presented here shows that the
38 orientation of the school is towards Campus Drive and the rest of the campus with this, the
39 Learning and Knowledge Center, being the front door of the School of Medicine. There is a
40 series of rectilinear axes within the Medical Center, within the School of Medicine, that ties the
41 various facilities together. Important nodes create plazas and are key people places where the
42 researchers and students that populate these buildings can meet and find relief from the buildings
43 of the campus.

44
45 This framework plan is based on strengthening these axial connections back to the campus and
46 continuing out the campus grid to more fully incorporate the School of Medicine campus in the

1 main campus. Although the FIM buildings do serve to create a part of the frame to the main
2 entry of Pasture Drive they do not orient toward Pasture Drive because that is not the orientation
3 of the school. There are however penetrations from Pasture Drive that allow connections from
4 the school of Medicine back to the hospitals and create some welcome spaces off of Pasture to
5 the School of Medicine, but again this is not the primary arrival focus for the School of
6 Medicine.

7
8 In this plaza perspective it shows an existing plaza at the clinical Sciences Research Center on
9 the School of Medicine campus and the new FIM 1 building, which will extend that plaza and
10 also connect to the promenade that links the various Medical Center facilities together.

11
12 In addition to the FIM buildings we would like to talk a little bit about the design guidelines that
13 we have worked through a number of sessions with the ARB to refine as we have brought along
14 the design of the Medical Center facilities. We would also like to provide a little context of the
15 location of all of the various components. Again, this is a larger look at the campus the Medical
16 Center district being framed by Sand Hill Road and Quarry Road with a main entry off of
17 Pasture Drive. A key component in the connective elements for the Medical Center will be a
18 promenade which we will talk a little bit more about here, that links both hospitals back to the
19 School of Medicine. We are also planning various elements on the campus such as a connector
20 through the Arboretum that will tie Medical Center and other campus development back to the
21 main hospital. We have identified a number of nodes in public places along Quarry Road where
22 arrival points are points of interest for the Medical Center can likely be developed.

23
24 In the connect developments we deal with a number of materials and components to the design
25 of the campus that help to bring about legibility and way-finding capability in the campus such
26 as paving, planting to distinguish certain streetscapes are important, open spaces or quiet gardens
27 that might be a part of the Medical Center campus, lighting – it is a 24 hour, seven day a week
28 operation so lighting is not only there for safety but it helps to aide to the legibility of overall
29 campus, signage obviously an important connect developments way-finding being a very
30 important component in any medical center. We will look to the campus signage package, which
31 these represent pictures of, as a stepping-stone to develop a signage package that is unique to the
32 particular needs of the Medical Center. Then we will look at the site amenities that make the
33 connect developments usable and friendly places for people, the furnishings and the
34 improvements made to enhance things like the circulation system and the transit system of the
35 Marguerite.

36
37 To just briefly touch on sustainability the University has a Sustainable Buildings Guideline that
38 we have been using for University buildings for a number of years now. That presents a taking
39 off place for the hospitals. The hospitals would start at that location and consider a variety of
40 other strategies for maintaining and increasing sustainability of the buildings including all of
41 these examples that you see here that the hospitals are both currently considering in the design of
42 their facilities.

43
44 At this point I will turn it over to Mike Peterson, Vice President for Special Projects, and he will
45 say a few words about what is driving the need for the hospitals and some of the obstacles facing
46 us in that development.

1
2 Mr. Mike Peterson, Vice President for Special Projects Stanford University: Thank you Charles.
3 Actually what I want to do is really focus on one specific issue within the urban village concept
4 and focus on that for the moment because our time is pretty limited to finish out within the half
5 hour we have.

6
7 Chair Garber: If you need to go over that is perfectly fine.
8

9 Mr. Peterson: So just a little of my background. I mentioned this to the City Council. I have
10 spoken to the Council over the years a number of times. Starting in January I became
11 specifically responsible for the building project for Stanford Hospital and Clinics and also to lead
12 the entitlements process for both hospitals. I started actually at Stanford in 2001, I was the
13 Interim CEO, and then became the Chief Operating Officer, and was in that capacity until
14 January. So that is a little about my background and my familiarity with the organization.
15

16 With regard to housing it is important to state that Stanford University has received approval for
17 housing from Santa Clara County under the General Use Permit. That goes back a number of
18 years now. That approval was given for academic purposes and academic reasons. There are a
19 number of uses that are designated for that. One of them is for the medical residents, the house
20 staff these are the physicians in training. Now these are employees of the Stanford Hospital and
21 Clinics and the Lucile Packard and they provide a very vital function in patient care. So there is
22 some provision for housing to that extent. However, these sites along Quarry are in county land
23 and the hospitals neither control nor own these sites. They are setup and planned for academic
24 reasons. So if we were to change fundamentally how they are to be used we are really going
25 against the intentions of the initial approval of that housing by the County to the University, very
26 important to understand.
27

28 Furthermore, if we were to go that way, let's just assume that for the moment, the financial
29 responsibility for doing that would shift to the hospitals. Now, as I said to the Council we are
30 coming off probably the most challenging financial situation since World War II, I almost said I
31 but I think it is II, maybe it is I. Anyway, we have three sources of funding for the hospitals.
32 One is the income and the investment earnings off our patient care services. Two is tax-exempt
33 bonds. Three is the fundraising. In all three cases we are seeing some pretty significant hits with
34 the loss in equities on our investments we are seeing at least a 25 percent drop in their value.
35 Second, tax-exempt bonds are hard to get. You can get them but they are much more expensive.
36 Third, people are very reluctant right now to provide the kind of money contributions to support
37 these projects. So our financial situation is such that we are challenged just to meet the financial
38 requirements of building these hospitals much less taking on additional financial requirements
39 for housing if we were to change the scope of housing. Thank you.
40

41 Chair Garber: Thank you. Staff?
42

43 Mr. Turner: Yes, thank you Chair Garber. Staff will continue on with our presentation. I want
44 to remind the Commission here tonight that we are here for a study session on design review and
45 Village Concept analysis. We are not here specifically to talk about housing, or fundraising, or

1 financial situation of the applicant. We are here to really focus on the urban design and Village
2 Concept. So we would encourage questions and comments along those lines.

3
4 I wanted to follow up with regard to the March 14 Special City Council Meeting. That was the
5 first meeting where the City Council had a chance to hear the applicant's presentation on design
6 review and they were able to provide comments to us not in a consensus form, they did not have
7 the time to do so, but in a summary form. Their comments have coalesced around certain themes
8 so I have summarized those for you and we will repeat those tonight.

9
10 So the Council's comments with regard to pedestrian linkages and connections there was support
11 for improved bicycle and pedestrian connections between the Downtown Inter-modal Transit
12 Center, El Camino Real, and Quarry Road. Quarry Road should really be a major pedestrian
13 oriented street with pedestrian and transit nodes and destinations and design features at the transit
14 center. El Camino Real connections should be implemented to draw pedestrians to El Camino
15 Real and Quarry Road from the transit center and Downtown.

16
17 With regard specifically to the hospitals that they also really need to have strong connections to
18 the transit and pedestrian network. The hospitals themselves seem to appear to be suburban style
19 hospitals that cater to automobile users rather than urban hospitals that have strong links to
20 transit. The plans should really show the locations for those transportation terminals or
21 transportation nodes and bicycle parking. Other comments included that the development really
22 should show the automobile improvements and make way finding and circulation for
23 automobiles for those users arriving by car very clear so that you are able to access parking and
24 leave the facility in a clear and quick manner.

25
26 Again, linkages between the Medical Center and Shopping Center are extremely important. The
27 Stanford Barn and Nordstrom connection was specifically highlighted and perhaps the use of
28 small retail kiosks and public art to draw pedestrians between the hospitals and shopping are still
29 something that should be considered.

30
31 It would be very helpful to have a three-dimensional model and the larger site map to understand
32 the contextual land use and building relationships both within the Medical Center and in the
33 surrounding areas. So those were the summary comments from that study session.

34
35 Before we get into the Village Concept update from Bruce Fukuji with regard to the Staff Report
36 I want to make a clarification with regard to Attachment A, which is the project description for
37 the Medical Center. There is some confusion over who perhaps might have authored that
38 document. That is taken from the applicant's application materials. It is authored by the
39 applicant. So it is not a City authored document, or a summary of the requested entitlements, or
40 land use decisions, or Development Agreement requests for the Medical Center. That is a
41 document that was again taken from the applicant's application materials.

42
43 We are able to move into our second presentation, the Village Concept update from Bruce
44 Fukuji.

1 Mr. Williams: Chair Garber, I would just like to also apologize for that. We should have
2 clarified that. That is a lot of material in your background that the applicant prepared and I
3 apologize for not making it very clear to you that that was prepared by them not by Staff.
4

5 Chair Garber: Thank you. Just for clarification, the other attachments' authorship?
6

7 Mr. Turner: There is information in there regarding the Shopping Center that is no longer to be
8 considered. The rest of the attachments include summaries with regard to the Village Concept
9 Alternative from Bruce Fukuji and that was prepared by Bruce, and also Bruce's initial memos to
10 the Architectural Review Board regarding the specific design components for both the Shopping
11 Center and the Medical Center. So as I mentioned throughout the design review process through
12 the ARB Bruce has been providing his comments via memos on both the project components and
13 the design guidelines that are being prepared for the Medical Center. So that includes all the
14 attachments in the Staff Report.
15

16 Chair Garber: So just for B, C, and D those would then all come from Stanford in addition to A.
17 Then E and F are coming from our consultant. I am just looking at the list on page 8.
18

19 Mr. Turner: Yes, that is correct. Attachments E and F come from Staff.
20

21 Chair Garber: Then there is one other question. Commissioner Fineberg.
22

23 Commissioner Fineberg: Who prepared Tables 3-2, 3-3, and a section that is eight pages called
24 Entitlements that is not listed in our _____.
25

26 Mr. Turner: Those are all from the applicants' application materials.
27

28 Chair Garber: Thank you. Please.
29

30 Mr. Bruce Fukuji, Urban Design Peer Review Consultant: Good evening. My name is Bruce
31 Fukuji, Architect and Urban Planner and the Urban Design Peer Review Consultant for the
32 Stanford projects. Thank you for the opportunity to be here this evening and to be able to speak
33 on behalf of the urban design issues that are part of the Village Concept Alternative.
34

35 My presentation is pretty brief. It is about nine or ten slides. I really wanted to allow there to be
36 space for more of a conversation around things that you might want to comment on. So I want to
37 use that as an invitation for doing that.
38

39 The Village Concept and my role in doing this is really just like there are two attachments there
40 have been sort of two roles. One has been definition of the Village Concept and I will explain
41 that in a minute, and the other part has been urban design peer review or design review. In
42 looking at what the Village Concept is what it really has been. I have made some modifications
43 in talking with Staff about this presentation in light of the changing nature of the application in
44 which the Shopping Center is not part of the current application. So this is going to show some
45 modifications from what was presented to the City Council on March 14.
46

1 The main idea here was really to kind of look at the big picture if you are going to have a very
2 large scale project such as the Stanford University Medical Center proposal, how to look at that
3 in terms of what are the opportunities that are there that you want to identify to make sure that
4 you are not either precluding opportunity in the future to do more of a mixed use or urban village
5 but also to make sure that the way the project is being evaluated is thinking of the goals that the
6 City has in terms of what it wants to see in terms of its urban design. So there is this big picture
7 part of that and the peer review. The second part was in identifying a process in which instead of
8 being kind of reactive to a project application actually having more of a collaborative approach
9 where through the multiple reviews that have happened and study sessions with the Architectural
10 Review Board and with Staff to have conversations with the applicant that identify opportunities
11 and talk about whether these are possibilities that have been considered in looking at the projects
12 and how they have been conceived, and looking at ways of being able to identify some things
13 that might be attractive or beneficial to the City that might not have been initially thought of in
14 terms of the project. So the Village Concept was really looking at things that were either
15 modifications or changes or additions to what those projects are from a kind of more general
16 context.

17
18 So in thinking about that the Village Concept really the purpose of it is to really look at
19 opportunities for enhancing the projects consistent with the City's sort of urban design goals and
20 the character of the city, and really look at how to create and capture the benefits of a more
21 walkable, bikable, transit oriented, well connected environment, and to not necessarily look at
22 this as how do you design it to be a village in a literal sense but how do you create the benefits of
23 what a well designed village has. That has certain pedestrian oriented benefits, it has benefits of
24 mixed use and the synergy that happens from having uses next to one another, how to create a
25 well connected environment so you don't have to drive to get to place but you can walk or bike
26 to those more easily. Then as a result of doing that it has several travel behavior benefits that are
27 associated with that that help reduce auto dependence and then the benefits of reduced auto
28 travel with the VMT reductions and greenhouse gas reductions that are associated with it. So it
29 is really kind of a series of transportation and land use strategies that are looked at through the
30 urban design lens of how to shape an environment.

31
32 Then the other key points are to really support the application about how to actually achieve
33 being able to develop and redevelop and expand the hospital and the Children's hospital and the
34 clinics, and how to be supportive of the project applicant's objectives, and also how to advance
35 the City's objectives that have been established in the Comprehensive Plan and they are also in
36 the Stanford University Medical Center Area Plan. So how do we lessen some of the
37 environmental impacts, and is that possible, and what those things might be, and how can urban
38 design play a role in doing that? Then implement policies of the area plan, which I have
39 mentioned, and also to really not preclude opportunities in the future for being able to see the
40 area build out in a way that has the benefits of a mixed use walkable village. So those are sort of
41 the intent statements.

42
43 Then the process has been with the applicant, Staff, and then with the ARB, and as the
44 applicant's have mentioned in the Staff Report there have been numerous Architectural Review
45 Board study sessions and preliminary design review meetings. In addition to those we have been
46 having working sessions with the applicant around those specific projects to review opportunities

1 and issues; in doing that there were several initial questions that were established at the outset in
2 the definition of Village Concept when the two projects were coming together. The first being
3 proposed is build the Shopping Center and the Medical Center just to highlight what those initial
4 questions were because they framed the whole discussion about the Village Concept. That is
5 how do you create more walkable linkages, and is that spine that this there in the Shopping
6 Center how can that be strengthened? What is the nature of the identity of these different areas,
7 and how do you connect them together? That includes what has been defined as the four
8 different districts that are part of the Stanford University Medical Center application. Are there
9 opportunities for looking at TOD or TOD housing, and how might that contribute or be a part of
10 the project, or part of the area? How do you look at a network of open spaces to create some
11 open space in that environment? What can be done to reduce the size of visibility of parking?
12 Are there ways to relieve congestion that could be generated and the traffic impacts that could be
13 generated? How to integrate these projects with VTA and SamTrans and Caltrain service at the
14 inter-modal terminal? Then what are the implications around the design for El Camino Real?
15 That is where we started from.

16
17 So the Village Concept provided kind of an overview concept and principles that were allowed
18 to frame thinking about these questions and frame looking at the projects and the continually and
19 also even with the modification of the project it still provides a framework to look at this project
20 as a whole.

21
22 So from here I am going to talk about land use, connectivity, urban design, and implementation
23 of some of the specific aspects of that. With land use there are really three different elements. In
24 looking at what makes attractive, vibrant, sort of walkable mixed use places there are really kind
25 of three elements the physical environment that really contributes to generate the benefit that you
26 have from an urban village. The first one is looking at kind of density and intensity of use. The
27 second one is really looking at the diversity or mix of uses. The third part is really the urban
28 design of the environment. These three things interplay together and that is what helps create the
29 benefits of an urban village environment that differentiates it from other urban environments.

30
31 So in looking at that on the land use side of this we looked at three different things. One was
32 what to do about transit oriented development. Evaluating this environment you have the benefit
33 of regional commuter Caltrain rail service, you have the inter-modal station there in Palo Alto, it
34 is the highest station in terms of ridership along the Caltrain line except for San Francisco. Then
35 you also have the Marguerite shuttle service. So it is not just a half mile of walkability kind of
36 outside range of getting to transit. It is actually greater than that because the shuttle service
37 actually kind of is like a pedestrian kind of accelerator in a way. It allows you to be able to have
38 people who are walking to be able to take the shuttle and to be able to get to their destinations.
39 Given the frequency of service it is a good substitute for walking so it extends that half mile.
40 Then when you just look at the scale of this environment I think it is important to note that here
41 is the inter-modal terminal, here is the Downtown, and this a quarter mile, and that is about a five
42 minute walk, and this is a half-mile or ten minute walk, and this is a mile so this is a 20 minute
43 walk from here to here. The Downtown really, if you were to look at the other half of the circle
44 the Downtown is really about ten blocks, so it is about a ten-minute walk. So this is really kind
45 of twice the length of the Downtown in terms of the scale but because of the shuttle system it

1 allows you to have access here pretty much in the same amount of time it would take, not less, to
2 have to walk in the Downtown.

3
4 So given that, one of the strategies was to look at how to leverage the benefits of TOD with the
5 trip reductions that you get with housing in particular you have 50 percent less trip generation
6 than you have from standard kind of ITE trip generation rates. Then because of that there is a
7 lower parking utilization so there are several benefits that come from transit oriented
8 development. Then it is also where you can focus higher density and mixed use and also adjust
9 parking standards because the actual parking demand in those areas as through national research
10 has shown that parking demand is actually less or lower than that.

11
12 The second part was looking at housing. You have the GUP housing sites here and here and then
13 you have the City housing site right there. We looked at strategies for moderately increasing the
14 density that is there. The GUP actually allows you to transfer up to 20 percent or increase the
15 density there by 20 percent as part of the entitlements that are there. We looked at that so that is
16 the 350 units there, and then 70 units are the 20 percent, that is already part of the current
17 entitlement. Then looked at the relocation of 104 other units that are within the academic
18 campus area but looking at being able to relocate those into this area. Then the 70 units are right
19 here and that adds up to the 594 units that are proposed in this concept. So that is the math on
20 that.

21
22 Then the third part that we looked at was another element that was not included in the
23 application, the Stanford Barn area. It is not part of the Stanford University Area Plan but it is
24 within the City of Palo Alto. It wasn't included in the project or in the former Shopping Center
25 project but it is obviously a key point of connection between the Shopping Center and the
26 Medical Center, and an opportunity area that currently is used. People walk across the parking
27 lot all the time but I will talk about that in greater detail a little later. It is a real opportunity for
28 being able to increase the connectivity between the two areas.

29
30 Next one. I think that when you look at village design and what is exciting about great, vibrant,
31 walkable places and traditional places that people have that you have experienced either here in
32 the United States or abroad it is about how do you create attractive people places. A lot about
33 connectivity is how do you create places that attract people to want to be there that are visible.
34 So one of the key concepts of the Village Concept, a village always has kind of a heart to it, it
35 kind of has a core place that is a traditional place in which people come together. Here I think
36 that what is missing in the environment there is that because it is primarily sort of surface
37 parking lots and segregated land uses is how to create some publicly visible and attractive people
38 places. So we looked at that as way to create a sequence of those spaces that would link the
39 Downtown and the inter-modal transit station and El Camino, and how do you create the
40 linkages necessary to go from there to connect all the way to the Medical Center complex. In the
41 previous iteration of the project when the Shopping Center was a part of the project we really
42 focused on that as an opportunity and how to do that and create those linkages. Starting with
43 some public space that would be associated with the inter-modal terminal itself, the crossing of
44 El Camino, and then where you have PF Chang's having public space there and that is starting a
45 sequence of spaces that would lead you through the core of the Shopping Center and then across
46 Arboretum and then Nordstrom's and Andronico's. Then looking at Vineyard Lane creating

1 some place that could be an entrance point that could help connect you to that. So that spine and
2 that connection is part of the area plan and it is an important existing pedestrian environment that
3 has several destinations on that. So linking to that is a very important component of the Village
4 Concept. The other part of it is really looking at Quarry Road and the new importance that
5 Quarry Road is playing with the expansion of the Medical Center as being an entrance to the
6 campus and a main entrance into the Medical Center itself. Just looking at the walkability of this
7 area there is not only the distance but there are also the physical characteristics of it. You have
8 surface parking, you have structured parking, you have structured parking, you have more
9 surface parking, and you have as yet even more surface parking on the north side of the street.
10 On the south side of the street you have kind of open space, parking lot, there will be a new
11 medical office building here, parking lot, power station, bank, this psychiatric building here, and
12 then you have more parking lots which kind of front on and separate you from the beautiful
13 aspects of the Arboretum. So it is not really an attractive pedestrian environment. I think it is
14 functional in that it has sidewalks. It is functional it has bike lanes but it is primarily an auto
15 oriented street that deals with traffic and emergency vehicle access and service vehicle access.
16 So the challenge here with the project proposal is here they are proposing an over 1,100 parking
17 spaces here, especially during the interim period when this project is under construction, in
18 which people will arrive, park here and then either have to take the shuttle or walk to get to
19 work. So just the logistical issues of all those people having to go back and forth either by taking
20 the Marguerite or by walking along here is a need, a pedestrian need, for what to do around that
21 environment to make it more attractive. So the goal here as it has been shown in the connective
22 bridging document that Charles had presented and is in the Stanford University Medical Center
23 Guidelines is what to do around how to make Quarry a more attractive place. I will talk about
24 that in a moment. The key thing is that there are certain points that you want to create that are
25 kind of destinations, walkable destination, that are people places, that are not necessarily creating
26 major urban environments but to have some of the amenities that help make it an attractive place.
27 So that as you are walking you break down the scale of it or if you are waiting for the shuttle
28 there is a place that is kind of an attractive place to be able to sit while you wait, and then
29 facilitate some other elements. One is how to create some unity and visual coherence along
30 Quarry Road and also how to demarcate the changing nature of the land uses that are happening
31 through here as you go through this sequence. One of the key pieces as you walk through here is
32 what happens at this point right here on Welch Road, which is a major access way to be able to
33 get to the medical office buildings and to the medical uses, and also the entrance into the campus
34 itself. I will talk about that more in a minute as we look at this in more detail.

35
36 Next. So public space and attractive people places is a fundamental part of the Village Concept.
37 The second thing is about connections and what makes connections. There are certain objectives
38 I thought were very important that we have come to a common understanding about with the
39 applicant around what is important around connections and connectivity. That is that it is about
40 trying to reduce the disconnection of use and of place, and obviously how to increase walking,
41 biking, and transit. They key about connectivity is it has to be visible and it has to be accessible.
42 You create an option and then you have to make it public enough so people will want to use it
43 and choose it. Then that can support some of the synergy of uses that we have talked about. The
44 main recommendations that have come out of here was really how do you create a pedestrian-
45 bike boulevard connection from El Camino back toward the transit center so that in the future
46 whenever a tunnel here is in place that then that allows a connection of the Everett bike

1 boulevard to connect all the way up to Quarry Road as a major bicycle boulevard right in
2 through here.

3
4 The second part was that we looked at the housing sites and what kind of site access did they
5 need, and where should the site access be located, and how can that be done in a way to help
6 create more walkable blocks? By doing that we looked at site access along Quarry Road and
7 then also off Arboretum and Palo Road. Then what kind of access do you need to be able to
8 have access directly to the Arboretum and the amenities of the Arboretum.

9
10 The third part was by just starting to talk about these connections to the Arboretum but also
11 looking at the connections to the Arboretum along where Vineyard ends and also Welch Road so
12 that there is some ways for pedestrians and bikes to link into the network that is part of the
13 campus network.

14
15 The other part was just looking in more detail at how you access the clinics here. This is sort of
16 a public part of the campus. You enter into the campus environment here at Welch Road but you
17 are going to go to parking either through the structured park here or below grade parking here,
18 and then go and use the clinics here and how to make that pedestrian, bicycle, and vehicular
19 access to that attractive.

20
21 Then the last part which is in the campus long-range planning but is important to the Village
22 Concept is looking at how to have the connectivity through the Arboretum that allows you to
23 connect to University and then to the Downtown.

24
25 So with that framework we kind of looked at how important it is to shape both identifiable
26 districts because part of urban design is to create some sense of place and identity, and that is for
27 all four of these elements, the Medical Center itself, the campus, even the Shopping Center as an
28 existing environment with development happening opposite of it or adjacent to it or near it, and
29 how that can influence or contribute to that as an identifiable place. Then in looking at these
30 areas how those could actually be thought of and shaped as more like neighborhoods as opposed
31 to kind of housing projects that contribute to the urbanism of the area. Then again the main thing
32 we were looking at with urban design is how to convert parking over time into being a more
33 urban place. Then really looking at Quarry Road as a kind of a great street in kind of Alan
34 Jacob's sense of what is it that can change the character of it now because of the way the tree
35 plantings are, the differential quality of types of trees, of varying setbacks from the back of the
36 sidewalk to the landscape setbacks. They all vary along here being more narrow along this
37 segment and then deeper right in through here, more than 20 or 30 feet. Then surface parking
38 and you have this open space so it is very irregular, so how to create some visual coherence
39 along that. Then also looking at what does it do around Welch Road, which has a similar kind of
40 – a lot of vegetation, and a lot of access points, but not a coherent way in which the environment
41 has been shaped as identity for the entrance into those places. The third piece, which is really
42 beautiful about this area that is unique, is just that the Arboretum creates this concept of a place
43 apart where the University, the major part of the campus, and the academic areas are really
44 separate from the town. Then Palm Drive is a long processional route to be able to arrive there,
45 the long vista that you have for there is really looking at that rural character and how do you
46 blend the rural character that is along that through extending that along the Arboretum, Palo

1 Road, and then connecting it to a more urban street, and really looking at that as design
2 opportunity around how you do that. Where do you locate the pedestrian walkway? How do
3 you handle the curb edge? How the walkway is setback from the street and things of that nature
4 are important small details of the visual environment that really allow you to be able to establish
5 character. I think that we looked at that also.
6

7 Next. So one area that hadn't really gotten looked at in detail by the applicant we took the
8 liberty to kind of look at this. Some of the recommendations around the Stanford Barn area is
9 obviously there is a lot of complexities around the leasing arrangements and the parking for the
10 medical office building here and for the Barn itself. It is very complex around the demand for
11 that. In looking at this thing one concept was to really look at consolidating the multiple parking
12 access point that you have now. Here is the existing. Here is what it looks like here when you
13 are looking towards Nordstrom's and Andronico's. People basically walk through a parking lot.
14 They just walk through the access isles. There is a very small area for some seats and benches
15 and paved area but it is not really a place that you want to stay at. However, I did see one person
16 there once. You have all these multiple access points. You have driveways one, two, three, you
17 have a driveway that is right here, another one here, here. Consolidating all these multiple
18 access points and then thinking about how to consolidate them across the street from one another
19 and having the Children's Hospital right here and having one access point right here which
20 allows for a signal, pedestrian crossings, pedestrian amenities so it is very easy and identifiable
21 to cross there safely I think is a very, very important thing. Then doing the same thing on the
22 other side on Vineyard consolidating the access points so there is one point, which you can have
23 a stop sign or some other control feature, that allows for pedestrians crossing safely here
24 connecting into the shopping center. Then looking at how to reconfigure the parking in here in
25 which there is not a loss of parking spaces but to create more of a kind of slow, tree lined, narrow
26 access drive. It is not really a street but it is not just a driveway through a parking lot and tree
27 lined so pedestrians can walk easily and conveniently and directly to the Shopping Center I think
28 would be an attractive transformation of that environment. Then you have the café here. Looking
29 at having some of those seats or tables or some way of pulling some of that activity out into this
30 environment to help break up the length of that, and then looking at signage, kiosks, or other
31 elements that are part of the shopping experience and bringing that out all the way up to here so
32 then people can start experiencing what that is. I think that would really help that environment.
33 I know it has a lot implementation challenges but I thought it was important that it be some kind
34 of vision about what that could be.
35

36 Next. The second thing was just to focus a little bit, and I will keep the rest of my comments
37 pretty brief, was just about the Quarry Road housing. Now obviously it is in the county it is not
38 in the City so the City doesn't have jurisdiction over it, but it can make recommendations around
39 what its preferences would be. Then the county would have to look at that and how it evaluates
40 those applications as they go forward.
41

42 Some of these points are true if this is housing or another use but the idea is that what to do about
43 having these be more designed according to – as neighborhoods as opposed to projects, so you
44 have kind of multiple housing types in there not just one throughout the whole thing. I think that
45 would be very helpful. The other part is to look at how to have more pedestrian scaled street and
46 block pattern that is in here. I think that would help its walkability in terms of doing that. The

1 other thing is about how to really preserve the trees that are in these environments along the
2 edges, so how the density is accommodated within those areas. Then opening up so you are
3 actually maintaining and preserving and protecting the kind of rural open space character here by
4 how the edge of that is handled but still allowing some pedestrian access there. One of the other
5 key pieces, this in advance planning, is that with this campus planning concept of having the
6 pedestrian-bicycle connection along the edge of the Arboretum, integrating these crossing points
7 along Arboretum and Palo Road as part of the access into these sites so that there are safe
8 pedestrian crossings there. I think that some things like that are important details in how to make
9 that work.

10
11 The last slide on that is just we have been looking at how do you implement this? This really
12 needs to be worked out as part of the EIR and some of the mitigations and things like that but
13 some improvements would be linked to these housing sites and others with the Hoover project
14 going forward and then other parts would be linked with the Medical Center going forward itself
15 or with the housing here. So the timing of how those things are developed and what they are
16 linked to is something that we are still exploring.

17
18 So that is the presentation on that. Thank you for your time on that.

19
20 Mr. Turner: Thank you very much Bruce. Again, thank you for the Commission and the public
21 for your patience for these presentations. There has been a lot of information presented to you.

22
23 I just wanted to finish up with Next Steps going from this meeting. Certainly we would take in
24 comments from members of the public and Commission regarding the Village Concept and the
25 urban design aspects and transmit those to the Architectural Review Board as they start their
26 formal review process. That formal review process would not begin until the Draft EIR is
27 released for this project.

28
29 In June of 2009 we are expecting to release that Draft EIR for public review along with the
30 Fiscal Impact Reports and hopefully the Development Agreement terms that we have been
31 negotiating with the Medical Center. We would then hold our Draft EIR public hearings in the
32 summer and allow the Commission to make comment and ask questions regarding the Draft EIR.
33 Final action, then we would come back to the Commission and the Council in late 2009. So that
34 is just a very quick summary of the next steps. That concludes the Staff presentation and
35 certainly we would be happy to answer questions from the Commission. Thank you.

36
37 Chair Garber: Thank you. Secretary, do we have other cards of members of the public that
38 would like to speak? I have one here. We have two, we have a third coming. Let's have our
39 public weigh in. We will give you each five minutes. The first person to speak is Tina Peak
40 followed by Robert Moss.

41
42 Ms. Tina Peak, Palo Alto: I appreciate the emphasis of the previous presenters on nature and the
43 environment. However, what I hope the Planning Commission and eventually the City Council
44 will come to realize is that the proposed hospital structures themselves are too big and they are
45 not appropriate for the Stanford location or for Palo Alto. I hope that the zoning for these
46 projects is not approved as they are currently presented.

1
2 Does it really take a 2.0 million-plus square foot building that Stanford keeps referring to as a
3 community hospital, we all know that the proposed hospital is really a regional hospital,
4 probably a regional hospital with national overtones, or as I have heard one person refer to it as a
5 destination hospital. So Stanford never supplied data to show how many patients are truly
6 community members and how many are regional and how many are from elsewhere. I think that
7 is an important point that we should know. Is this really a community hospital because we are
8 being asked to support it as a community hospital?
9

10 The cost to the City of Palo Alto from this proposed large facility is too great. Over 2,000 new
11 employees, one day we are going to have to house them somewhere, ABAG is always telling us
12 we have to build more housing. Let's assume one or two kids from each of those families and
13 pretty soon you have to build an entire new school. Stanford I think I saw in the paper that Palo
14 Alto will receive \$18.0 million in impact fees and construction related sales from the project, and
15 \$616,000 to the Palo Alto Unified School District. You can't house 2,000 new families for \$18.0
16 million and you certainly can't build a new school let alone even one classroom in a school for
17 \$600,000.
18

19 Due to the historical placement of Stanford University access to a new regional mega facility is
20 limited. The proposed facility is not close to a major freeway. There is no direct route from the
21 freeway to the hospital. Incoming patients and ambulances have to navigate through ever more
22 crowded neighborhood streets. Helicopter flights cannot avoid flying over surrounding
23 neighborhoods. For easier emergency access and for better regional care, and easier delivery of
24 supplies during a major disaster a new regional medical center, if Stanford wants to build one,
25 should be situated in a more accessible location for potential users.
26

27 I find it interesting that Stanford was describing their new Redwood City outpatient center. I
28 don't know if you know about that. They have this Stanford Medical News Bulletin. The
29 second paragraph in the lead story says it is not crowded. It is easy to find. It is right off
30 Highway 101, and has free parking. So they acknowledge that this is a selling point for this
31 facility, which is only 360,000 square feet, but apparently it is not an important consideration for
32 a 2.0 million-plus square foot facility.
33

34 Recent traffic study as you know shows that most major intersections in Palo Alto are currently
35 already performing miserably and there will be gridlock if this project goes to completion.
36 Stanford may hope that one day they can convince all their employees to leave their cars at home
37 but reality shows that all their parking lots on campus are jammed every day.
38

39 Certainly Stanford needs to upgrade and expand our community hospital and their teaching
40 facilities. However, we should not have to shoulder the very substantial financial or lifestyle
41 burdens of a destination hospital complex whose local benefits really don't increase over what
42 we have currently. It is a community hospital. We want to keep it a community hospital so why
43 should we have to support all of the extra adults?
44

45 The proposed massive hospital development is unsuitable for the Stanford campus location and it
46 leads to what I consider to be an over urbanization of our city. This project was obviously

1 designed to attract patients from across the state and the nation, and as such it belongs in a more
2 transit oriented accessible urban environment. I don't believe that it belongs in Palo Alto and
3 should be reached by driving through Palo Alto.
4

5 The hospitals that Stanford wants to build are not to meet community needs they are actually to
6 meet Stanford's needs. Stanford needs to downsize these community hospitals to a more
7 reasonable size, and become a good member of the community that they claim to want to
8 support. I believe the third speaker also mentioned that Stanford like many places is facing
9 financial difficulties and so downsizing their facility obviously would take care of some of those
10 problems too. Thank you.

11
12 Chair Garber: Thank you. Robert Moss. Do we have a third speaker? Please.
13

14 Mr. Robert Moss, Palo Alto: Thank you Chairman Garber and Commissioners. Out of the
15 Stanford presentation in context that we are supposed to be discussing tonight was particularly
16 disappointing. We are supposed to be talking about connectivity, urban design, urban village, and
17 what we got was this is a huge project and Stanford Hospital is too poor to provide the normal
18 facilities that are required to mitigate the impact on the community because we are a nonprofit.
19 Well, I would remind Stanford that the City of Palo Alto also nonprofit. It is a lot harder to raise
20 taxes than it is to raise fees for people who are going to the hospital. So I have no sympathy for
21 their arguments.
22

23 Talking specifically about connectivity which I think is important I find it kind of a disconnect
24 talking about Village Concept and then the huge urbanization that the hospital has. One of
25 example of the lack of connectivity is they are talking about putting in a 1,100 parked car garage
26 half a mile from the hospital. That is not connectivity. It requires some sort of transportation.
27 Even if you are doing it with a shuttle bus that is creating carbon dioxide moving back and forth
28 between the parking garage, which really should be in the hospital location not half a mile away.
29 Nothing has been said about how you connect to the transit center, which is also important
30 because presumably a large number of the workers at the hospital are going to be taking transit.
31

32 I really feel that losing the expansion of the Shopping Center has created problems in
33 connectivity and creating a transition between the hospital, the rest of the Shopping Center, El
34 Camino, Downtown, and the transit center. So that has made things a lot more difficult in terms
35 of getting connectivity and getting integration of the area.
36

37 One of the things that should be emphasized when you are talking about getting more
38 connectivity is making the area more attractive for walking. Walking through a parking lot is not
39 a lot of fun. So we should be looking at ways you can get park-like areas between El Camino
40 and the hospital. It doesn't have to be a really fancy park but something 40 or 50 feet wide that
41 has a lot of landscaping, interesting paths to walk on, some things, which are attractive to look at,
42 architectural design things, or even artwork would be lovely. It will get people to actually walk
43 along there. This of course should be something that is funded as part of the construction of the
44 hospital not by the City of Palo Alto.
45

1 Another problem that I see is the argument about where the housing ought to go. Stanford is
2 saying we can't move the housing from the county area into Palo Alto to serve the people who
3 work at the hospital. Again I think that is inappropriate. You have identified housing sites not
4 too far from the hospital. We are going to need some additional housing. Normally any
5 applicant that comes in with a project of this size would be required to provide housing. I think
6 some housing should be required as part of this project and the housing should be as close to the
7 hospital as possible.

8
9 I like the idea of trying to get some kind of walkable transition in the vicinity of the Stanford
10 Barn because that will encourage people to go from the hospital to the Shopping Center and vice-
11 versa. That is not the only possible attractive walkway that could be put in but it is certainly one
12 of the first ones you should be looking at.

13
14 Finally, there was some discussion about Arboretum and how attractive it is as being kind of
15 rural. That should be emphasized so that people from the hospital are encouraged to walk
16 through the Arboretum area through the landscaped area going from the hospital toward the
17 Downtown transit center. Again, that means putting in some kind of pathway and some kind of
18 let's call it direction that leads the people to go on that path. I really think you have to have
19 some thing that integrates the Downtown transit center and the hospital, and makes it easy and
20 attractive to get back and forth. Maybe you want to have bikes that people can take, not rent, but
21 free bikes that they can ride back and forth between the hospital and the Downtown area. That is
22 something that should be considered.

23
24 Chair Garber: Thank you very much. Michael Griffin.

25
26 Mr. Michael Griffin, Palo Alto: Commissioners. Citizen Moss made a lot of my points so I will
27 spare you the repetition of all the things that he said. The presentations this evening did a terrific
28 job in allowing most of us to more fully conceptualize what the visual impacts of this project are
29 going to be to Palo Alto. To my mind the Medical Center has always been a city within a city
30 and in looking at the high-tech modernistic large structures that are planned for this project it
31 looks even more urban and less village than perhaps I had realized. I am wondering if Bruce
32 Fukuji and his group are going to have sufficient leverage on the University's architectural group
33 to really implement their Village Concepts. I don't know how that works and I don't know how
34 we exercise our leverage, but obviously you have a lot on your plate in order to make a human
35 scale project out of this very industrial looking setup. Thank you.

36
37 Chair Garber: Thank you. Commissioners we will do questions as well as comments all at once
38 here. Although I would encourage you to ask you questions first. I suspect that some of you
39 may want to call on the applicant and/or Staff and/or the Staff's consultant. We will do a round
40 and then we will go back through. I have lights from Fineberg and Holman. Commissioner
41 Fineberg.

42
43 Commissioner Fineberg: Thank you. My first question tonight is why are we here tonight?
44 From our Staff Report it tells us that the reason we are here tonight is consistent with Staff's
45 recommendations in the CMR report presented to Council. In the CMR 170.09 from the
46 Council's study session of March 14 it says that the Staff recommendation is that City Council

1 provide comments on urban design aspects of the Stanford University Medical Center, we will
2 no longer look at the Shopping Center project, and provide comments on the updates to the
3 Village Concept Project Alternative. So I take that as our direction tonight is to provide
4 comments on the urban design aspects of the hospital expansion and provide comments on the
5 Village Concept.

6
7 The first of those charges I find impossible because we have not received any written
8 documentation, descriptive or graphic, charts, displays, photos, contextual photos relating to the
9 urban design other than on the Village Alternative. The work from Mr. Fukuji I have to say was
10 the most thorough presentation. I found it difficult to prepare for tonight, impossible to prepare
11 for our action on tonight's meeting because of the absence of what we normally get from Staff,
12 the critical analysis, the arms length descriptions, the materials that tell us what to look at. It
13 meant I didn't have a chance to form cogent opinions or questions.

14
15 The presentations that we saw on the wall behind us tonight did provide me with a great amount
16 of that information and I believe that information needed to be provided to the Commission
17 before tonight's meeting and hopefully can be provided to members of the public on the website
18 so that our public can be informed as well. We have heard from members of the public tonight
19 that the presentations they have seen provided them with a great amount of new information.

20
21 Okay that said I do have one question and then one comment. In our packet there is an applicant
22 attachment that discusses entitlements and amendments to Comprehensive Plan and Zoning
23 Ordinance. Is the discussion of that material on our agenda for tonight?

24
25 Mr. Williams: No it is not. It was in their background material but the specific re-designations,
26 rezonings, and that will come back to you at another time.

27
28 Commissioner Fineberg: So its inclusion and our lack of discussion and comments on that will
29 not come back to us as PTC did not object. Am I correct?

30
31 Mr. Williams: Right, absolutely.

32
33 Commissioner Fineberg: Great. Okay. That was it then and in the absence of detailed analysis
34 to make comments on urban design I am unable to make other comments or ask other questions
35 at this time.

36
37 Chair Garber: Commissioner Holman and then Keller. Curtis?

38
39 Mr. Williams: Thank you. Just so I can briefly respond to that. I understand that point. I guess
40 our hope and we understood going to Council and to you that that was kind of the case. There
41 was not a lot of background information we could provide ahead of time. Our understanding
42 was that you wanted to sort of see what the presentations were, the kinds of things that ARB has
43 been seeing, so that is why we are here tonight.

44
45 What I am thinking would be helpful is if there are components of the visual analysis and the
46 design that you would like to have us be sure we incorporate, for instance we heard from the

1 Council about models and visualizations and that kind of thing, and if there are specific building
2 frontages or historic compatibility information and those kinds of things that you would like us
3 to be sure that when we do bring this back to you that we have addressed that would be helpful
4 too if you think of something along the way. Thank you.

5
6 Chair Garber: Thank you. Commissioner Holman and then Keller.

7
8 Commissioner Holman: I actually have some of the same thoughts as Commissioner Fineberg.
9 One question that is a little bit of a clarification of hers is that could you say more about how any
10 comments tonight would be viewed in conjunction with or not in conjunction with comments
11 after the DEIR is released and we have had a chance to review it? In other words, what is the
12 relationship between any comments tonight and DEIR comments?

13
14 Mr. Williams: The comments tonight I would say nothing specific is going to be done following
15 up from those until we get to a point where there is some change in the design and the design is
16 presented further to you. So assuming that is not going to be until after the DEIR comes out,
17 which is what figure at this point, these are informative to us passing this along with the
18 applicant and they may help us in terms of the Draft EIR coming out if there is something we
19 haven't thought of to address that you bring up that we can be sure we address in the Draft EIR.
20 So it may have some bearing on what we conclude there but otherwise we will bring what
21 comments you make today back after you have seen the Draft EIR and when you have further
22 comments on the design. All of that will be packaged together.

23
24 Commissioner Holman: So comments tonight perhaps we would be advised to make general
25 comments rather than specific comments because there might be a danger of giving indication of
26 an outcome or a preference that we really can't make judgment on without the DEIR.

27
28 Mr. Williams: That is certainly fine and I would understand that you might feel constrained in
29 that way, sure.

30
31 Commissioner Holman: Thank you. It is interesting that when this went to the Council it
32 seemed like it should have come to us, and understand the timing and how that happened there.
33 There are some benefits to this coming to us although they seem to be not abundant because the
34 purpose for the projects are consistent, the Village Alternative I think the purposes of that have
35 stayed the same. So there is only so much we can comment on.

36
37 The three dimensional model that came up at Council, I remember pretty clearly both the
38 Council and the Commission asking for three dimensional models and virtual tours early on in
39 this process because they are such massive projects. The only way we are really going to get a
40 grip on how the projects are going to land, so to speak, is if we have those kinds of models and
41 those kinds of tools to be able to review the projects.

42
43 Back to the ARB, a clarification on that because Staff is saying the ARB won't look at the
44 projects again until the DEIR is released. So some clarification on that, two points, one is will
45 the projects go back, which I still think is cart before the horse because there is no entitlement, so
46 I am still not sure and raise objections as to why we are going to the ARB before there are

1 entitlements. But from your perspective are they going to the ARB after the DEIR is released
2 and after an adequate amount of time for the ARB members to have reviewed the impacts so that
3 they are not blindly looking at projects. The other is what would they be looking at because in
4 the absence of entitlements, whatever those may be, are they looking at the applicant's proposal
5 or are they looking at Village Alternative? What are they looking at?
6

7 Mr. Williams: They would certainly be looking at it after they have had time to digest the DEIR
8 and the implications of that and the alternatives in there. They will provide input on the visual
9 section and if they have comments on additional needs for that to be beefed up in some way or
10 questions about it that will be an opportunity to do that. They will have in front of them the
11 alternatives included Village Alternative. So they will have an opportunity to comment on the
12 design preferences that they see or the design impacts that have been addressed through that
13 process. Much of what they have looked at to this point in time, and Steven and Bruce can speak
14 to this better than I, is design guidelines. Those design guidelines for the most part are things
15 that would apply in many respects regardless of what the scope of the project is. They are
16 frontage treatments, they are landscape treatments, they are types of materials and consistencies
17 of certain buildings and proximity, and those kinds of issues. It is not so much whether they are
18 at a specific height or a specific density or what the particular organization is of the buildings on
19 the site. So I think that it is relevant. We will have the DEIR run well into its period before they
20 see the project again, and won't have them making any kind of formal recommendation until – it
21 will be before the entitlements because the entitlements are going to be sort of the last thing with
22 this project. I understand that is a sequence to work towards but in this timeframe it just is not
23 feasible number one, and number two there is a lot of value in getting design input early in this
24 process to help formulate particularly guidelines and the Village Alternative, and the kinds of
25 things that Bruce is able to work a lot of those concepts into what they are proposing now that
26 weren't in there in the beginning, and they are valuable concepts again regardless of what the
27 entitlements end up being.
28

29 Commissioner Holman: I don't object and I think there is great value and would agree that
30 looking at design guidelines is valuable and important. It is when we get down to project review
31 it seems like it is too big to get one's arms around especially since there are not entitlements in
32 place.
33

34 I had also rather understood that there might be some possibility, and perhaps Staff or maybe
35 City Attorney could comment on this, that given the economy there might be a possibility to get
36 an extension on the deadline, the economy being a main driver in that.
37

38 Ms. Silver: I know that Stanford is exploring a two-year extension I believe through OSHPD
39 and it may also be possible to get a further extension that would have to go through the
40 legislature. There are probably many hospitals in this situation as well and so that may be a
41 possibility.
42

43 Commissioner Holman: Do we have any kind of idea of when there might be some
44 determination about that or an indication at least?
45

1 Ms. Silver: It is really a better question for the applicant. I am not sure if they have employed a
2 lobbyist for that purpose yet.

3
4 Commissioner Holman: I see someone willing to respond.

5
6 Mr. Tortorich: Commissioner Holman in answer to you question the deadline is January 1,
7 2013. The State Legislature allows for a two-year extension of that deadline if we meet certain
8 milestones. The first milestone was January 1, 2009 we had to submit drawings to the State of
9 California and enter into a phased permit review agreement for them to start the review of the
10 project. We did that after having a couple of review sessions, detailed review sessions, with the
11 Architectural Review Board we have made that application and OSHPD has accepted that
12 application. So they are getting to understand and know the project and the design criteria for
13 the project as well.

14
15 The second deadline is that we need to have building permits from OSHPD by January 1, 2011
16 and submit to them a construction schedule for starting. Then they will be able to give us
17 potential two-year extension from the January 1, 2013 deadline.

18
19 There is a lot of discussion obviously in various circles about extending deadlines but that is a
20 double-edged sword. Many hospitals have been able to comply with the deadline and are not
21 anxious to see other hospitals that are not in compliance having more time. So it is something I
22 would expect to happen soon.

23
24 Commissioner Holman: My understanding was the dates that you just mentioned are the dates
25 that the hospital/Medical Center has been operating under for some time now. To be fair,
26 Stanford did not come forward with this application in a particularly timely fashion. So it is sort
27 of like a rock and a hard place kind of situation that has been created.

28
29 Mr. Tortorich: I am not so sure that I would agree that we haven't come in a timely basis. Mike
30 Peterson might want to speak to this as well.

31
32 Mr. Peterson: Yes, may I speak to this? I started as the Interim CEO in May of 2001. At that
33 point one of the issues I asked was what are we doing about the seismic requirements. The
34 opinion of the management team at that point was that we could retrofit the buildings as they are.
35 I was highly skeptical of that but that was the management team at the time. It took us a period
36 of time to figure out exactly what that meant and whether or not we could really do it. We were
37 going through a new leadership change, we had a new CEO coming in Martha Marsh, and we
38 determined a year or two after that the plan that had been put together was found to be really not
39 workable. It just wouldn't work in terms of retrofitting. Then we shifted our attention to the
40 plan you see in front of you. The retrofit plan would have left the buildings pretty much as you
41 see them. We would have done everything internally. It would have been a very extensive
42 project inside the hospital that we just could not operate and take care of patients at the same
43 time because we would have to take down operating rooms, critical care units, all of that. So that
44 is why it took a longer.

1 Commissioner Holman: Thank you. Commissioner Keller might have a follow up on that too. I
2 think I will stop there for now.

3
4 Chair Garber: Commissioner Keller and then Lippert.

5
6 Commissioner Keller: First some questions of Staff. In the Next Steps it talks about the Draft
7 EIR being released in June 2009 and then Draft EIR public hearings in the summer of 2009.
8 When would the Final EIR be released for the Commission and the Council to consider?

9
10 Mr. Williams: Let's see we are looking at a couple of months of the Draft EIR and then all the
11 comments get taken back, it is probably a minimum of a month and maybe two to finish that
12 given the volume of comments we would expect. So in the fall is when the Final EIR would be
13 ready to go and when the entitlement package including the Development Agreement could
14 come forward. So that is probably the earliest the September to October timeframe. I think that
15 is the earliest it could come forward. We could have some discussions about some of the
16 entitlements between the Draft and the Final EIR. We could have some of those discussions but
17 there couldn't be any action until the Final EIR was approved certified as part of the entitlement
18 process.

19
20 Commissioner Keller: thank you for that answer. A further question is it is my understanding,
21 and correct me if I am wrong here, is that what a DEIR is to consider multiple alternatives as part
22 of the DEIR process. Then somewhere along the line a single alternative is chosen to move
23 forward with and I am wondering is that decision being made as part of the FEIR approval?
24 Where is the decision as to which alternative is chosen, which presumably is jointly made by the
25 City and the applicant, what is the timing of that decision?

26
27 Mr. Williams: That decision is made with the entitlements generally. They will determine
28 certification of the Final EIR and then approval of some project. It doesn't have to be approval
29 but assuming a project is approved that a project that is approved may be the project as proposed,
30 it may be one of the alternatives that is outlined in the Draft EIR, which will include some that
31 have reduced intensity for example of alternatives and other things. So it could be as proposed
32 or it could be some kind of hybrid of different alternatives in there as long as all the impacts have
33 been considered. Then that certification of the EIR is essentially saying that whatever the project
34 is that is approved the EIR has adequately addressed all of those alternatives and there would be
35 findings that are associated with adopting the mitigation measures that are included with the EIR
36 and if there are any overriding considerations those are made then also by the Council as a
37 resolution certifying the EIR.

38
39 Commissioner Keller: So presumably the Development Agreement would then embody the
40 choice as to which of the alternatives or combination of alternatives is made, and incorporates
41 whatever mitigations are to be implemented. Is that correct?

42
43 Mr. Williams: The Development Agreement is part of the whole entitlement package and it
44 wouldn't itself incorporate the mitigation measures that is part of the project approval and the
45 EIR approval and there can just be conditions of approval that reference all those mitigation
46 measures. They don't have to be separately listed in the Development Agreement.

1
2 Commissioner Keller: There would be reference presumably.

3
4 Mr. Williams: Yes, any of the community benefits that are agreed upon, etc. would be part of
5 the Development Agreement.

6
7 Commissioner Keller: Thank you. Let me just throw out a question and I am not sure I expect
8 an answer right now but this occurred to me. One of the reasons that the current School of
9 Medicine buildings are part of the City of Palo Alto is because those buildings were essentially
10 attached to hospital buildings. As far as I understand you can't put a city boundary through the
11 middle of buildings that are essentially glued together. One of the things that we are currently
12 considering is annexing parts of the county land in order to not have the county line go through
13 one of the so-called FIM buildings. I am wondering whether the City is alternatively considering
14 de-annexing the land so that all three FIM buildings are within the county since the reason for
15 having them be within the City of Palo Alto may not continue to exist. My guess is that based on
16 the relationship agreement, the three-party agreement between the City, the county, and Stanford,
17 the allocation of what land belongs in the City and what land belongs in the county that decision
18 has to do with the use and the use is being clarified. So I am wondering if any thoughts are being
19 made in that direction.

20
21 Mr. Williams: I don't think we have really considered that. That is certainly something during
22 the entitlement phase and the EIR review we could discuss. I think we haven't objected to the
23 way it has been proposed because they are so closely linked to the hospital that there is a logic to
24 that boundary being drawn that way. That is certainly something we could consider as part of
25 the entitlement process but it is not part of tonight's agenda really.

26
27 Commissioner Keller: Thank you. Also, all of the other buildings around there that are nearby
28 are equally linked to the hospital so it does seem kind of arbitrary.

29
30 I would like to, if I may ask a few questions of the applicant, to make it easier could you put the
31 applicant's presentation up? It would be easier for me to ask questions referencing the
32 applicant's presentation. Thank you.

33
34 So the first comment, as Commissioner Holman mentioned, I am going to follow up on her
35 comment about the timing. One interesting thing is that although it may be possible to get
36 deferrals of when Stanford University Medical Center has to upgrade the hospital and Lucile
37 Packard Children's Hospital we can't similarly effectively ask God for a deferral of when the
38 earthquake happens. I do certainly recognize that but be that as it may, the consideration is that I
39 think what I heard from Mr. Mike Peterson was essentially that the transition of management at
40 Stanford Hospital led to a deferral of the decision as to the realization that the idea of retrofitting
41 the hospitals wouldn't actually work and that a rebuild plan, which also allowed for what you
42 refer to as right-sizing, there are several years of that process of transition of management and all
43 the stuff going on with that. I remember when Stanford Hospital was merged with UCSF and
44 then de-merged so there was certainly a lot of turmoil going on the last ten or 12 years in the
45 hospital management.

1 Mr. Peterson: First of all, it wasn't a deferral it was just the time to make the decision. In 2001
2 we were still at that point a year and a half to two years out of the merger. So what you had
3 going on at that period of time and leading up to it was a rebuilding of the management teams at
4 both UCSF and at Stanford. The team at the time during that period did their assessment of what
5 they thought it would take to comply with the seismic requirements. So when I arrived in May
6 of 2001, as I said, their idea was that we would retrofit internally. It takes a while to figure out
7 exactly what that means, and can we do it, and if we can't do it then what should we do? So we
8 had to go through those steps. It did involve some changes in personnel in terms of the people
9 responsible for the facilities to help us think that through. So it took a while but we were not
10 purposely deferring we were trying to come up with the best solution.

11
12 Commissioner Keller: So in some sense it is sort of like you try a project you go down one path,
13 you examine one path, that doesn't work, then you regroup and try another path as opposed to –
14 at that time you didn't decide to try both paths in parallel and see which ones worked, which is a
15 technique that some use.

16
17 Mr. Peterson: No.

18
19 Commissioner Keller: But you certainly were keenly aware this was something that needed to
20 happen. So now that you have unfortunately used time to study the retrofit thing you are now
21 sort of under the gun to do the other path.

22
23 Mr. Peterson: Yes.

24
25 Commissioner Keller: Okay, thank you. Mr. Tortorich.

26
27 Mr. Tortorich: I want to add some clarity of dates. Bill Phillips can correct me if I am wrong. I
28 believe in November of 2005 we came to the Council stating our intention to submit an
29 application for this development proposal. We then had to do an Area Plan and then our
30 development application was submitted in August of 2007. So 2006 Area Plan to 2007 and
31 submitted the application in 2007.

32
33 The architects have been working since that period of time to develop the conceptual designs and
34 schematic designs. We unveiled those designs, actually which you have seen here today, in
35 October of last year with the two architects here presenting to the Architectural Review Board
36 and then a public unveiling. I think the March presentation to the Council was Council's request,
37 at least we understood it, to sort of revisit that presentation that was made in October of 2008
38

39 Commissioner Keller: I appreciate that and if you hadn't taken the now determined to be
40 mistaken step or non-workable step of trying to retrofit we could be four years earlier than we
41 are today. There could be another Planning Commission four years ago before I became a
42 member of the Planning Commission that would have worked this out and you would hopefully
43 be building this in the time when coffers would be flush. Thank you.

44
45 So let's go to a chart there that indicates the various parts of the buildings and the various timing
46 elements. They are not numbered so I don't know which chart it is. Yes, thank you. So we have

1 what looks to me, I am not sure what you call that, do you call it olive drab? I don't know what
2 color you call that on the School of Medicine buildings.

3
4 Mr. Tortorich: Yes.

5
6 Commissioner Keller: And then the buildings that are sort of orange, that sort of orange plus
7 shape, there is the part that is labeled 1959 SPC1 and 1959 SPC2. I am wondering are any of
8 those spaces actually used for inpatient beds today?

9
10 Mr. Tortorich: The beds are in the SPC2 spaces, right here. So we have about 188 beds in those
11 spaces and we have under Title 24 of the California Building Code there are certain essential
12 services that make you an acute care hospital and some of those essential services slop over into
13 this SPC1 building as well. The problem is that there is a nice line drawn on the graphics but
14 there is no real separation between these buildings. The utility infrastructures run in this
15 direction. Utilities are supported from the central utility plant of the University through
16 noncompliant buildings to potentially compliant buildings and that is not acceptable under the
17 OSHPD code. A lot of those issues came to light as the architects drew a project to try to create
18 some kind of a separation there and that is when it was determined that it just was an unbuildable
19 project.

20
21 Commissioner Keller: Thank you very much. That adds a lot of clarity to at least my
22 understanding of part of the rationale for this because it sort of was a little confusing to me about
23 that. I think that the building that is labeled 1973SBC3 that is continuing. That is going to be
24 retrofitted?

25
26 Mr. Tortorich: Well, ultimately under our development proposal that building would be replaced
27 with clinic buildings in that space.

28
29 Commissioner Keller: So that is going to be clinic space, is that right?

30
31 Mr. Tortorich: All this area here in the salmon color would be demolished as well as the green.
32 Then this area would be replaced by clinics.

33
34 Commissioner Keller: So the 1973 building even though it is structurally compliant is going to
35 be demolished?

36
37 Mr. Tortorich: Eventually yes. It is structurally compliant but there are a lot of nonstructural
38 deficiencies, very significant nonstructural deficiencies. The physical plant is just starting to
39 completely deteriorate so mechanical systems and all those other sorts of systems just won't
40 survive long-term use.

41
42 Commissioner Keller: Okay, thank you. If I remember correctly this whole process was started
43 as a result of the 1994 Northridge quake when the list of hospitals that you put up there....

44
45 Mr. Tortorich: The Northridge earthquake.
46

1 Commissioner Keller: Was that in 1994?

2
3 Mr. Tortorich: Yes.

4
5 Commissioner Keller: Yes and so the legislation was passed in the 1990's and then you started
6 working on it sometime late 1990's to 2001 when your other colleague Mr. Peterson came on
7 board and then we are here today. Okay, so that is useful in terms of understanding this.

8
9 Let me go onto the next question about this. You said something about the housing on Quarry
10 Road was for medical residents. Is that a correct statement or an incorrect statement? I am just
11 wondering.

12
13 Mr. Carter: The housing sites on Quarry Road, which we are entitled to building under our
14 General Use Permit with Santa Clara County on the campus lands, the use groups that were
15 identified for the Quarry Road housing sites include post-doctorate researchers and medical
16 residents.

17
18 Commissioner Keller: Okay. So post-doctorate researchers presumably working on the Stanford
19 campus part because this is a Stanford GUP, right?

20
21 Mr. Carter: On the Stanford campus and potentially in parts of the Medical Center that are in
22 Palo Alto. There are a number of post-doctorate researchers in those facilities.

23
24 Commissioner Keller: And the medical residents presumably would be in the Palo Alto portion.

25
26 Mr. Carter: In the hospitals, yes.

27
28 Commissioner Keller: So I am kind of confused. Maybe the City Attorney could enlighten me
29 as to how the County General Use Permit would have provided housing that mitigates usages
30 within Palo Alto as opposed to as within the county. I am confused about that. Are you familiar
31 with the 2000 GUP and whether there is mitigation in the GUP for uses within the City as
32 opposed to within the county?

33
34 Mr. Carter: Can I add one thing here in response to that specifically? The housing entitled under
35 the General Use Permit is housing the University seeks to support its academic programs. It is
36 not necessarily mitigation housing. We see medical residence as essential to the academic
37 program so we asked for that. That is not a mitigation measure for that housing. The county
38 didn't make that designation we sought it with the general use permit.

39
40 Commissioner Keller: Well, actually I have a great deal of admiration that Stanford houses so
41 many of the people that work at Stanford in various capacities. I noticed it when I was a student
42 who came as a grad student in 1977. There wasn't housing for me as a grad student then and
43 now there is a lot more housing for grad students who have followed me so I certainly think that
44 is an improvement. I also note that the county GUP requires 2,400 housing units and allows for
45 3,000 housing units if I remember correctly.

1 Mr. Carter: Yes.

2
3 Commissioner Keller: So the additional housing that you are referring to may be within the 600
4 that you are referring to but I thought the 2,400 was actually required mitigation.

5
6 Mr. Carter: The county required that housing be built at a pace that kept up with academic
7 development and the ratio established would require that by the time we build the approximately
8 2.0 million square feet of academic housing we have added at least 2,300 housing units.

9
10 Commissioner Keller: I assume you mean 2.0 million square feet of building space or office
11 type building space, not academic housing. I think you misspoke.

12
13 Mr. Carter: Academic program space yes, not housing space, yes.

14
15 Commissioner Keller: Thank you sir.

16
17 Ms. Silver: Commissioner Keller, this is getting a little off topic but to amplify on that the
18 housing in the county GUP permit was intended to mitigate the development within the county.
19 It was not intended to mitigate the buildings that would be housed in Palo Alto. That being said,
20 in the GUP there is a designation of who can live in that housing and there is in fact a
21 designation on the Quarry sites that includes I believe medical residents is the term but I could be
22 wrong, however it is something like that medical residents and post-doctorates, I believe.

23
24 Commissioner Keller: I appreciate that and I also appreciate your forbearance in allowing me to
25 ask questions that presumably if they were in scope for the applicant to talk about then they
26 should be in scope for the Commission to ask about. That is my rationale. Should I pass the
27 baton and come back later?

28
29 Chair Garber: Please, why don't we do that? Commissioner Lippert and then myself.

30
31 Commissioner Lippert: Well, first of all I would like to begin by thanking the applicant as well
32 as Staff and the urban design consultant for their presentations. Today is the first time that I
33 really feel as though I am beginning to understand or see two different views of or at least
34 beginning to want to get my hands around the visions that both these groups have in terms of this
35 project.

36
37 I see in it still a great amount of opportunity but I also see some disparity and some division in
38 terms of the two projects in terms of the way these projects are going. They are, in my
39 estimation, both very legitimate points of view with credibility in terms of what is being
40 presented. But they are very, very different. Now, with that it may sound like there is never
41 going to be a meeting of the minds here, so to speak. But in fact with Stanford Shopping Center
42 being taken off the table in terms of development my feeling is there actually has been
43 significant progress in terms of beginning to make necessary steps to get visions that both
44 Stanford Medical Center and the City of Palo Alto want for this new development. There is
45 beginning to have compromise and negotiation or a way in making this work from an urban
46 design point of view because already we have eliminated a significant amount of density and

1 population from the project, from the scope. I just want to recognize that that is significant
2 progress right here. The Stanford Shopping Center may not be able to be expanded once the
3 Stanford Medical Center is built out in its full density whatever that might be.

4
5 What I would like to do is to spend a little bit of time talking about urban design and some of the
6 concepts that have been presented here if that is appropriate. I guess the place to start off is I
7 guess with Stanford since Stanford made their presentation first. I am very impressed with the
8 approach that you gentlemen have taken this evening in sharing your vision with the Medical
9 Center. It is a rather bold vision and as I said before it is an appropriate approach. Where I see a
10 couple of the problems are and I think the most obvious one is probably the height. The height
11 issue is the one that at least hits me in the face and I think my colleagues as well, aside from say
12 density. Part of it I guess is that the plan that you proposed this evening, and if you wouldn't
13 mind can we get that image up on the board, the one of the Stanford Medical Center from
14 Pasture Drive. What is being presented here is a series of levels and in some ways the building
15 has been elevated above a plaza, which might be an appropriate way to go, but what it does is it
16 adds empty space, so to speak, and with that it adds more height to the overall structure. Then in
17 addition to that there is another layer again of an empty level and again that adds even more
18 height to it. While I am not saying that that is not a legitimate approach to what you are
19 presenting here in terms of the concept what it does do is it presents one of the concerns that I
20 think many of us have had from the very beginning, which was the height issue. Now I might be
21 able to be convinced that that is an appropriate way to go or not but just right off the bat that is
22 one of the things that I find that is glaring. I have mixed and conflicted feelings about that.

23
24 This is not a time for you to talk. I understand what it is you are trying to do here in terms of the
25 concept I understand that the increased necessity for increasing the patient rooms by almost
26 doubling them in size. I have toured the facility. I understand the facility and that medicine have
27 changed. In fact I have even gone to your facility in Redwood City, the orthopedic medicine
28 wing, and have toured that. It really has taken medicine to a whole new level in terms of service
29 and what we as the public can begin to expect. But I have to think very seriously about whether
30 that the vision that I can buy into as well.

31
32 Now, let's go to the urban design part from the City. I am as you know an avid cyclist and I do
33 take public transit, and I do take public transit and bicycle out towards Stanford Medical Center.
34 The experience of going out onto Quarry Road, Arboretum, and even Sand Hill Road is vastly
35 different from driving when you take either public transportation or bicycling. In some ways, it
36 is far more simple to get in your car and drive to the Medical Center but yet the effort that is
37 expended is far less when you walk or take public transit. It is in fact effortless. It is an arduous
38 task to have to drive from simply Downtown North to the Stanford Medical Center. In fact I
39 have to go a rats maze all the way around town in order to get there and that is the difficulty I
40 see. So what you are presenting in terms of your vision along Quarry Road being a major artery
41 or major connection is paramount in terms being able to make the connection from the transit
42 center and Downtown to Stanford Medical Center.

43
44 What I have found is a number of things. First of all I have done a little investigation of my own
45 and I have shared this with Curtis Williams. I have gone out there at five or six o'clock in the
46 morning, because that is the time you get up to go have surgery and medical procedures, and

1 found that when I got out to Nordstrom's shopping center that the merchant's parking lot was
2 filling up. This is anecdotal more than anything but what I found was that I was saying is
3 Nordstrom's really had dedicated people working there. But in fact what I found was that these
4 were not Nordstrom's employees these were actually people that work at the Medical Center and
5 at the medical buildings, and what they were doing was avoiding having to pay for permit
6 parking, avoid having to pay for Stanford Medical Center all day parking. They were just using
7 the Shopping Center parking lot as their own private parking during the day and then just simply
8 walking to their work at the Medical Center. What that tells me is that unless we demand that
9 there is housing near the Medical Center for the people that work at the Medical Center then in
10 fact people are going to be driving from all over, and coming to the Medical Center, and parking
11 at Nordstrom's, parking at the Shopping Center, and it is going to be adding to the traffic
12 problem that we currently have.

13
14 What is so important is that we get people out of their cars, that we are able to get people to take
15 public transit, and that we are able to get people to live near where they work near the Stanford
16 Shopping Center. That is a really difficult task as to building that housing. Stanford Medical
17 Center, the Stanford campus, the Stanford Shopping Center doesn't stop at the city boundaries.
18 People come from Menlo Park, they come from Mountain View, and they come from all over the
19 place. They come from the East Bay to make use of these facilities. So there is no reason to
20 expect that the housing has to be within Palo Alto proper but it does need to be nearby so that
21 people that work at the Stanford Medical Center can get to work easily and not have to drive.
22 That is necessary in terms of reinforcing the Quarry Road plan or vision that Bruce has presented
23 here today.

24
25 I am reluctant to name specific sites but we are talking about urban design and we are talking
26 about vision. I do know that the site for instance behind the Stanford Barn, which is slated for
27 medical offices right now, is an underutilized site. In fact, it is a one story building that my
28 broker used to have his office in and they subsequently moved somewhere else. That one story
29 building could easily be redeveloped into multifamily housing of a higher density and whatever
30 medical use there can easily be transplanted to Hoover Pavilion or maybe incorporated into the
31 clinic buildings. That would get us a little closer to having housing right across the street from
32 Lucile Packard Children's Hospital.

33
34 I don't know if any of the other buildings along the Welch Road site there are underutilized.
35 They are multistory buildings but perhaps one vision that might be reinforced is to begin to bring
36 the housing of Stanford West meeting the density of the Stanford Medical Center in some sort of
37 urban village or urban vision. That is just a thought there.

38
39 Again, with regard to going back to Quarry Road looking at the Hoover Pavilion this is an area
40 where I am conflicted. They proposed a couple of multistory buildings surrounding Hoover
41 Pavilion they do nothing to frame Hoover Pavilion. They don't even respect the height of
42 Hoover Pavilion. Maybe they need to be at a lower density and rather than the sites adjacent to
43 them being housing for residents maybe those are also office medical buildings reinforcing the
44 Quarry Road corridor, and the housing again is shifted to another portion or another area around
45 the Medical Center and reinforcing the whole idea of an annex of Stanford West housing.

46

1 So those are just a couple of comments that I had in terms of vision. What I would encourage is
2 my colleagues and well as members of the public to out there and try bicycle riding along Quarry
3 Road as well as Sand Hill Road, taking the Marguerite Shuttle which I have done. I have
4 observed people that work in that area getting on AC Transit to go to the East Bay and those
5 buses are filled. So I know Stanford is doing what they need to do in terms of promoting public
6 transit into the Medical Center from the East Bay.

7
8 Then I just wanted to make one other last comment then again this come from purely as a
9 bicyclist. When I go out and bicycle out in the Foothills I go out towards Portola Valley and I go
10 up to 92, up Canãda Road. I usually go out through Sand Hill Road and it is really nice bicycling
11 coming from Downtown North, crossing the railroad tracks, El Camino, and going out Sand Hill
12 Road. It is a tough ride going up Sand Hill Road but I enjoy it a lot. Coming back I find the
13 experience less appealing and part of it is that it is a four lane road that narrows down to a one
14 lane road and then it gets into some traffic issues coming back across El Camino Real. So I
15 usually defer and I drive off to Arboretum, I turn at Arboretum, and I come in on Palm Drive
16 there. Palm Drive is really a wonderful road to enter Palo Alto through. I don't come in across
17 Quarry Road and the transit center because that road just is not as appealing. It is a four-lane
18 road, there is a lot of traffic on it, and there is nothing that is desirable in terms of the bicycling
19 experience. So what I am saying here is that I think if Quarry Road could become a lot more like
20 Sand Hill and a lot more like Palm Drive, I think even eliminating a lane or two going from four
21 lanes to two lanes, would really begin to help that road a lot in terms of the pedestrian experience
22 there and a bicycling experience. Thank you very much.

23
24 Chair Garber: Mr. Tortorich, could you remind me or perhaps inform me who on your design
25 team takes responsibility for the ground plane of your various projects? Is there one that is
26 shared between the various projects? Is there a landscape architect, master planner, how is that
27 managed?

28
29 Mr. Tortorich: We had WR&S doing a lot of the design guidelines work. So that is the various
30 connective elements and components and they have had some landscape consultations with that.
31 EDAW is the landscape architect for the Lucile Packard Children's Hospital project. It was Gary
32 Strand we just selected as landscape architect on the adult hospital working with the Rafael
33 Vanilli team.

34
35 Chair Garber: Have there been plans, images, proposals of solutions, or alternatives of solutions
36 that have been presented to your team?

37
38 Mr. Tortorich: If I could go to – Steven, do you know if you can dismiss the dialog boxes there?
39 Given the size and the scale of the project our first approach was to describe the landscape
40 elements through a design guidelines booklet that Charles Carter was talking about. So we really
41 talked about the various guidelines and systems that we would employ. Then I know specifically
42 on the Hoover site we came with specific landscape designs for the Architectural Review Board
43 to review. We have shown landscape concepts in their macro sense on the two hospital projects
44 but have not yet got into the fine grain of landscape design.

1 Chair Garber: My sense from your presentation is that, rightly or wrongly and I really wouldn't
2 know, the development of the buildings is further along than the development of the overall
3 landscape plan that would connect all these areas and different pieces.

4
5 Mr. Tortorich: That is a fair statement, yes.

6
7 Chair Garber: Thanks. Mr. Fukuji, you have described as your scope of work this area that is
8 between the hospital and the transit center, obviously points north, and how that intersects with
9 the Shopping Center. Presumably your work would also include some of the potential
10 experience of the ground plane into the Stanford projects themselves. Is that true?

11
12 Mr. Fukuji: Yes.

13
14 Chair Garber: So I am assuming you have seen the design guidelines that have been developed
15 in some form, they may be draft form, or other form or whatever, is that also true?

16
17 Mr. Fukuji: Yes I have.

18
19 Chair Garber: Okay. Do you see the primary area for opportunity here in terms of development
20 and creating the continuity of the experience and the image that a visitor or a regular citizen to
21 take away being the area between the transit center and the hospital? Because you focused on
22 many of the passageways, the links, the paths themselves and is that the primary opportunity for
23 the City to be pursuing to create what I am hearing are the ways in which we judge success of the
24 project?

25
26 Mr. Fukuji: I think that is a good question. I think that it would be helpful if you had a chance
27 to look at the design guidelines that Stanford University has put together for the Medical Center,
28 for the campus as a whole. I think that outlines quite a bit of the questions you are bringing up
29 around sort of ground plane issues. The reason why there is the focus on Quarry is that initially
30 we were looking at how to link the two projects together and what would be the issues around
31 that. So we started with that focus. Now the guidelines cover the Medical Center campus and
32 discuss Quarry Road so we have looked at those but there has not been a landscape architect who
33 has proposed something that we can respond to. The guidelines as Charles has presented do
34 cover the connective elements that are in there. They have done a pretty good job around
35 identifying what the key elements are that would contribute to being able to do that.

36
37 Chair Garber: I think one of the things that I know that I am struggling with here this evening is
38 we are on the cusp of the conceptual and the potential, between how we want to structure
39 something and what the potential solutions are. I know that I am frustrated in that I wish we
40 were several more steps down the road so that we could actually in fact respond to something.
41 Let me stay on the cusp here for a moment. The pieces that you are struggling with or let me try
42 this a different way. If you were to describe the nature of this particular area, and when I am
43 think of this I am thinking of the center of this area being Quarry Road, if that somehow is
44 creating a spine that wasn't there such that it needs to be supported by things on either side of it
45 so that it begins to take on and is recognized as being the center of this area in some way. My
46 sense from your presentation is that we should be thinking of this as a transitory experience.

1 That is the function that I am hearing that it plays. How do I get to the hospital? How do I get
2 back to the top of University Avenue? That I think as you have also identified is a very long way
3 to have to sort of attenuate those two opportunities of arrival. There are any number of strategies
4 to deal with that. You have just begun to sort of hint at some of them I think. One of which is
5 the emphasis of the edge of Quarry Road and how do you support that, through trees, through
6 street furniture, things of that sort. You begin to sort of hint at but sort of stop short of
7 suggesting that there may be actual guidelines for if that really is to be a boulevard that there
8 should be buildings along it, that they should have a character, that they should be within X
9 number of feet of the street or that there should be walkways that have certain characteristics. I
10 guess the model for that at least in this town would be something like the El Camino Guidelines
11 or something of that sort. I think if I can pick up on two comments from Commissioner Lippert,
12 are we recreating Palm Drive, which I suspect is not a good answer or not what we would want?
13 And it is also probably not another El Camino, nor should it be what Sand Hill Road is now, but
14 that hasn't led me to understand what it should be. In my mind, I am not leading you anywhere,
15 I don't know. So that is one topic.

16
17 There is another strategy, which I suspect could only be developed by further pursuing some of
18 the things that you have begun to work on here. I don't know if we are going to be hearing from
19 you again but presumably you are not complete with your work and there will be further
20 development. That second strategy is employed often as a result of and occasionally by design,
21 which is where one begins to look at opportunities to develop intermediate spaces so that there is
22 an escalation and a de-escalation to draw people through a long terminus. We talked I believe it
23 was on this project in one of the previous meetings in the last two years by way of example what
24 it takes to take people in the City of Chicago from Oak Street to the river. A mile, the so-called
25 Magnificent Mile, and what keeps people from thinking that that is a long way in that there are a
26 lot of things to experience, a lot of places to be at that are between those two that help you get to
27 that final escalation, the sense of arrival of arriving at one end or the other. I think that requires a
28 lot more development. I think you have sort of identified a weak link where the Barn is but I
29 think it is important in my mind to find opportunities for places of gathering to occur and not just
30 finding ways to emphasize how you get from one to the other. I think they are already there but
31 you need to find ways to emphasize them be they the Barn, and the Barn is a wonderful historic
32 structure. Maybe there is a way to help celebrate that that isn't just by having a nice walkway
33 beside it but maybe there is an opportunity to have some open area beside it that allows you to
34 either have a restaurant next to it so people can appreciate it or I don't know what. But there are
35 ways to emphasize the more immediate, the next scale down, the walking that would allow me to
36 enjoy and draw me so I don't have to wait until getting all the way to the hospital to have to say I
37 had a great time.

38
39 Let me stop there and I will come back to a couple of other. Commissioner Keller, you wanted
40 to go again. Or excuse me we will go back through here. Commissioner Fineberg you were sort
41 of passing. Commissioner Holman did you want to go next? Then we will go to Commissioners
42 Keller, Lippert, and then back to me.

43
44 Commissioner Holman: Yes. I made a statement earlier about the DEIR and the context for
45 that. I just want to make a couple of comments that gave examples of that and one that is and

1 indication that on some pieces we have early indication. Could you put the image back up that
2 was of the Hoover Pavilion site, please? I think it was in the applicant's presentation.

3
4 So I made comments earlier about needing to have the context of the DEIR because we don't
5 know what impacts are. Like for instance, is the interest of the hospital hard to find? Indeed it
6 is. Is where it is being proposed the best place? Don't know because don't know all of the
7 impacts that that might create either traffic or circulation or intersection. This site however, as
8 this is drawn and as I see it on the little map, is an indication to me that it is an alarm actually
9 because the Hoover Pavilion is an historic building and the Secretary Standards which CEQA
10 will identify says that historic buildings cannot be made diminutive by new buildings
11 surrounding them. Looking at the footprint on the grid and looking at these drawings it looks as
12 though the Hoover Pavilion is going to be subservient to the other buildings especially the one to
13 the rear I think. So that is one comment that I can make now as a flag.

14
15 I want to thank Mr. Fukuji for his diligence on this. I think you have done some good work and
16 appreciate those efforts. I want to support that also by saying that early, early on when these
17 projects came forward the Commission was pretty clear in saying that we wanted meaningful
18 graphics. Earlier I commented about the three-dimensional model and virtual tour that would be
19 required. The graphics that we have in our Staff Report are virtually worthless. So what we
20 have is what we see tonight which is not a take home, it is not a takeaway. So the public unless
21 they are watching the meeting doesn't have anything that gives any kind of information
22 whatsoever. We were pretty specific about wanting foldout maps and things that we could read,
23 and things that had meaning to them.

24
25 In addition, the graphics that are provided, if they are provided at a size or scale that is readable
26 and meaningful they are also at the 1,000-foot level. So that is the purpose and need for the
27 visuals that take us more down to lower levels including ground level. That then would play into
28 the three-dimensional models and the virtual images.

29
30 The transit center isn't specifically mentioned but in other presentations I have seen it identified
31 as a housing site. I can't say how many Commissioners but I know a number of Commissioners
32 had not supported that. Chair Garber is certainly another one of those. So I don't know where
33 that stands and you are welcome to count noses or whatever you want but that was not a favored
34 site for housing.

35
36 Just a word about housing. It is true that the City isn't – if Stanford doesn't provide the housing
37 that the employment demand will create need for but we will according to ABAG have to
38 provide zoning that would accommodate that housing. I have long had a position that you don't
39 zone for something that you don't want and to create the zoning then surely at some point in time
40 you run the risk that that those projects would be built that would create that amount of housing.
41 It would have a devastating effect or could have a devastating effect on the character that our
42 Comprehensive Plan talks about all throughout. So that is just a comment about that.

43
44 The rural character I think is another concept that you speak well to, Mr. Fukuji. I think it is an
45 important thing to tie onto and connect with and preserve, frankly. I think there have been some
46 unfortunate things that have happened. Stanford is a wonderful institution and it does some good

1 things and some things that from my perspective aren't desirable. It is both. I think maintaining
2 that rural character goes back to the University's roots. It's very founding. Chair Garber
3 mentioned the Stanford Barn, Stanford's horse barn, the three barns that used to create the
4 courtyard. Two of those barns have been demolished so the very heart and purpose of Stanford's
5 being there two-thirds of that is gone which means the setting is very, very compromised. So I
6 am glad to see that you are headed in that direction to respect that. The trees and the resting
7 spots of course are very important aspects.

8
9 The applicant makes a lot of statements as you would suppose that an applicant would about
10 their needs and their perspective. I am wondering what Staff is doing to, in fair specificity, what
11 Staff is actually doing to analyze those conclusions that the applicant has made. The reason I ask
12 is because in looking at the CMR it is pretty silent in responding to any of that. It is a pretty
13 thick document that the applicant has provided, the Attachment A I think it is. So I know there is
14 peer review of some things but I am a little uneasy with the silence that came forward with this
15 presentation that we see this evening.

16
17 I will give you an example. The applicant states that several of the buildings can't be retrofit
18 they have to be demolished. They state that HVAC requirements for hospitals have changed and
19 so that drives another demand. So are each of these being peer reviewed or confirmed? Again,
20 what drives the question is because there is so much silence in the CMR.

21
22 Mr. Williams: I will just briefly respond. We did have Marlene Burkoff peer review a lot of
23 these claims by Stanford and generally concurred with the conclusions with some provision that
24 there could be some room, maybe five percent or so, adjustment in some of the space issues that
25 were discussed. I don't know that she has addressed everyone. I think maybe what we can do is
26 maybe shoot her copies of some of this stuff to be sure that she has looked at these specific
27 issues that you have brought up too. I would have to see if we still have money in the budget for
28 this.

29
30 Commissioner Holman: I do recall that she responded to some aspects but I don't know if she
31 got into the kind of conclusions that are being presented.

32
33 Mr. Williams: She did at a pretty large scale on things like the size of rooms and the equipment
34 that is needed and that kind of thing. Whether it is down to some of these levels of detail I am
35 not sure but we can run that by her too.

36
37 Commissioner Holman: The questions I am asking are pretty broad range. They have to do with
38 whether buildings can be retrofit or need to be demolished and the HVAC requirements and
39 those sorts of things. They are pretty broad questions.

40
41 Mr. Williams: She has looked at those issues but we will check with her.

42
43 Commissioner Holman: Okay. Then just a couple of more things here. Were my questions that
44 I submitted in writing were those distributed to Commissioners or public or anyone?

45
46 Chair Garber: I believe they went out. I thought I saw an email.

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Commissioner Holman: I sent it to you as Chair.

Mr. Williams: You got copied.

Chair Garber: I have seen them.

Commissioner Holman: I don't know that anybody else has.

Mr. Williams: No, I don't think they have. Zariah? No.

Commissioner Holman: So if those could be distributed.

Mr. Williams: Commissioner Fineberg also sent some question late this afternoon.

Commissioner Holman: If those could be distributed then also attached to our minutes so they get to the Council and public and such. We have gone through this before about attaching our questions, although these don't have responses to them except for the one you responded to.

The other is, and this is related to my question 7 that really hasn't been responded to, which is there are in the CMR there is language and this goes to my previous comment about the Staff being silent on some of the approaches, in some cases it is not silent. I am trying to find the page here. I can't find it right now but at one point it talks about the Hoover Pavilion site as being an underutilized site. That sounds like a Stanford comment to me as opposed to – I mean what is that based on from a Staff perspective? I am just interested in learning about that.

Then on page 3 it talks about the Children's Hospital and it says for instance the building becomes a point at which the formal tree lined Welch Road bisects the more natural arboretum design of the campus. Then goes on to say the landscape design for this corner will help bring these two concepts together to form a gateway to the Medical Center and the campus. I am just uncomfortable with that language in a CMR because it sounds like an approach that an applicant would take and not a bad approach, but it sounds like a conclusion in a Staff Report with no analysis.

Mr. Williams: We will be more careful of that and I understand. I think we might have and Steven I don't know if it is correct to say that some of that might have come from trying to capture some of the description that the applicant had taken. So some of it might not have been modified appropriately, we will be more careful with that.

Commissioner Holman: So with all respect these are large and complicated projects. There is a lot of interaction and I think it is just really critical that Staff take an arm's length view when writing reports and communicating because the line between the applicant and the Staff just gets exceedingly blurred and causes a lot of issues. So thank you.

1 Chair Garber: Commissioner Keller. Let me remind the Commissioners that it is 10:20. If we
2 can I would like to conclude by 11:00. So we should get to statements as well as finish up any of
3 your questions but finish up statements/comments, etc. Thank you.

4
5 Commissioner Keller: Thank you Chair. First I would entirely agree with the comments of
6 Commissioner Holman with all the things that she said but in particular with respect to the Palo
7 Alto Inter-Modal Transit Center housing. I would say that not only am I not in favor of housing
8 at that site I am rather opposed. I can be more forceful in my opposition to that as a housing site.
9 I can see a lot better uses for that than a handful of housing units.

10
11 I am also very sympathetic with the comments of Commissioner Lippert with respect to height. I
12 am going to refer to two diagrams here, one being Attachment C and one being the thing that is
13 labeled Figure 4-6 near the end of Attachment A. I notice that on here that there are five towers
14 labeled 130 feet high as well as a tower labeled 112 feet high, as well as the Children's Hospital
15 being 85 feet high. I notice that on Figure 4-7, which is Attachment C, it indicates that one of
16 those buildings is the SHC clinic office building proposed as being 130 feet high. Unless that
17 thing is mislabeled as clinic building and it is really a hospital building – I heard some of the
18 rationale for the hospital building being 130 feet high but I do not understand why that rationale
19 extends to a clinic building being 130 feet high or 112 feet high. I note that there is no diagram
20 here for the 112-foot high building that is located here.

21
22 Secondly, I note that the emergency room is located adjacent to Welch Road and I am concerned
23 about the circulation to the emergency room particularly by car in that Welch Road is a two lane
24 road, one lane in each direction, accessed from either Pasture Drive which is one lane in each
25 direction, or the new Durand Way which is one lane in each direction, or Quarry Road which is
26 two lanes in each direction. I am concerned that during a rush hour consideration that the access
27 to that emergency room from Quarry Road that that road may be impassible during peak periods
28 with the realignment of this. That may considerably endanger public health and safety if that
29 road is impassible.

30
31 I think that with Quarry Road being two lanes in each way that access to the emergency room
32 currently now is a little easier to achieve particularly since that access is through Quarry Road or
33 Campus Drive. Both of those in that vicinity are two lanes in each direction and provide greater
34 alternatives in the event of a traffic impasse for cars to get out of the way. So I am quite
35 concerned with that.

36
37 But further along in terms of the emergency room the current emergency room is centrally
38 located between essentially the Stanford Hospital and the Lucile Packard Children's Hospital. I
39 assume that the emergency room will continue to serve not only adults but also children. One of
40 the rationales that was observed to or informed to us some time ago of having the stacked
41 configuration of rooms is so that we don't have people traipsing from the emergency room to
42 somewhere else. Well, I am not sure what percentage of people, of patients that go to the
43 emergency room are then admitted as inpatients, but I assume that that percentage is fairly small
44 as a ratio of those who are outpatients to inpatients that probably most people are treated and
45 released rather than admitted is what I would guess. It would actually be useful to find out
46 figures to that extent. I do notice that in order for these children who presumably are somewhat

1 more vulnerable and embarrassed than adults, in order to get from the emergency room they have
2 to pass from the emergency room through what looks like a small corridor that crosses over this
3 pathway over to the wings that are sort of fanned shaped, that area, and then traipsed through all
4 of that in order to get to the Children's Hospital. That seems an awfully long way so I am
5 concerned about that distance and whether the rationale for the verticality reducing the amount of
6 potential embarrassment for patients because they could go in the elevator instead of wandering
7 around the hospital in fact holds true for children, and whether in some sense we are
8 discriminating against children by having them be out in the open.

9
10 I think that also one of the interesting things that were mentioned to the Commission in terms of
11 design elements as a whole is that there is a desire for efficiency of the hospital complex through
12 its compactness and thereby in some sense justifying an increased density. Well, in some sense
13 that increased density saves land to Stanford and in some sense that saving of land is a benefit to
14 Stanford for which some accommodation might be provided, which can be used for things like
15 schools or housing sites or the like. I also notice that that is in contradiction to the virtual
16 banishment of community physicians currently located at 1101 Quarry Road, which I understood
17 were physicians who could be located because they don't have to interface with the Stanford
18 hospital were going to the master lease facilities in Menlo Park. But the physicians who were
19 relocated to the Hoover Pavilion site were those physicians for which proximity to the hospital, it
20 was my understanding, was a requirement. So we have here a situation where from the hospital
21 itself where these physicians would presumably need to interact with their patients would have to
22 travel a distance of a quarter mile or half mile, I don't know the exact distance of this, but my
23 guess is it is somewhere to the four or five tower hospital somewhere on the order of a half a
24 mile. In that regard I am not sure how many of the physicians would be walking that distance
25 considering for them time is money. Therefore I would expect that there would be quite a lot of
26 car trips going between the Hoover Pavilion and the Stanford Hospital thereby adding to the
27 impact on Quarry Road. I don't know the extent to which there will be sufficient shuttles
28 operating in that path to go from Hoover Pavilion to Quarry Road for those people who need to
29 go back and forth between imaging and testing facilities and the hospital or whether those will be
30 replicated additional cost over at the Hoover Pavilion site or the new Hoover Pavilion extension
31 building, if I can call it that, the auxiliary building. It does indicate that this notion of
32 compactness is violated by having the new building at Hoover Pavilion site and also relocating
33 them at all to that site but at least relocating them to the Hoover Pavilion additional building. It
34 makes more sense to me that that additional building should be located at Quarry Road perhaps
35 in one of the smaller buildings adjacent to the hospital on the other side of Quarry Road. So that
36 kind of measure then you would not be required to put a new office building over there, a new
37 medical office building, as is diagramed in there, and all that parking. Presumably the parking
38 there would hopefully be enough for the uses at Hoover Pavilion that currently existed. So in
39 terms of design I think that the intensification of the Hoover Pavilion site does not make sense to
40 me. I think that that should be reconsidered in favor of increasing compactness somewhere on
41 Quarry Road site and that would also ameliorate a lot of the concerns that were addressed in
42 terms of historic buildings by Commissioner Holman.

43
44 I also point out that the removal of the Stanford Shopping Center from this proposal does hurt
45 the ability to implement the village design concepts. It seems to me that one of the great benefits
46 of the village design concepts is it was a way of mitigating the impacts of developments

1 primarily associated with the Stanford university Medical Center complex. I didn't perceive that
2 much of the village design concepts as I see them come along and as this document described
3 them is really affecting the Stanford Shopping Center itself. They were really mitigations for the
4 Medical Center and as such removal of the Stanford Shopping Center proposal, the withdrawing
5 of that proposal, makes it harder in fact to mitigate the Stanford Medical Center impacts. It
6 seems to me that rather than improving the process along and making it easier to achieve a
7 mutually satisfactory arrangement between the City and the various parties to the development
8 that in fact this makes it harder to achieve such agreement just precisely because it makes it
9 harder to achieve the mitigations that are for CEQA and other reasons.

10
11 I think that we all recognize that Stanford University Medical Center is a great asset to the
12 community. It is an asset to Palo Alto. It is an asset to Menlo Park and Atherton and Los Altos
13 Hills and Los Altos, and an asset to people who come from far and wide because of the renown
14 of Stanford Hospital. In fact I have to admit that I was at the ER several times in the last few
15 months because of a family member's illness. Certainly there are opportunities for improvement
16 and it does make sense considering the potential for an earthquake particularly the most likely
17 one in the vicinity of Stanford being the Hayward fault, which has ruptured about every 140
18 years, and last ruptured about 140 years ago. That is likely to happen and may well have some
19 impacts of how well Stanford Hospital can continue to operate. Certainly nobody is trying to
20 slow down the process. When I was an undergraduate at Brooklyn College some 30-some years
21 ago, there was this advertisement that I liked which was when Federal Express was starting up.
22 There was an advertisement by UPS, which was not very successful, and they were advertising
23 because they didn't have overnight delivery they had two-day delivery at the time. They said if
24 you absolutely, positively have to get it there tomorrow send it yesterday. That sort of didn't
25 seem like a very good advertising campaign because if people were able to send it yesterday they
26 would have and then they would want it to get there today. In some sense what we have is
27 Stanford came to us several years ago and we have been going through for a project of this size
28 and magnitude I think we have been going through a rather expeditious process. We are going
29 through it deliberately certainly because it necessarily has to be done deliberately but we are
30 going through a fairly expeditious process. Withdrawing a part of the Stanford Shopping Center
31 proposal at the tenth hour to this process doesn't really speed it up but a large part of the delay.

32
33 Mr. Williams: Mr. Chairman, really that is not – we are looking at the urban design specifics
34 tonight. We can all have a lot to discuss about the withdrawal of the Shopping Center but I
35 really don't feel like this is on topic.

36
37 Commissioner Keller: Well, let me just close that portion by saying that Stanford did say that at
38 least four years of the delay was due to their blind alley approach to redoing the Medical Center
39 to deal with the potential earthquake as a result of state law. They knew about this and could
40 have come to us four years earlier if they had not gone down a blind alley of retrofitting.

41
42 I do think that it is important to think in terms of not double counting the housing that is here. I
43 do think it is important that we consider the housing that is required for the GUP and the housing
44 that is useful for housing those people who are working at the Medical Center such as medical
45 residents and post-doctorates that have been identified. To the extent that they are working on
46 the Palo Alto portion they shouldn't be similarly counted for the General Use Permit.

1
2 I do think, in closing, that I would like to greatly praise as some of my colleagues have the work
3 of Bruce Fukuji in terms of this design work. It is useful to get some ideas on how this can
4 improve the design. I am glad that at least in the past Stanford has welcomed this input in a
5 collaborative way with the City. It is my hope and wish that Stanford Hospital and Medical
6 Center and the space for the community physicians can be built expeditiously in a manner that
7 avoids and prevents damage from earthquakes, and minimizes the impacts to the citizens and
8 taxpayers of Palo Alto while allowing Stanford to remain a world class institution that is a level
9 one trauma hospital that supports several counties, and is a valued asset to the nation.

10
11 Chair Garber: Thank you. Commissioner Lippert and then Fineberg and then myself hopefully
12 with concluding comments.

13
14 Commissioner Lippert: Just a couple of things. I want to go back to the urban design for a bit if
15 that's okay. Bruce, I am looking at both your map four and map six, if you could one of the two
16 up there that would be great.

17
18 I am just thinking about some of the comments that Chair Garber had made with regard to
19 Quarry Road and whether it should be more like Palm Drive or whether it should be more like
20 Sand Hill Road. Looking at your connection maps and then looking at the Village Concept
21 Urban Design map what I find here are a couple of things. When it comes to the Hoover
22 Pavilion and the adjacent housing sites it might be worthwhile considering pushing the housing
23 or whatever the buildings are closer to the Quarry Road side and eliminating the parking or
24 putting the parking on the back side so that it would be accessible say off of Palm Drive. My
25 line of reasoning or my thought about this is the majority of the people that are driving are either
26 going to come in Sand Hill Road or they are going to come up University Avenue, go under the
27 underpass, they are going to come out and make that first right hand turn into the Hoover
28 Pavilion area. If I am driving to the Stanford Shopping Center that is the way I get to the
29 Stanford Shopping Center. But that would be how I would be inclined to park at the Hoover
30 Pavilion. If I were taking public transit, if I were taking the train, or riding my bicycle I would
31 come from the transit center and I would come across at Quarry Road and I would want that
32 Quarry Road experience not to be a series of parking lots or parked cars along that street there. I
33 already have an ocean of parking that is immediately across the street at the Stanford Shopping
34 Center. So from a pedestrian or bicyclist experience that is my walking road, why not put
35 buildings almost tight up against Quarry Road? In fact it even gets it out of what we consider to
36 be a forested area. It is far easier to put trees into a parking lot than it is to put buildings into a
37 forest. So that is just one thought that I had.

38
39 Another thought that I have is that Quarry Road might be punctuated by a number of little
40 refuges. Again, if I am a pedestrian and I am walking along there and it starts to rain I need
41 places that I can duck into. A couple of them might be the professional office buildings that are
42 located there. The bank obviously is another refuge. The parking structure at Stanford Shopping
43 Center is one. If those refuges could also be coordinated with Marguerite Shuttle as bus stops so
44 that maybe every quarter of a mile there is a little refuge, and if I am walking and it starts to rain
45 I could hop the Marguerite Shuttle easily. So that is just another way to sort of accentuate or
46 build on that pedestrian experience.

1
2 Then sort of the last thought that I want to share with you is why I found going out Sand Hill
3 Road on my bicycle so appealing and coming back in on Palm Drive more desirable. There is a
4 bicycle path that is on the north side of Sand Hill Road that parallels and joins with the bicycle
5 path that runs along Sand Hill Road making it very desirable and very safe and fast to get out
6 Sand Hill Road that way. Coming back I find myself bicycling through a parking lot near
7 Stanford Shopping Center on Sand Hill Road. So it is much less desirable to bicycle through
8 that. I cut across at Arboretum, and I cut over to Palm Drive, because again Palm Drive has the
9 same sort of profile where it has multi-lanes of traffic and then it has separated bicycle lanes that
10 are I think in excess of ten feet wide. What I found in both cases is not only are there bicyclists
11 but there are pedestrians specifically along Sand Hill Road from the senior housing. That is their
12 route to get to Downtown Palo Alto. They use that as well as other people that live at Stanford
13 West and people from Menlo Park as well. So that is my thought in terms of the quality,
14 character that I am looking at in terms of these roads and trying to reinforce what you are trying
15 to do in terms of an urban village here.

16
17 With regard to the Hoover Pavilion I am really torn between what Commissioner Holman said
18 here in terms of this being an historic structure. It would be preferable for me that the new
19 buildings are not at the Hoover Pavilion if at all possible but she is right, because it is an historic
20 structure, they really do need to be diminutive to the Hoover Pavilion. One of the thoughts that I
21 had is that maybe there is some way of creating some sort of a plaza or something that these
22 buildings frame in front of the Hoover Pavilion. I know that the Hoover Pavilion is not as large
23 as it looks. These new buildings are quite significantly larger. That is just another thought that I
24 had there and that would be a counter point to the parking structure that is immediately across
25 the street from the Hoover Pavilion. So you have this mass of parking structure immediately
26 across the street from some sort of a plaza that frames the Hoover Pavilion. So that is just a
27 thought there. Thank you.

28
29 Chair Garber: Commissioner Fineberg, Holman, and then myself.

30
31 Commissioner Fineberg: I have been on the Commission for just over a year now and I have
32 taken a lot of time reading many of the past Planning Commission minutes, many past years
33 Council minutes in order to learn about parts of the processes that have happened before I
34 actively started participating.

35
36 One of the things I found striking in some past City Council minutes was that our former Mayor,
37 Jean McCown, often comments that in Palo Alto process is our most important product. While
38 that comment might have been a bit facetious some legitimacy was there. It reminds us that
39 proper review of projects is paramount to yielding good outcomes. It reminds us that the input
40 from Staff, the critical analysis, the arm's length review of a project, and the quality materials
41 both written text, design, brochures, contextual photos, plans, drawings, all together allow a good
42 review of a project and to allow those periodic check-ins so that we can have a good outcome. It
43 is imperative that these projects, the Stanford University Medical Center Renewal and
44 Expansion, continue. We each probably here have personal experiences with the facilities and
45 adequacies, over-crowding, difficulties getting to it, being seismically unsafe. It is simply not
46 okay for it to remain that way but we have to do the review the right way. We have to proceed

1 so that we yield a good outcome. I look forward to that continuing and to seeing more
2 information about the urban design as we go into the next steps. Thank you.

3
4 Chair Garber: Commissioner Holman.

5
6 Commissioner Holman: Just a couple of really quick ones. By way of support I just wanted to
7 support Commissioner Lippert and Commissioner Keller's comments as to height concerns.
8 Those since the very beginning have been significant concerns for the Commission and the
9 community. The other is I also wanted to support comments of Commissioner Lippert and Chair
10 Garber having to do with Quarry Road and its desirability in terms of its character. The
11 desirability in terms of it being a pedestrian and bicycle way and the other comments that
12 Commissioner Lippert too. Also I would just point out that canopy is really key to that. Thank
13 you.

14
15 Chair Garber: A quick question and then some comments. On Figure 4-7 there is the Hoover
16 Pavilion, which is noted at 65-plus feet high, and behind it there is a figure that is 110. What is
17 that 110 referring to? Maybe it is not behind it but above it.

18
19 Mr. Turner: That 110 is the height of the tower, the corner tower at Hoover Pavilion.

20
21 Chair Garber: Okay. There is a tower there? Okay, I believe you I was just not aware of it.

22
23 Commissioner Holman: Not all of us believe that. It is 110 feet? I am sorry to interrupt.

24
25 Chair Garber: Would you go back to the sketch? That tower there. So that is 40 feet above
26 presumably the main flat roof?

27
28 Mr. Turner: That is what is shown on the diagrams. The applicants may be able to provide more
29 on that.

30
31 Chair Garber: No, it is just curious. I just didn't realize that the difference was so great.
32 Commissioner Keller.

33
34 Commissioner Keller: Looking at that Figure up there it looks like there is a portion that is sort
35 of shoulders if you will and then it comes up a little higher and then it comes up even higher to
36 the red portion. I am wondering is the white portion to the right, that level, is that 60 feet or is 60
37 feet the center part? It looks like there is sort of a birthday cake approach to this and it would be
38 interesting to know exactly which is 60 feet.

39
40 Chair Garber: Well, why don't you get back to us on that. That's fine. Commissioner Lippert, I
41 had a light for you. Do you have a comment regarding this?

42
43 Commissioner Lippert: Not this, sorry.

44
45 Chair Garber: Okay. If my first comments were really about map number three, the sequence of
46 public spaces and how one emphasizes that just a couple of comments regarding maps four and

1 five. In a certain sense what I guess I am beginning to imagine here in terms of a diagram of the
2 strength of the ideas that are being presented is a diagram that has three lines. One that is shown
3 as the dashed path through the Stanford Mall that is shown on number four, the line that goes
4 down Quarry that is shown on both four and five, and the line which is shown as a series of
5 arrows and then a dashed line on map five, which connects through the Arboretum. Those are
6 the three primary venues. They each have in my mind a dominant characteristic to them not they
7 exclude any of the other modes, although two of them do because only one of them is dedicated
8 to the automobile. But obviously the one that goes through the mall is a pedestrian emphasis.
9 You have Quarry Road, which the emphasis is on the automobile. Then the emphasis of the
10 Arboretum is potentially bicycle not that it excludes pedestrian but those are the real emphases in
11 my mind. Part of what becomes a little confusing of course because in the real world nothing
12 ever lines up is on map number five there is emphasis place, not surprisingly, on the Everett
13 underpass there. In my mind that is a convenience as opposed to what we are hanging the
14 strength of our urban concepts on here in that what we really want to do is see how the terminus
15 of University Avenue is supporting our entrance into the campus at Stanford there. There will be
16 pedestrians, there will be autos, there will be bicycles, and how one as a pedestrian manages to
17 make their way from that terminus over to the Stanford Mall I think we need some help on
18 defining that. So different scale here of investigation but I think the critical piece here in terms
19 of this being a successful project for us is how that terminus operates to facilitate the flow of
20 traffic, pedestrian, bicycle, and auto, between University Avenue and the rest of the campus. So
21 understanding that, focusing in on that very specifically I think is extremely important to us. So
22 just in terms of highlighting where a higher degree of focus is needed that would be it in my
23 mind.

24
25 Obviously once we can get a little more information about how these buildings actually are
26 coming together on the hospital, and when I say hospital I am saying Children's, the hospital, the
27 academic buildings, etc., those same issues need to be facilitated. It is not clear to me at all how
28 they are.

29
30 Let me go back to some of the images that we saw by the applicant and that have been
31 commented on by members of the public as well as the Commissioners. The dominant reading
32 of those images is about the buildings. Those buildings don't yet seem to be responding to the
33 ground plane, to the urban experience that we want this project to have in order for it to be
34 successful. When I say successful I am talking about the success criteria that we, the City, are
35 providing or want to impose. There isn't any connection of those particular buildings to
36 pedestrian movement yet. Granted it may be too soon for those things to occur but we need for
37 that to happen. If there is opportunities to for instance the Context Based Design Guidelines that
38 we have in our PTOD districts to be utilized here, now granted different functions. We are not
39 using retail, we have a different mix of uses, but relative to the impact of the perception of the
40 urban experience they are very valid. I would hope that the applicant would be encouraged to
41 take advantage of some of those learnings that we already have inside the City. I would expect
42 to see those impact those designs. I would expect to see the ARB focusing in on many of those
43 if I can speak directly to the ARB for a moment.

44
45 Although it is a little beyond the reach of our auspice in the Commission I do want to talk about
46 some of the buildings themselves for just a moment. I would be embarrassed to try and preface

1 my comments by trotting out my qualifications to make them. Let's suffice it to say that I have
2 participated both as a designer, an architectural designer, as a manager of projects, as well as an
3 owner's representative for projects of similar size, all in excess of millions of square feet.
4 Although they have different functions, I have never been involved in the design of a hospital
5 campus or its various other pieces, I am not blind to the degree of complexity and how difficult it
6 is to pull together projects of this size and this scope even over what seems like many years.
7 Time gets soaked up very, very quickly and the other thing that gets soaked up very, very
8 quickly of course is dollars. I have participated in projects which have been a billion dollars, I
9 have participated in projects which have been \$120 million, I have participated in projects that
10 are half a billion dollars. Remarkably the money always seems to disappear and budgets always
11 change. So I am not blind to those issues either because the project team is always tasked with
12 making a success of it regardless or sometimes in spite of it.

13
14 This project has been talked about as being the project that will have the largest impact on Palo
15 Alto ever. There is a responsibility not to do just good buildings, not to do just good design, but
16 to do great buildings and great design. We are still midway through the process. I think we have
17 a good ways to go before we can see evidence of those things happening. I think the skill sets on
18 both sides of the table are there to create that but we need to see it. I don't have to Ada Louise
19 Huxtable to have criticisms of the images that we have seen of the hospital buildings themselves
20 as being clear diagrams of the functions that that they are supposed to create they are imminently
21 successful, humanity, technology, and public. But as buildings they have yet to serve us in an
22 urban way, in a City way as in support of the synthesis that we want to have between our city
23 and this campus. To some of the comments earlier as well as previous meetings this campus is
24 no longer in a pasture. It is part of our city and we are part of it, and part of the success of this
25 project is how those two get integrated. Not that they are to be the same but the way in which
26 they support each other needs to be far closer. Just because the hospital is buried deep inside the
27 campus doesn't mean that it doesn't affect us and how we utilize and how we imagine our city.

28
29 I would suggest perhaps Staff may want to share with the Stanford team some of the comments
30 that the Commission has made relative to the Public Safety Building and how the Public Safety
31 Building operates within the city, and some of the values that those buildings are to bring to the
32 city. They may find that helpful in terms of how those buildings are approached and how they
33 should be acting relative to the ground plane and the experience and the image that Stanford
34 shares with the history not only of Palo Alto but of itself.

35
36 I look forward to the development of both the project and its urban and its building forms.
37 Commissioner Lippert, some final comments, and then we will end for the evening.

38
39 Commissioner Lippert: Yes, I wish I had had made my comments prior to your closing remarks
40 because they really I think accurately reflect my thoughts and feelings as well. There was one
41 point that I wanted to make and this specifically to the Stanford people but I don't feel as though
42 the exercise that the Stanford Medical Center staff went through in terms of evaluating the
43 existing buildings were put to waste. Anybody who is doing a good and thorough job does look
44 at and take an inventory of what they currently have in terms of it. In fact, as a Commission I
45 think we would be hard pressed not to have asked the question if you had done a thorough
46 analysis of the existing buildings, could they remain in place before looking at any new

1 development. They have done that even though it took them down a blind alley and the
2 buildings could not be preserved because of their insufficiency.

3
4 In fact, when it comes to the Draft EIR that will be a very important component in terms of
5 looking at different options, which is the no build option, which is to have the existing buildings
6 remain. By going through that they have clearly demonstrated that that is not a viable approach
7 in terms of what they succeed to do here. So I just did not want that to be discounted or
8 dismissed as though it was irrelevant and a waste of time.

9
10 Chair Garber: It is a part of their due diligence. Commissioners if there is nothing else? It is
11 11:05. I would like to thank Stanford for their effort and for sticking with us for so long. Staff,
12 thank you very much for your presentation.

13
14 Commissioners I think we have a few things to take care of before we end our day here. I will
15 close the public hearing.

16
17 We don't have any minutes.

18
19 **APPROVAL OF MINUTES:** None.

20
21 **REPORTS FROM OFFICIALS/COMMITTEES.**

22
23 **COMMISSION MEMBER QUESTIONS, COMMENTS, AND/OR ANNOUNCEMENTS.**

24
25 Chair Garber: Commissioner Lippert has one more meeting next week to represent us at the City
26 Council and then I take it from there.

27
28 Planning Director is there anything else we need to get to?

29
30 Mr. Williams: I don't think so.

31
32 **NEXT MEETING:** Special Meeting of April 29, 2009 at 6:00 PM

33
34 Chair Garber: Good night. We are adjourned.

35
36 **ADJOURNED: 11:15 PM**