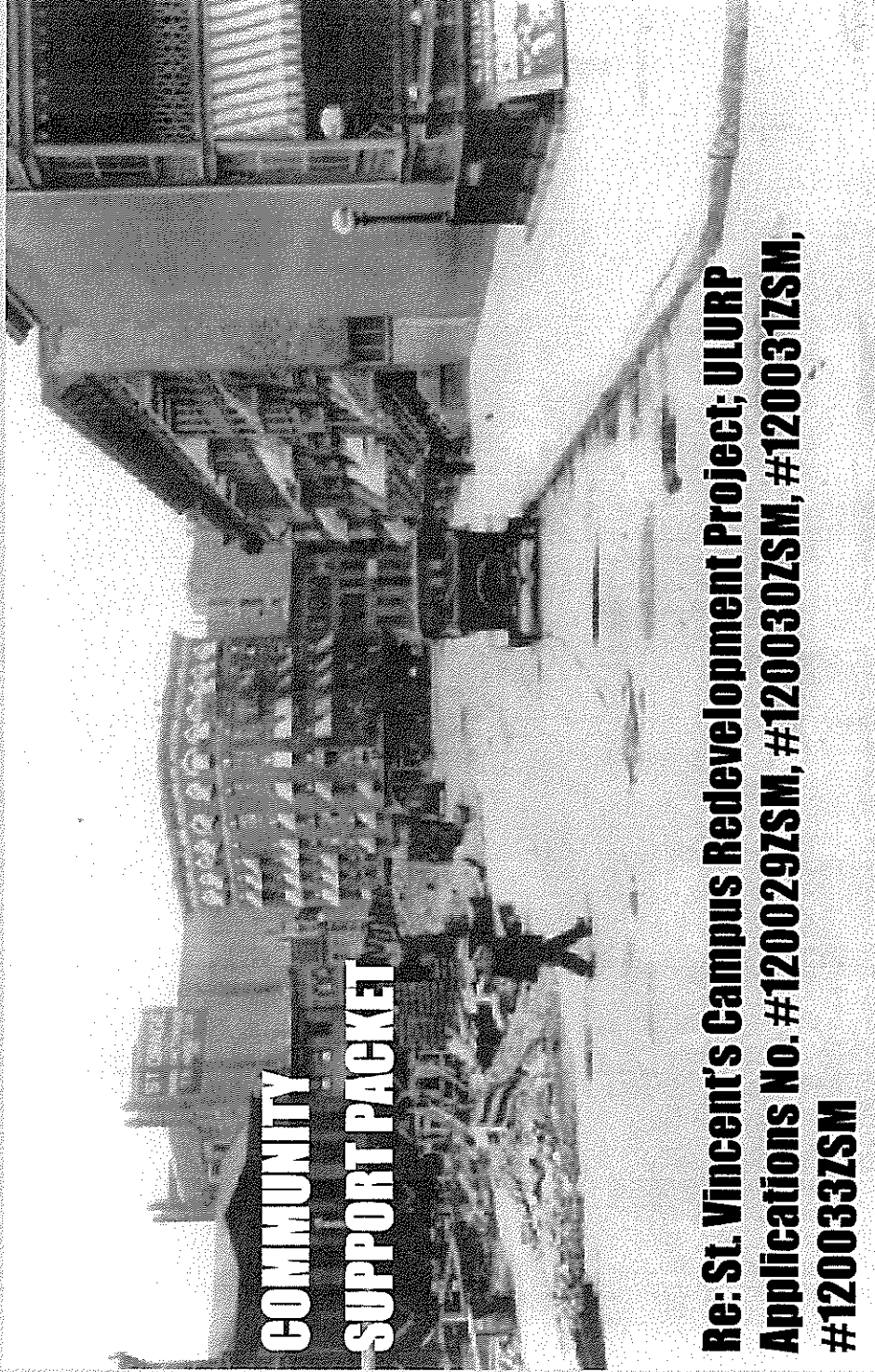


AIDS MEMORIAL PARK

CAMPAIGN FOR A BEAUTIFUL MEMORIAL PARK AT THE ST. VINCENT'S CAMPUS



COMMUNITY SUPPORT PACKET

**Re: St. Vincent's Campus Redevelopment Project; ULURP
Applications No. #120029ZSM, #120030ZSM, #120031ZSM,
#120033ZSM**



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ACT UP

African Services Committee

AIDS Community Research Initiative of America

AIDS Service Center NYC

amfAR

Architectural Record

Architizer

Bailey House

Broadway Cares/Equity Fights AIDS

The Center for HIV Law & Policy

The Church of St. Luke in the Fields

Congregation Beit Simchat Torah

DIFFA

Gay Men's Health Crisis

Good Restaurant

Greenwich House

Greenwich Village Society for Historic Preservation

Heritage of Pride

Hetrick-Martin Institute

Housing Works

Jim Owles Liberal Democratic Club

Lambda Independent Democrats of Brooklyn

Latino Commission on AIDS

The LGBT Community Center

Little Owl – The Venue

Love Heals: The Alison Gertz Foundation for AIDS Education

Lower 5th Street Block Association

National Black Leadership Commission on AIDS

Point Foundation, PRIDE Democrats

Queer History Alliance

Roasting Plant Coffee

SAGE

Stonewall Community Foundation

Stonewall Democratic Club of New York City

STONEWALL Veterans' Association

Upper West 13th Street Block Association

VillageCare

Visual AIDS

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January 20, 2012

Amanda M. Burden, FAICP
Chair
NYC Department of City Planning
22 Reade Street
New York, New York 10007

Re: St. Vincent's Campus Redevelopment Project; ULURP Applications No. #120029ZSM, #120030ZSM, #120031ZSM, #120033ZSM

Dear Chair Burden:

Community Board 2 has welcomed and recommended inclusion of an important AIDS Memorial at the new park on the Triangle Site throughout the review process. In CB2's October resolution, we state, "A very strong case has been made for the idea of an AIDS memorial to provide an important resource for remembering those who were lost and celebrating the response of our community. This idea is welcomed." The resolution later states, "the park could have a strong theme or identity related to the continuing story of AIDS" and that "there is no reason why successful commemoration cannot be designed and placed in a way to coexist with and enhance a community park, especially where the history is so deeply connected to the community and the site."

In November's resolution, the Board also acknowledged that both the impact of the AIDS Crisis and St. Vincent's role were uniquely and intrinsically tied to the park site: "Both histories have special importance in the local community, and for both the specific location of the park is uniquely appropriate. We endorse an AIDS memorial and a tribute to St. Vincent's Hospital." Our resolution concludes by stating that, "CB2 favors commemorations of the history of St. Vincent's Hospital and the AIDS Crisis at this site."

Rudin Management's agreement to relocate the oxygen tanks on the corner of Greenwich Avenue and 12th Street provides a special opportunity to site a significant and meaningful AIDS memorial feature. This consideration respects the Community Board's resolutions requesting memorial features that do not reduce the park's use for passive and active recreation or conflict with the Applicant's open space requirement of 15,102 square feet. In the current park design, there is a feature which was contemplated as an AIDS commemorative element within the area of the former oxygen tanks. We believe a significant and greatly expanded feature can be designed and placed on the oxygen tank site in a way that creates a strong and important commemorative narrative

Chair Burden
January 20, 2012
Page 2

and looks and feels truly integrated into the existing park plan.

As with all of the placeholder features in the plan, we propose the actual AIDS Memorial feature be designed with significant input and cooperation from interested stakeholders and community groups, such as the AIDS Memorial Park Coalition, and include Community Board review. The AIDS Memorial design and placement should not be considered part of the Applicant's open space requirement nor inform the City Planning Commission's determination of the "superior landscaping" required for the Applicant's special permit. Therefore, the follow-up memorial design process would not interfere with the Applicant's ability to meet its complete open space requirement nor its 30-month construction timeline.

We will welcome the opportunity to work with all parties to help assure on-time success for the final planning, design, and approvals of all features of the park.

Sincerely yours,



Brad Hoylman
Chair
Community Board No. 2, Manhattan



Tobi Bergman
Chair
Parks, Recreation & Open Space Committee
Community Board No. 2, Manhattan

cc: Hon. Christine C. Quinn, NYC Council Speaker
Hon. Scott M. Stringer, Manhattan Borough President
Hon. Jerrold L. Nadler, Member, U.S. House of Representatives
Hon. Thomas K. Duane, Member, NY State Senate
Hon. Daniel J. Squadron, Member, NY State Senate
Hon. Deborah J. Glick, Member, NY State Assembly
Lolita Jackson, Manhattan Director, CAU
Vivian Awner, Community Board Liaison, Dept. of City Planning
Land Use Review Unit, NYC Dept. of City Planning
Calendar Office, NYC Dept. of City Planning



THE PUBLIC ADVOCATE FOR THE CITY OF NEW YORK
Bill de Blasio – PUBLIC ADVOCATE

January 23, 2012

Hon. Amanda Burden, Chair
New York City Planning Commission
22 Reade Street, 2nd Floor
New York, New York 10007

RE: ULURP No. 120029ZSM

Dear Chair Burden,

In advance of the Commission's vote on the redevelopment of the former St. Vincent's campus, I urge the Commission to acknowledge in its report and vote the ongoing efforts within the community to develop and integrate a memorial to the AIDS crisis on the Triangle Site, efforts which I strongly support. By both designating an area of the Triangle Site now for the purpose of including a significant and meaningful AIDS memorial and allowing for future alterations to the park plan, the Commission can allow the application to move forward on schedule and support further community input on developing a meaningful way to acknowledge and commemorate the site's unique historic importance to the ongoing history of the AIDS crisis.

As the site of the first AIDS ward in New York City, St. Vincent's Hospital is considered the epicenter of the epidemic here. Since 1981, over 100,000 New York men, women and children have died from this non-discriminating disease. Failing to honor, acknowledge and remember those lives, and the work done by St. Vincent's hospital as a first-responder in the crisis, would be a failure to recognize the crisis, its victims, and the progress made since those early years when AIDS patients had few places to seek treatment and assistance. St. Vincent's was on the front lines of a battle that we continue to wage, and its great work, and the work of its staff, must be recognized and honored in a meaningful way through the establishment of an AIDS memorial integral to the park's design.

There is broad-based community and city-wide support for the development of an AIDS memorial in the new triangle open space. This support comes from many individuals, neighbors, neighborhood institutions, community-based and national organizations and civic leaders. A coalition of these supporters has engaged throughout the land use process in a good faith effort to develop a memorial park at the site and integrate significant memorial features into the existing park plan. Community Board 2 and the Borough President have both acknowledged the merit and feasibility of creating an AIDS Memorial at the site.

The ULURP process requires that the Commission act on the St. Vincent's redevelopment project today. By designating a portion of the Triangle Site as an AIDS Memorial Area in its vote



THE PUBLIC ADVOCATE FOR THE CITY OF NEW YORK
Bill de Blasio – PUBLIC ADVOCATE

and report, the Commission can allow the project to move forward while respecting the ongoing community-based process regarding integrating a significant memorial into the park.

Sincerely,

A handwritten signature in black ink that reads "Bill de Blasio".

Bill de Blasio
Public Advocate for the City of New York

Below is an excerpt re the proposed AIDS Memorial Park/Learning Center from the overall recommendation issued today by Manhattan Borough President Scott Stringer regarding the overall St. Vincent's-Rudin ULURP (11/25/11).



THE CITY OF NEW YORK
OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN

SCOTT M. STRINGER
BOROUGH PRESIDENT

November 25, 2011

**Recommendation on
ULURP Application Nos. C 120029 ZSM, C 120030 ZSM, C 120031 ZSM, C
120033 ZMM, N 120032 ZRM – Rudin West Village Project
by Rudin Management
Company, Inc.**

AIDS Memorial Park Concept Alternative

Since certification, an alternative concept for the open space on the triangle site has been presented by the Queer History Alliance. The proposal includes creating a significant AIDS Memorial in the open space and using the existing basement under the Triangle Site as an education and exhibition space. The Queer History Alliance hopes to recognize the role Saint Vincent's played in the AIDS epidemic including opening up the first AIDS clinic in the City. The proposal does not currently include a specific design or concept drawings as these would be developed in a future design competition.

The AIDS epidemic has had an immeasurable effect on the lives of New Yorkers. Over the past thirty years, more than 100,000 people in the City have been lost to this terrible disease, most significantly in our LGBT community. But the devastating effects were not only felt by those infected; an incalculable number of individuals dedicated their lives to taking care of their friends and neighbors – many of whom were lost. Their kindness not only demonstrated the resolve of the human spirit, but also what it truly meant to be a community.

AIDS, however, is not just a historical occurrence as over 100,000 New Yorkers are currently living with the disease. New York City has almost three times more HIV/AIDS case rates than the rest of the country, and the disease is the third leading cause of death for New York City residents ages 35 to 54, after heart disease and cancer. In 2009, gay and bisexual men still accounted for a disproportionately high percentage (33%) of the population of people living with HIV/AIDS. However, the disease affects all genders, races and sexual orientations. Women account for 33% of the new HIV/AIDS cases and Blacks/African Americans account for 50% of all new AIDS cases. Further, the epidemic is not confined by location – Manhattan, Brooklyn and the Bronx each account for 25% of all new AIDS/HIV diagnoses. ^[1]

It is, therefore, not only an appropriate but a laudable endeavor to find a way to commemorate those who have been lost to, those who lived through and those who continue to live with the epidemic. Furthermore, placing a strong emphasis on education and awareness is critical to stopping the spread of the illness.

There is strong reason to seek an AIDS memorial and education space in New York City. Some of the proposed alternatives could be realized in the current public process, such as the inclusion of a memorial or commemorative feature in the Triangle open space. Other aspects are, unfortunately, not likely in scope for review under this application. Proposals to introduce a new use on the Triangle Site or to significantly redesign the park after a design process will require the modification of the special permit in a follow-up action. Additionally, any proposed park design will have to balance the memorial features with the community's desired park amenities as outlined in CB2's recommendation. As this open space is directly linked to the development of the new residential project, all stakeholders should work together to quickly evaluate the feasibility of the proposal. Such an analysis should include an accurate assessment of the overall timeline, costs and legal constraints.

While the need for follow-up action presents a challenge for the proposal, it also creates opportunities. During the comment period, the Manhattan Borough President's office has received calls and letters in support from individuals and organizations across the City. As the proposal is being studied, all stakeholders should continue to engage more groups affected by AIDS ensuring that the memorial's design, location and intent are generated through as inclusive a process as possible.

While the feasibility of the underground space and the redesign has yet been fully determined, the Queer History Alliance has made a compelling case for a Memorial and AIDS education and exhibition space. As such, City agencies and relevant groups should continue to evaluate the space as well as other potential spaces in the surrounding community should the Triangle Site be determined infeasible. The Manhattan Borough President's Office is committed to working with all involved to realize this necessary memorial to one of the most tragic epidemics to affect our City.



THE CHURCH OF
SAINT LUKE
IN THE FIELDS

As Rector of the Church of St. Luke in the Fields, I am writing to express our strong support for the effort to establish the AIDS Memorial Park at the triangle site bounded by 12th Street, Greenwich Avenue and Seventh Avenue.

This site is across from the former St. Vincent's Hospital, which housed the first AIDS ward on the East Coast, where many members of St. Luke's died from and were treated for HIV and AIDS. One member served as a nurse on the AIDS ward when others were unwilling, and St. Luke's began a visiting ministry precisely to break the isolation caused by fear and bigotry. St. Vincent's was the place most closely associated with the AIDS epidemic in NYC. This location, combined with the proposed redevelopment of the campus, creates a valuable moment to honor lives lost as well as lives of service lived, and to recognize the continuing impact of HIV and AIDS on our neighborhood and in our world today. A living memorial park would connect us with our history, focus our attention for the present, and educate, console and inspire future generations.

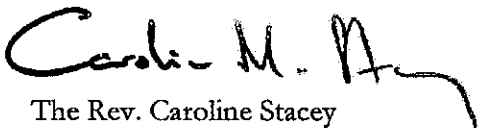
I hope you will want to play a role in the effort to create what could be a beautiful and open green space to commemorate the 100,000 New Yorkers who have died from AIDS. HIV/AIDS continues to have a tremendous impact on our City, one that desperately needs to be acknowledged and remembered: its dead mourned, its heroic caregivers and activists celebrated, its survivors strengthened, and its on-going impacts noticed and addressed. St. Luke's continues to serve people living with HIV and AIDS, providing a hot meal and warm community every Saturday night. We also have expanded our outreach to include prevention efforts, testing and support for LGBTQ young people.

This new open space planned for the Triangle Site should include significant and meaningful AIDS memorial features, that are truly integrated into the park plan, that recognize the unique historic importance of the site; it could be a place of respite and meditation, a place of pilgrimage and learning.

Again, on behalf of St. Luke's historic ministry with and for people with HIV and AIDS, I would like to express our strong support for the creation of AIDS Memorial Park. This could be a beautiful and deeply-enriching asset for our community, and the City, which is long overdue.

Please feel free to contact me if you would like to discuss further.

Sincerely,



The Rev. Caroline Stacey

487 HUDSON STREET
NEW YORK, NY 10014
212-924-0562
FAX 633-2098

From: rabbi [mailto:rabbi@cbst.org]
Sent: Thursday, January 19, 2012 12:39 PM
Subject: Please help The AIDS Memorial Park Campaign

Dear Rabbinic Colleague:

Some of you may be aware of the AIDS Memorial Park Campaign (<http://aidsmemorialpark.org/>), a coalition of individuals and organizations dedicated to the recognition and preservation of the ongoing history of the AIDS crisis here in NYC.

I am an active supporter of this effort and we need your help. I am asking colleagues to write letters to rally support for an AIDS Memorial Park. Your support and your voice are needed in the public deliberations over the Park. It seems unbelievable, but NYC does not have any dedicated memorial to AIDS. This location in the Village, adjacent to St Vincent's is particularly appropriate. (Go to the website for more background information).

In roughly a week, the City Planning Commission will announce its decision on The Rudin Organization's plans for the St. Vincent's Triangle. So far they have had success in persuading them eliminating the building which contains medical equipment from the site, and in including space for several AIDS commemorative elements in their park plans. The remaining hurdle is persuading them to allow space for an elevator, ventilation, and stairs. Without that access, our plan for a below ground 10,000 square foot learning center will not be realized. Since that educational center is integral to their plans, it is critically important that this happen.

I myself have written letters to key officials and would ask you to do the same. Attached you will find some background material and a sample letter. It would be very helpful if you could assert in your own words why an AIDS memorial park is important. The City Council will be making their decision in March, so there is still ample time to indicate support to that body, and of course, Christine Quinn in particular.

Once you have written your letter, please send a copy to Michael Seltzer who sits on Steering Committee of the AIDS Memorial Park. Please email copies of your letter to him at michaelseltzer@me.com.

If you have any questions, don't hesitate to call me.

B'virkat shalom,

Rabbi Sharon Kleinbaum



Saint Vincent Catholic Medical Centers

www.svcmc.org

The Academic
Medical Center of
New York Medical College
in New York City



Saint Vincent Catholic
Medical Center
450 W. 33rd Street
12th Floor
New York, NY 10001

October 19, 2011

Re: Support for St. Vincent's Memorial Park within the Rudin/North Shore-LIJ Project

Dear Speaker Quinn, Borough President Stringer, Chair Burden, Chair Hoylman and Mr. Rudin:

I write to you as the President of the Sisters of Charity of New York and Vice-Chair of the Board of Trustees of St. Vincent's Catholic Medical Centers.

The past few years, and especially 2010, have been a difficult time for many care giving organizations, including the Sisters of Charity. The closing of St. Vincent's after almost 160 years of service to the Greenwich Village community was one of the most difficult and emotional moments in our history. The Sisters of Charity wants the community that we humbly served to know that we did everything we could to save the hospital. These efforts became insurmountable with the strained physical infrastructure, deteriorating economy and a changing healthcare operating model.

While we wished for a full service hospital in the area, we are thankful that a new provider is developing a healthcare facility anchored by an emergency department. We are confident that North Shore-LIJ and the Rudin Family will each in their own way bring many positive changes to the Village we love. Our deepest concerns from the loss of St. Vincents are drawn from the question of who will serve those of us who are most needy?

The Sisters of Charity established St. Vincents Hospital in Greenwich Village in 1849. The hospital's history was an everyday caring for the poor and the sick. In addition, the hospital served patients and victims of several tragedies as well as key medical history milestones, including:

- 1870: Providing New York City's first ambulance service – a horse drawn buggy
- 1900: Providing the first automotive ambulance in the U.S.
- 1911: Treating the survivors of the Triangle Shirtwaist Factory fire, the largest industrial fire in NYC history
- 1912: Treating the 117 Survivors of the Titanic
- 1969: Creating, by one of its physicians, the first mobile coronary unit (crashcart) in the United States
- 1980s: Serving in the epicenter of the AIDS epidemic; one of the first hospitals accepting and treating HIV patients and the pioneer in home nursing services for AIDS-afflicted persons
- 1993: Treating survivors of the first WTC bombing
- 2001: Acting as the first response hospital for the 9/11 terrorist attacks and treating 844 survivors; establishing a family center for more than 6,800 families searching for their loved ones
- 2010: Prior to its closing, providing \$30 million of unreimbursed medical care annually to those unable to pay

As one walks around Greenwich Village, it is clear that the community is proud of its history and the small parks somehow tell a story of this great neighborhood. After the trauma of the loss of St. Vincents passes, the Sisters of Charity hope that the hospital and its heritage will also be remembered for its contributions through a respectful memorial component of the new triangle park.

Sincerely,

Sister Jane Iannucelli, SC
President, Sisters of Charity of New York and
Vice-Chair, Saint Vincent's Catholic Medical Center Board of Trustees

January 20, 2012

Amanda Burden
Chair of City Planning Commission
22 Reade Street
New York, NY 10007-1216

Dear Ms. Burden:

Please consider this letter expressing my heartfelt support for the proposed AIDS Memorial Park at the triangle bounded by 12th Street, Greenwich Avenue and Seventh Avenue.

In June of 1986, as escalation of the AIDS epidemic in Greenwich Village became implacable, St. Vincent's Hospital and Medical Center submitted a proposal to the New York State Department of Health for St. Vincent's to be designated a Comprehensive AIDS Center. Serving as the Medical Director of St. Vincent's, I was responsible for preparing that proposal. At that time, about 35 AIDS patients each day were hospitalized due to a terrifying array of opportunistic infections and malignancies. In the preceding years, Sister Patrice Murphy had inspired our hospital and community with a Supportive Care Program inclusive of hospice care for AIDS patients and bereavement support for their care partners. Of similar vital significance to the development of a comprehensive AIDS Center at St. Vincent's was the collaboration and support of Richard D. Dunne, Executive Director of Gay Mens Health Crisis, and Douglas Dornan, Executive Director of the AIDS Resource Center.

In the decade after opening of the Comprehensive AIDS Center at St. Vincent's, the number of AIDS patients hospitalized each day grew to over 120. Thousands died within a few years after their initial illness. An associated epidemic of multidrug resistant tuberculosis added to the gravity and mortality of the public health crisis. Slowly and painstakingly, however, through care of patients and drug trials, effective medications for treatment of HIV infection and its complications were identified, tested and refined. With tenacious support and leadership of the New York State AIDS Institute, the Comprehensive AIDS Center model begun at St. Vincent's was widely adopted as innovative community/hospital partnerships throughout the city and state. In this and so many other respects, New York City's response to the AIDS epidemic was of profound significance to the world at large.

The proposed AIDS Memorial Park will acknowledge and remember the 100,000 New Yorkers who have died from AIDS, and celebrate our heroic caregivers and activists who led our City's courageous response to the epidemic. The Memorial Park will also energize our continuing struggle to stem the impact of HIV/AIDS. Finally, I fervently hope that the Rudin Organization will support the conversion of the 10,000 square feet space below the park for use as a learning center to illuminate the history of our neighborhood's and St. Vincent's response to AIDS.

Thank you for your thoughtful consideration of the AIDS Memorial Park that will bind past, current and future generations to the history and lessons of the AIDS crisis.

Sincerely,

Lambert N. King, MD, PhD, FACP

From: CConroy1@aol.com

Date: November 14, 2011 6:50:56 PM EST

To: bhoylman@pnyc.org, tobibergman@gmail.com

Cc: bp@manhattanbp.org, SKhan@manhattanbp.org, BCook@manhattanbp.org, LZeng@manhattanbp.org, ANudelman@council.nyc.gov, ddecerbo@council.nyc.gov, wkawadler@council.nyc.gov, duane@nysenate.gov, laura@tomduane.com, robert@tomduane.com, glickd@assembly.state.ny.us, robert.gottheim@mail.house.gov, amy.rutkin@mail.house.gov, HFISCHE@planning.nyc.gov

Mr. Hoylman, Chair Community Board #2

Mr. Tobi Bergman, Chair, Parks, Recreation, and Open Spaces Committee

Dear Messieurs Hoylman & Bergman,

As secretary of the Upper West 13th Street Block Association, I am writing to express our association's approval of the proposed AIDS Memorial Park concept, including the basement plans for a shared community space and learning center.

As founder and director of *Music Gives Life*, and our senior citizen performing group, the *Show Stoppers*, I am acutely aware of the shortage of free rehearsal/performance space in the West Village. Currently, St. John's In The Village generously allows us free rehearsal space in the morning. When I requested space later in the day, so younger, working people could rehearse, they reluctantly told me their space is already overbooked at that time of the day. This new, proposed basement space could be a wonderful resource, filling this need.

Our Block Association also approves of a tribute to the neighborhood's exemplary historic, and continuing, role in responding to the AIDS/HIV pandemic.

Mr, Brad Hoylman, Chair Community Board #2

Very Sincerely,

Christina Britton Conroy

Secretary, Upper West 13th Street Block Association

42 West 13th Street #4D
New York, NY 10011-7922
[212-741-1444](tel:212-741-1444)

CConroy1@aol.com
www.MusicGivesLife.com



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Calvin Trillin
Jean-Claude van Itallie
George Vellonakis
Vicki Weiner
Anthony C. Wood

February 16, 2012

City Council Speaker Christine Quinn
New York City Council
250 Broadway
New York, NY 10007

Re: St. Vincent's Triangle Park

Dear Speaker Quinn,

The Greenwich Village Society for Historic Preservation (GVSHP) is pleased to offer its support for the integration of an AIDS memorial in the triangle park located adjacent to the former St. Vincent's Hospital and now part of Rudin's large-scaled development of the former hospital's East Campus. We feel that a successful design can be achieved that both memorializes the impact of the AIDS epidemic on New York City and provides much-needed recreational space for the surrounding community.

Given its proximity to the former St. Vincent's Hospital and the LGBT Center on West 13th Street, the park location is an appropriate choice for an AIDS memorial. More than 100,000 New Yorkers have died from AIDS and St. Vincent's was the epicenter of the epidemic. A permanent memorial to reflect and honor victims, caregivers and activists is currently not included in the proposed park design and we urge the City Council to ensure that if such a park is built, a significant part of it be designed for this purpose.

We urge the developer to work closely with the community and all designers to create a harmonious space worthy of both reflection and recreation. We feel that memorial elements need not be relegated to a corner of the park and that the right design can successfully integrate it into the broader design of the park and still fulfill community needs.

We also feel strongly that access to the park should be maintained at all corners, and that no walls should cut off the space from the street or inhibit pedestrian traffic. We believe that these design principles will help create a beautiful green neighborhood park, usable by all segments of the community, while also marking and memorializing the significant history associated with this area as it relates to the AIDS epidemic.

Thank you for your attention to this matter.

Sincerely,

Andrew Berman
Executive Director

GOOD RESTAURANT

Date: January 13, 2012

To: duane@nysenate.gov, laura@tomduane.com, roszkoe@nysa.us, ANudelman@council.nyc.gov, wkawadler@council.nyc.gov, bcook@manhattanbp.org, skhan@manhattanbp.org, gormley@cb2manhattan.org, HFISCHE@planning.nyc.gov, michaelseltzer@me.com

Dear All,

On behalf of Good Restaurant, on Greenwich Avenue, I am writing to express my business' strong support for the effort to establish the AIDS Memorial Park at the triangle site bounded by 12th Street, Greenwich Avenue & 7th Avenue. We have worked directly across the street from this triangle site, the former St. Vincent's Hospital Maintenance building, for 13 years and the moment has finally arrived for a long-awaited, much-needed redevelopment of an important intersection.

The significance of this location, both for it's proximity to the former St. Vincent's Hospital (which housed the first AIDS ward in the US) as well as the proposed redevelopment of the campus, creates an unprecedented opportunity to recognize important history with a living memorial park.

We would be proud to play a role in the effort to create what could be a beautiful and open green space to commemorate the thousands of New Yorkers who have died from AIDS.

We believe the new open space planned for the triangle site should include a meaningful AIDS memorial feature that are well integrated into the park plan.

Again, on behalf of Good, I strongly support the creation of the AIDS Memorial Park. This could be a beautiful and enriching asset for our community & the City.

Please feel free to contact me if you would like to discuss further.

Thank you.

Sincerely,

Steven Picker
Owner, Good Restaurant
89 Greenwich Avenue
[212.691.8080](tel:212.691.8080)
www.goodrestaurantNYC.com



ROASTING PLANT, INC. • 81 ORCHARD STREET • NEW YORK, NY, 10002 • www.roastingplant.com • T. 212.775.7755 • F. 212.965.4565

City Council Speaker Christine Quinn
224 West 30th Street, Suite 1206
New York, NY 10001

February 28, 2012

Dear Speaker Quinn,

I am writing to express my strong support for the effort to establish and integrate an AIDS Memorial Park into the plans for the triangle site bounded by 12th Street, Greenwich Avenue and Seventh Avenue.

This site is across from the former St. Vincent's Hospital, as well as directly across the street from my retail location, Roasting Plant Coffee. I feel that a commitment by the City to remember all those who have fallen or been affected by the disease, and who were tended to at St. Vincent's Hospital, could be best served in this location.

I am proud to play a role in the effort to create what could be a memorable and moving space to commemorate the over 100,000 New Yorkers who have died from AIDS. HIV/AIDS continues to have a tremendous impact on our City, one that desperately needs to be acknowledged and remembered: its victims mourned, its heroic caregivers and activists celebrated, and its on-going impacts illuminated to help guide us on the path forward.

I believe the new open space planned for the Triangle Site should include significant and meaningful AIDS memorial features, that are truly integrated into the park plan, that recognize the unique historic importance of the site. This could be a beautiful and deeply-enriching asset for our community, and the City, which is long overdue.

Sincerely,

Michael Caswell
President
Roasting Plant Coffee
mcaswell@roastingplant.com
646 379 1819

BARUCH COLLEGE

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

646-312-4471

646-312-4461 (fax)

Susan.chambre@baruch.cuny.edu

January 12, 2012

Ms. Christine Quinn
Speaker, City Council
224 West 30th Street, Suite 1206
New York, NY 10001

Dear Speaker Quinn:

I am writing to express my strong support for the effort to establish the AIDS Memorial Park.

In my book, *Fighting for Our Lives: New York's AIDS Community and the Politics of Disease* (Rutgers University Press: 2006), I document the important response of the gay community to the HIV epidemic. My work documents the historical importance of the proposed site which is across from the former St. Vincent's Hospital where large numbers of many of the first AIDS cases were treated and where one of the very first volunteer programs for AIDS patients was established.

At a time when health care workers were unwilling to even enter the rooms of people with AIDS and food service staff sometimes left food trays in the hallway, the staff at St. Vincents showed enormous courage and compassion in caring for the huge number of people who faced this unknown and frightening disease.

It is not an understatement, then, to point out that no other hospital took on the symbolic importance of St. Vincent's. The significance of the location, coupled with the proposed redevelopment of the campus, creates an unprecedented opportunity to recognize this important history with a living memorial park that connects current and future generations to the ongoing history of the AIDS Crisis and illuminates the path forward.

As both an interested citizen and a social historian, I urge you to mark both the epidemic itself and the important role of St. Vincents so that future generations may not forget this important part of our city's history.

Please feel free to contact me if you would like to discuss further.

Sincerely,

Susan M. Chambré, Professor of Sociology



November 16, 2011

City Council Speaker Christine Quinn
224 West 30th Street, Suite 1206
New York, NY 10001

Dear Speaker Quinn,

On behalf of SAGE, I am writing to express our organization's strong support for the effort to establish the New York City AIDS Memorial Park at the triangle site bounded by 12th Street, Greenwich Avenue and Seventh Avenue.

This site is across from the former St. Vincent's Hospital, an important center of gravity in the history of AIDS in NYC and the world. It was the first AIDS ward on the east coast and is often referred to as the "ground zero" of the epidemic. Thousands of men and women died or were treated there for HIV/AIDS; many more passed through to visit sick partners, friends and family members. No other hospital took on the symbolic importance of St. Vincent's, the place most closely associated with the AIDS epidemic in NYC.

As an organization dedicated to honoring the enormous contributions of our LGBT pioneers, we are compelled to support the effort to create a beautiful and open green space to commemorate the 100,000 New Yorkers who have died from AIDS. It has been a seminal event in our city's history, one that desperately needs to be remembered: its victims mourned, its heroic caregivers and activists celebrated, and its on-going impacts illuminated to help guide us on the path forward.

In particular, we would like to emphasize our support for the learning center component of this project. This would allow for a beautiful interactive learning center so that the memorial park is not only a place for commemoration, but also a learning space for our community.

Again, on behalf of SAGE's many volunteers, constituents, and supporters, I am proud to express our strong support for the NYC AIDS Memorial Park.

Please feel free to contact me if you would like to discuss further.

Sincerely,

Michael Adams
Executive Director

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Michael Adams, *Executive Director*



LOVE HEALS

The Alison Gertz Foundation for AIDS Education

February 27, 2012

Copy

Dear State Senator Duane, Assemblymember Glick, Speaker Quinn, Borough President Stringer, Commissioner Burden, and CB2 Chair Hoylman:

On behalf of Love Heals, The Alison Gertz Foundation for AIDS Education, I am writing to express our organization's strong support for the effort to establish the AIDS Memorial Park at the triangle site bounded by 12th Street, Greenwich Avenue and Seventh Avenue.

This site is across from the former St. Vincent's Hospital, which housed the first AIDS ward on the east coast, and is often referred to as the "ground zero" of the epidemic. Thousands of men and women died or were treated there for HIV/AIDS; many more passed through to visit sick partners, friends and family members. No other hospital took on the symbolic importance of St. Vincent's, the place most closely associated with the AIDS epidemic in NYC. The significance of the location, coupled with the proposed redevelopment of the campus, creates an unprecedented opportunity to recognize this important history with a living memorial park that connects current and future generations to the ongoing history of the AIDS Crisis and illuminates the path forward.

We are proud to play a role in the effort to create what could be a beautiful and open green space to commemorate the 100,000 New Yorkers who have died from AIDS. HIV/AIDS continues to have a tremendous impact on our City, one that desperately needs to be acknowledged and remembered: its victims mourned, its heroic caregivers and activists celebrated, and its on-going impacts illuminated to help guide us on the path forward.

We believe the new open space planned for the Triangle Site should include significant and meaningful AIDS memorial features, that are truly integrated into the park plan, that recognize the unique historic importance of the site.

Again, on behalf of my organizations many volunteers, clients, and supporters, I am proud to express our strong support for the creation of AIDS Memorial Park. This could be a beautiful and deeply-enriching asset for our community, and the City, which is long overdue.

Please feel free to contact me if you would like to discuss further.

Sincerely,

Christopher Murphy
Christopher Murphy
Deputy Director

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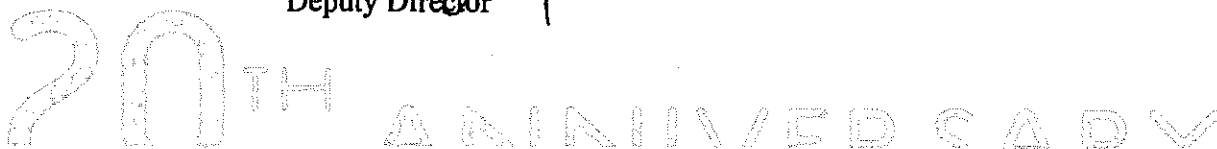
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Rudin West Village LLC

Prepared Remarks of William C. Rudin, Managing Partner, Rudin West Village
Meeting of the Subcommittee on Zoning and Franchises
New York City Council
March 6, 2012

Good morning and thank you Chair Weprin, Chair Comrie and Honorable Council Members for giving us the opportunity to testify. My name is Bill Rudin and I am a Managing Partner of Rudin West Village Associates. I am here today to provide an overview and history of our plans to develop a new, mixed-use project on the former St. Vincent's campus and to share the efforts we have undertaken over the last five years – first, as a partner with St. Vincent's and then, as the owner of the campus. Following the Rudin way of development, our goal has been to create a sustainable, comprehensive redevelopment plan that is responsive to the entire community.

What we are going to present today – and what we are asking for your approval of – is the product of over 70 public hearings and over 200 public meetings. It is the realization of a successful collaboration between my family, the West Village community and its elected leadership. We have always prided ourselves on our commitment to this city, in particular in collaborating with the communities where we have developed our buildings. It is with that same sense of responsibility and collaboration that we have worked with the West Village community for nearly 5 years, its elected leadership, numerous regulatory agencies, New York City's labor unions, and many other stakeholders to create a very unique and dynamic development. Which, if approved, will result in the reactivation of a site that has laid dormant for nearly two years with a primarily residential project that will **reduce the current bulk** on the east campus by approximately 86,000 square feet, will **preserve** 5 historic buildings through our Landmarks Preservation Commission-approved design and will be the **first LEED Neighborhood-Development** designed project in New York City if approved by the US Green Building Council.

At the triangle site across the street we will build and maintain a new \$10 million, **16,500 square foot** neighborhood park designed in concert with Community Board #2. From an economic development perspective, the project will create **1,200 new construction jobs** and over **400 permanent new jobs**, generate **millions in new tax revenue** to the City and State of New York and create a new customer base to **boost local small businesses** -- over 30 of whom have shuttered since St. Vincent's closed – and the City.

But that's not all this project has or will catalyze.

At the O'Toole Building, which we have donated, the North Shore-Long Island Jewish Health System will open in 2014 a new, state-of-the-art health facility featuring a **19,000 square foot Emergency Department** (almost twice as large as the Emergency Department at St. Vincent's). This project was endorsed by everyone from Stephen Berger to Mayor Ed Koch to SEIU 1199

and has secured Landmarks Preservation Commission and State Department of Health approvals to move forward.

At the New York Foundling Building located at 16th Street and 6th Avenue, a **new, 563-seat elementary school** will open in the Fall of 2014. The Foundling School – which resulted through a financial deal brokered by the Rudin Family – also gave Foundling the capital to retain much of its services in the community and build a new charter school in the Mott Haven section of the Bronx.

Over the last five years, a lot has happened and I would like to take a minute to give you a brief overview of our involvement.

In 2007, when St. Vincent's realized that they could no longer sustain their operations and provide the highest level of quality healthcare due to their antiquated hospital facilities, they embarked on a master plan that would create a new hospital facility. Following a competitive bidding process, St. Vincent's selected my family to develop the east campus, while they pursued their plan to build their new facility on the O'Toole site, across the street from their main campus. For two years we worked around the clock with St. Vincent's and the community to secure the approvals necessary to build a new hospital and redevelop the east campus into a mixed-use residential project. After significant input from all the stakeholders and many redesigns of both the hospital and east campus plans, due to their suggestions, the Landmarks Preservation Commission approved the demolition of O'Toole under a hardship application and approved a new hospital design. Six months later, LPC approved our design of the east campus – which preserves four of the historic buildings. You will see a presentation of our plan in a few minutes.

After a confluence of events, including a global meltdown in 2008, and despite the extraordinary efforts of many to find another hospital to partner with St. Vincent's, the hospital filed for bankruptcy in April 2010 and closed shortly thereafter, shuttering over 160 years of historic service to the West Side of New York. It was a sad and painful day for all New Yorkers.

We understood from the start of our involvement with this project that providing appropriate healthcare to the community was the key component of our redevelopment plan. Immediately after St. Vincent's closed, we went to work to find a financially stable health care partner that would revitalize, as much as possible, the services that St. Vincent's offered. Through our efforts, we were able to attract one of the region's preeminent healthcare providers, the North Shore-Long Island Jewish Health System. Despite its many complexities and construction challenges, North Shore-LIJ committed \$100 million in addition to a \$10 million contribution from my family and our donation of the O'Toole building, valued at approximately \$30 million. This facility will be a state-of-the-art, 150,000 square foot Center for Comprehensive Care, will include a 19,000 square foot, 24/7, Emergency Department, Imaging Center, Ambulatory Surgery facility and other services restoring over 90% of the services that were lost when St. Vincent's closed. Working together with North Shore-LIJ, in April 2011, we were able to negotiate a new contract with the estate of St. Vincent's to purchase the entire campus and

obtained bankruptcy court approval in addition to the support of the creditors' committees, which included the pension guaranty trust and medical malpractice trust.

In the next few years, working in conjunction with North Shore-LIJ, a number of public benefits will be realized as a result of this development and I want to talk about these in a little more detail for you:

- 1) **Health Care** –Anchored by a new, free-standing emergency department, which will include an Imaging Center and Ambulatory Surgery facility (this is NOT an Urgent Care Center; as some tried to characterize it, but is a full scale 24/7, Emergency Department – complete with ambulance bays for patient movement) the Center for Comprehensive Care in the historic, adaptively reused O'Toole Building is slated to open in 2014. To appreciate how significant this commitment is, it is my understanding that in the last decade, 14 hospitals have closed citywide; many more consolidations are being planned yet only Greenwich Village can claim this level of resolution to address healthcare loss. (More details about the Center for Comprehensive Care are located in your briefing book and representatives from North Shore-LIJ are here today to answer any specific questions you might have). It is also important to note that the closure of St. Vincent's resulted in the creation of 2 new, modern, HIV/AIDS clinics in the neighborhood, including the St. Luke's – Roosevelt Hospital clinic, which is located on 17th St. and is the largest in New York state at approximately 19,000 square feet and the Mt. Sinai Comprehensive Health Program-Downtown, located at 275 Seventh Avenue (between 25th and 26th Street) on the 12th floor.
- 2) **Historic Preservation** – As I mentioned before, our design was approved by the Landmarks Preservation Commission in July 2009 after five redesigns and over a year and a half of hearings and meetings. As a result, we are preserving 5 of the historic buildings on the campus and will deliver a project that is 18% less bulky than what currently exists.
- 3) **A New, \$10 million, Green Neighborhood Park** – Working with Community Board 2 and local stakeholders, we have formulated a design for a new 16,500 square foot neighborhood park at the triangle site, and have committed to its building and maintenance. The design has received unanimous approval by the Community Board, the Manhattan Borough President's office, City Planning and the Landmarks Preservation Commission. From the outset of the design of this new park we have committed to the community and the elected officials our desire to incorporate appropriate memorialization of the history of St. Vincent's and its 160 year service to our city, which includes its roles in the Titanic, the Triangle Shirtwaist Factory Fire, 9/11 and the HIV/Aids crisis. Today, I reinforce our commitment to work with the stakeholders on final components of the design.
- 4) **Education** – Responding to the needs of the community and the desire to create more public school seats, we undertook an extraordinary effort to help create a new, 563-

seat, pre-K through 5th grade, elementary school, which is scheduled to open at the site of the Foundling Hospital for the 2014 school year. Rudin provided a significant financial backstop to help the School Construction Authority gain control of the site. In addition, the Foundling hospital services will remain in the community. You should also note that the Foundling has created a new charter school in the Bronx with some of the proceeds of this sale.

- 5) **Environmental Sustainability** – we will be applying to be certified by the U.S. Green Building Council under its new, LEED-Neighborhood Development category, and if approved, will be the city's first development to achieve LEED Neighborhood Development status.
- 6) **Economic Development** - If you look at the site today, you will see a void in the fabric of Greenwich Village: empty buildings; boarded up windows; and the loss of more than 30 small businesses in the area that had relied on the activity of St. Vincent's. Our project will generate a new customer base for these small businesses and create 1,200 new construction jobs and over 400 permanent new jobs. In addition, badly needed new tax revenue for the City and State of New York will be generated with the reactivation of this abandoned site.

Finally, I would be remiss in not acknowledging the important fact that this package of benefits could never have been achieved without the efforts and hard work of Manhattan Community Board 2, its local elected officials including local Council Member and Speaker Christine Quinn, the Landmarks Preservation Commission, Manhattan Borough President Scott Stringer who recommended approval of our project, the City Planning Commission, our team and the thousands of residents and workers who have weighed in on this project. It's also important to note this project has been approved and reviewed by numerous federal, state and local governmental bodies including: the NY City Bankruptcy court, the NY State Attorney General's office, the NY State Supreme Court, the NY State Department of Health, New York City Landmarks Preservation Commission, Manhattan Borough President's Office and the City Planning Commission of New York.

Following the Rudin way of commitment to our city, my uncle Jack, my cousins, Eric, Madeleine and Kathy, my sister, Beth, my daughter, Samantha, my son, Michael, and I are proud of what we have accomplished and what we are presenting to you today. We have faced many hurdles and complexities but have persevered; as we believe that what we are creating will have a positive, long-term impact, not only for the West Village, but for the entire city.

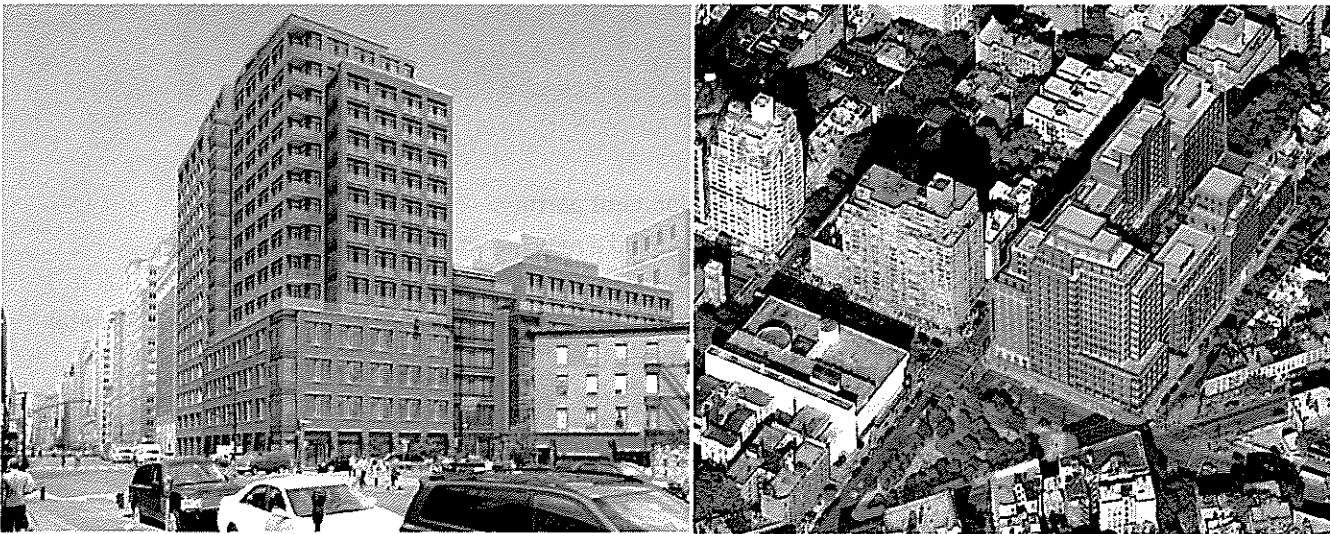
We hope you agree with us and I'm happy to take any questions you may have.

It is now my pleasure to introduce Dan Kaplan, the architect of the project.

Rudin West Village LLC

Fact Sheet

Project Description: With approval from the New York City Council, the Rudin West Village project will convert the currently abandoned St. Vincent's Hospital property into a new, mainly residential, complex and park. The approvals seek to downsize the current property into an appropriate, environmentally-sustainable design that preserves four historic buildings and creates a new, 16,500 square foot public park. The design has been approved by the Landmarks Preservation Commission, the City Planning Commission and Manhattan Borough President Scott Stringer. In addition, this project has facilitated the creation of a new, 563-seat elementary school and a new health center operated by North Shore-LIJ featuring an emergency department that will cover over 92% of the services that St. Vincent's provided.



Project Benefits: When approved, the project has – or will – generate the following benefits to the public:

- 1) **Economic Development/Job Creation** – Over 1,200 new construction jobs and over 400 permanent jobs will be created; millions of dollars in new tax revenue will be generated for the City and State of New York.
- 2) **Boost to Small Business** – When St. Vincent's was shuttered, over 30 local businesses closed and others reported revenue losses up to 30%. This project will generate a new customer base for local small businesses.
- 3) **Improved Health Care and Social Service Network** – With the donation of 150,000 square foot O'Toole building by Rudin, North Shore-LIJ's new health facility will provide state-of-the-art emergency care. With careful coordination among local health and social service providers, the care network to local residents, workers and visitors will be greatly improved.
- 4) **Significant Education Upgrade** – Thanks to efforts put forth by Rudin, a new, 563-seat elementary school will be created at the New York Foundling site at 16th Street and 6th Avenue. This project also retained the New York Foundling Hospital services in the community and gave Foundling the funding to build a new school in the Mott Haven section of the Bronx.
- 5) **New Open Space** – Designed with the local community, a new, 16,500 square foot public park will be created at the former St. Vincent's triangle.
- 6) **Reduced Bulk** – If approved, plan would reduce scale of buildings on St. Vincent's site by more than 18%.
- 7) **Environmental Upgrades** – Incorporating the latest in green building technology, the project will be applying to become NYC's first development to achieve LEED-Neighborhood Development status.

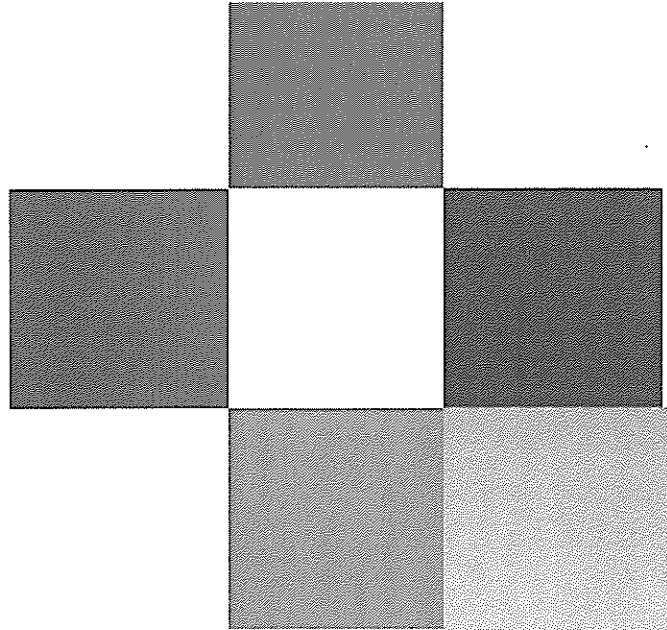


Key Project Milestone Dates

- **June 2007** – St. Vincent’s announces selection of Rudin as development partner.
- **December 2007** – St. Vincent’s and Rudin submit plans to LPC to build a new hospital and residential complex.
- **May 2008** – Rudin, St. Vincent’s, local elected officials and DOE announce plans for new school at Foundling.
- **March 2009** – LPC approves St. Vincent’s plans to tear down O’Toole Building (via hardship) and design of new hospital (via Certificate of Appropriateness)
- **July 2009** – LPC approves designs of East campus by Rudin.
- **February 2010** – After rumors of a closure of St. Vincent’s, Governor Paterson convenes task force to save hospital.
- **April 2010** – St. Vincent’s files bankruptcy and closes its Manhattan Hospital.
- **March/April 2011** – Rudin/North Shore-LIJ announce partnership to restore health care and convert shuttered St. Vincent’s campus. Bankruptcy Court approves sale.
- **August – October 2011** – Public process for project restarts – ULURP is certified by DCP and Manhattan CB 2 recommends conditional denial of project; North Shore-LIJ secures LPC and State DOH approval for O’Toole.
- **November 2011** – Manhattan Borough President Scott Stringer recommends conditional approval of project.
- **January 2012** – City Planning Commission approves project.

Zoning Actions – The following actions are being sought. They have been approved by the City Planning Commission.

- (1) **Zoning Map Amendment** – to rezone East campus within 100 feet from a C2-6 to a C6-2 and the midblock from an R6 and C1-6 to an R8.
- (2) **Zoning Text Amendment** – Special permit to allow the FAR available for the new development to be used without regard to height factor or open space ratio requirements and allows for a reduction in open space requirements for site plans with superior landscaping for open space.
- (3) **Large Scale General Development Special Permits** – These include permits to (a) allow for distribution of total open space to be located on the triangle open space (b) allow for modifications of height and setback controls to permit reuse of historic buildings and introduction of new buildings with strong street wall character (c) allow open space to be reduced to maintain existing historic buildings.
- (4) **Location of Uses Special Permit** – To allow commercial, community facilities use on the 3rd floor.
- (5) **Parking Garage Special Permit** – To increase number of parking spaces for planned accessory parking garage.
- (6) **Restrictive Declaration** – A restrictive declaration will be executed as part of the approvals that will restrict use of the site to the project before you, require the construction and maintenance of the Triangle Park, and impose construction protection measures on the project.



The Rudin West Village
Briefing Book



*The Rudin West Village
Briefing Book*

Rudin West Village LLC

March 6, 2012

Dear Council Member,

On behalf of the entire Rudin team, we are pleased to provide you with these materials to help inform and justify our proposed plans to rezone the former St. Vincent's campus in an appropriate manner that delivers significant public benefits.

Since mid-2007, when the Rudins had the privilege of partnering with the former St. Vincent's Hospital, we have maintained a steadfast commitment to working with the elected and community leadership to ensure this project maximizes the public benefit. After over 200 public meetings and 70 public hearings, we are proud of what this project will deliver, the improvements we have made and by the work we have done with the elected and community leadership to ensure this project is something we can all be proud of.

During these five years, we have adjusted our plans on numerous occasions – first in partnership with St. Vincent's, then as the recipient of the campus in their bankruptcy process – to address concerns by community stakeholders and elected officials. These actions include:

- **The Creation of Center for Comprehensive Care** — In light of the closure of St. Vincent's Hospital, the Rudins donated the 150,000 square foot, historic, landmark O'Toole building and made an additional \$10 million contribution to the North Shore – Long Island Jewish health care system to help develop the \$110 million Center for Comprehensive Care. The new center will be anchored by a 24/7, 19,000 square foot, state-of-the-art Emergency Department (almost twice as large as Emergency Department at St. Vincent's), in addition to an Imaging center and Ambulatory Surgery facility.
- **Reduced Bulk and Commitment to Historic Preservation** — If these ULURP actions are approved, our design changes (which have already been approved by the Landmarks Preservation Commission) will reduce the bulk of the current campus by more than 86,000 square feet and preserve 5 historic buildings.
- **New Park** — Working with the local community, Rudin has designed a new 16,500 square foot park for the former St. Vincent's triangle which has been approved by Manhattan Community Board 2, Manhattan Borough President Scott Stringer, the Landmarks Preservation Commission and the City Planning Commission. Rudin will pay to construct and permanently maintain the park.
- **New Elementary School** — Brokered and financially backstopped by Rudin, a new 563-seat school will be created at the Foundling Hospital. This deal also helped retain the historic Foundling Hospital services on-site and gave them the financing to build a new charter school in the Mott Haven section of the Bronx. The school is expected to open in Fall 2014.
- **Improved Environmental Features** — The project will incorporate the latest sustainability measures and enable us to apply for New York City's first LEED-Neighborhood Development.

Finally, the approval of this project will generate a profound economic impact: over 1,200 new construction jobs and 400 permanent jobs will be created; small businesses that have suffered as a result of St. Vincent's closing will be boosted by an enlarged customer base and new taxes will be generated for the City and State of New York.

This level of public benefit could not have been achieved without the input of all the stakeholders in the process, and, for that, we are most grateful.

We hope that you find this information helpful as you deliberate on this project.

Sincerely,



William C. Rudin
Managing Partner



Eric Rudin
Managing Partner



The Rudin West Village **Briefing Book**

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Project Benefits

When fully realized, the Rudin West Village will deliver many public benefits.

1. Improved Health Care & Social Services

The Rudin proposal donates the O'Toole site to North Shore-LIJ, one of the largest and most financially stable health care systems in the State of New York, which will create the Center for Comprehensive Care anchored by a new, 19,000 square foot Emergency Department, almost twice as large as St. Vincent's. In addition, North Shore-LIJ will provide a cutting edge imaging center and ambulatory surgery facility services and will coordinate its efforts with local health care and social service providers to create a far more effective community network capable of delivering the best possible care.

2. Reduced bulk

The design approved by LPC in July 2009 will reduce the bulk on the campus by more than 86,000 square feet of zoning floor area.

3. Improved View Corridors

With the East/West portion of Coleman being eliminated and Cronin being replaced by townhouses, light and air will be dramatically improved for the neighborhood.

4. Job Creation

This project will create 1,200 new construction jobs and over 400 permanent jobs.

5. New Tax Revenue

With the creation of new jobs and the placement of the St. Vincent's campus in the hands of a for-profit entity, millions of dollars of tax revenue will be generated for the City and State of New York.

6. New Open Space

Approval will enable the construction of a new, 16,500 square foot neighborhood open space (designed with significant community input) at the triangle.

7. Boost to Small Businesses

With the new residences — and the creation of the new Center for Comprehensive Care by NSLIJ — there will be a new flow of customers to support local small businesses. Since St. Vincent's closed, approximately 30 small businesses have gone out of business and others are seeing 20-30% profit loss. For remarks from the small business community, please view the video done by the Greenwich Village-Chelsea Chamber of Commerce at <http://www.youtube.com/watch?v=CvNRJZCJM1g>.

8. Environmental Sustainability/Green Building

With a variety of new sustainability features incorporated into the design, this project will be applying to become New York City's first development to achieve LEED-Neighborhood Development status.

9. Historic Preservation

In addition to the reduced density, this project will preserve the 5 buildings considered to be contributing to the Greenwich Village Historic District — Smith, Raskob, Nurses Residence, Spellman and O'Toole.

10. Appropriate Use

With ULURP approval, this project will convert the use on the East campus from a community facilities/institutional use to a residential one, a use that is far more consistent with the rest of Greenwich Village.

11. Significant Education Upgrade

While not contingent on this ULURP, we took considerable strides to make sure that the community secured new school seats through the creation of the new Foundling School. The new School will house 563 students from the West Side of Manhattan. The Foundling School deal also retains the Foundling Hospital services in the neighborhood (which otherwise would have moved to Yonkers) and helped create an additional school in the Mott Haven section of the Bronx.

Project Timeline

Below is a timeline of events on the Rudin West Village project. Throughout the process, various changes and concessions were made to address community concerns and to improve the project. They are noted in blue.

Winter 2006-7

PHASE 1 — PRELIMINARY WORK (LATE 2006 TO DECEMBER 2007)

Saint Vincent's Catholic Medical System (St. Vincent's) publicly announces intention to build a new hospital. Launches St. Vincent's Working Group that holds monthly meetings with numerous community stakeholders.

June 2007

St. Vincent's announces selection of Rudin as development partner.

Dec. 2007

PHASE 2 — LANDMARKS PRESERVATION COMMISSION

St. Vincent's and Rudin enter into original contract and file Certificate of Appropriateness applications with the New York City Landmarks Preservation Commission (LPC). Five applications are filed – (1) Demolition of O'Toole (2) Design of new Hospital at O'Toole (3) Demolition of the 8 buildings on the East side (4) Design of East side campus by Rudin (5) Design of site at triangle.

May 2008

Rudin & Elected Officials Announce Creation of Foundling School.

The Rudins broker deal with the NYC School Construction Authority and Foundling Hospital to create a new, 563-seat elementary school at the base of the New York Foundling Hospital building located at 16th Street and 6th Avenue. The deal keeps New York Foundling Hospital services in the neighborhood and provides the capital necessary so Foundling can create a new charter school in the Mott Haven section in the Bronx. The Rudin's financial backstop allows School Construction Authority to sign contract assuring their control of the property, while City Council approvals are obtained.

May 2008

LPC rejects Certificate of Appropriateness for new hospital and East Side campus. St. Vincent's returns with an application to tear down O'Toole by hardship and re-designs hospital. Rudin returns with a design that restores 4 historic buildings and reduces bulk.

Oct. 2008

LPC approves demolition of O'Toole on the basis of hardship.

March 2009

LPC approves new St. Vincent's Hospital building.

July 2009

LPC approves Rudin residential design for the East campus. Final design — after 4 re-designs at LPC — reduces existing bulk by 18% from 763,000 square feet to 624,000 square feet.

1. Gross floor area is reduced from 664,250 square feet in the original submission to 624,000 square feet in the approved designs.

2. Zoning floor reduced from 627,000 square feet in original submission to 590,000 square feet.

3. Height is reduced from 21 floors to 16 floors.

4. Approved designs preserve 4 buildings.

Project Timeline

Feb. 3, 2010

PHASE 3 — SAINT VINCENT'S HOSPITAL DECLARES BANKRUPTCY

Governor Paterson creates St. Vincent's task force made up of all stakeholders to explore ways to save the institution.

April 6, 2010

After a concerted effort by St. Vincent's Catholic Medical Centers' Board and the Governor's Task Force to find an appropriate medical institution to take over the hospital. Saint Vincent's Catholic Medical Centers' Board reluctantly authorizes closure of Manhattan Hospital.

April 14, 2010

St. Vincent's Catholic Medical Center files for bankruptcy.

April 30, 2010

St. Vincent's Hospital-Manhattan officially closes.

March 9, 2011

PHASE 4 — RUDIN AND NORTH SHORE-LIJ TEAM UP TO RESTORE HEALTH CARE

St. Vincent's, North Shore-LIJ and Rudin Family agree to historic partnership to bring comprehensive health care services back to the St. Vincent's site. Rudin agrees to donate O'Toole Building and to make \$10 million donation to North Shore-LIJ to help enable the creation of the \$110 million Center for Comprehensive Care which includes a 24/7 emergency department (that is almost twice as large as St. Vincent's), in addition to a state-of-the-art imaging center and ambulatory surgery facility. Proposal is submitted to bankruptcy court for approval.

1. Rudin increases offer to St. Vincent's in order to satisfy secured and unsecured creditors, including pension guaranty and medical malpractice trust.
2. Rudin donates O'Toole Building and contributes \$10 million to NSLIJ for creation of new health complex, in addition to the \$100 million invested by NSLIJ.
3. Rudin agrees to build new public neighborhood park with community input on triangle site.

April 11, 2011

Bankruptcy court approves sale of St. Vincent's Greenwich Village campus to the Rudins for \$260 million, with consent from all secured and unsecured creditors.

Sept. 30, 2011

Rudin purchases St. Vincent's property. O'Toole is conveyed to North Shore-LIJ.

1. Rudin commits to offer 10,000 square feet of office space to NSLIJ or medical doctors.
2. Rudin commits to seek health care uses at O'Toole in event NSLIJ does not get Certificate of Need for Center for Comprehensive Care. CON approved on October 6, 2011.
3. Property is restored to the tax rolls, generating millions of dollars of tax revenue for the City and State of New York.

Project Timeline

Aug. 2, 2011

Aug. 22, 2011

Oct. 6, 2011

Oct. 24, 2011

Nov. 25, 2011

Dec. 7, 2011

Jan. 23, 2012

PHASE 5 — PUBLIC PROCESS FOR CONVERSION OF ST. VINCENT'S SITE

NYC Landmarks Preservation Commission approves North Shore – LIJ's plans for O'Toole.

Rezoning is certified by New York City Department of City Planning.

New York State Department of Health approves Certificate of Need application for North Shore-LIJ's plans at O'Toole.

Manhattan Community Board 2 recommends conditional denial of Rudin ULURP application.

1. NSLIJ rescinds application to move bus stop from O'Toole to triangle.
2. Rudin agrees to put all construction updates online.
3. Rudin agrees to redesign triangle park to community desires.

Manhattan Borough President Scott Stringer recommends conditional approval of Rudin plan.

1. Improvements to the park: eliminate oxygen tanks; draft maintenance and operations standard for the park and agreement to grant an easement over the Triangle to the City to ensure its ongoing use as a public park.
2. Agree to include safety measures at the garage.
3. Design controls on the retail windows.
4. Controls on retail space — no bars or nightclubs.
5. Controls for construction activity and commitment to continued consultation with community during construction process.

NYC Landmarks Preservation Commission approves triangle park design.

NYC City Planning Commission approves Rudin plan.

1. Further design controls on the retail windows including prohibition of signage on the retail windows and possible frosting of the windows.
2. Modifications to the East Site open space.
3. Modifications to the fence height, Seventh Avenue frontage and entrances of triangle park.
4. Commitments made for triangle open space operations and oversight.
5. Agreement to fund third-party monitor.

Zoning Requests

Summary of Zoning Actions and City Planning Commission Conclusions

Proposed Actions

1. **Zoning Map Amendment** — Rezoning of the East Site within 100 feet of Seventh Avenue from a C2-6 district to a C6-2 district, and rezoning of the midblock portion of the East Site from R6 and C1-6 districts to an R8 district.
2. **Zoning Text Amendment** — Pursuant to Zoning Resolution (“ZR”) Section 74-743(a)(4) to make a special permit currently available only for Large Scale General Developments (“LSGDs”) in Manhattan Community District 7 also available for LSGDs in Manhattan Community District 2. The special permit allows the FAR available for new development to be used without regard to height factor or open space ratio requirements and allows for a reduction in open space requirements for site plans with superior landscaping for open space.
3. **Large Scale General Development Special Permits** — A series of special permits available to LSGDs:
 - A special permit pursuant to ZR 74-743(a)(1) to allow for distribution of total open space required by ZR 35-33 and 23-142 without regard for zoning lot lines or district boundaries. Allows for approximately 15,102 square feet of the open space required by zoning as part of the East Site development to be located on the Triangle Site rather than on the East Site, allowing the open space to be made publicly accessible.
 - A special permit pursuant to ZR 74-743(a)(2) to allow the location of buildings without regard for the applicable court and height and setback (including rear yard setback) regulations set forth in ZR 23-632, 23-663, 23-843, and 33-432. Would allow for modification of height and setback controls in limited areas in order to (i) permit the preservation and reuse of four historic buildings on the East Site and (ii) allow for the introduction of new buildings with a strong street wall character. Would also allow for modification of court controls to create a better relationship to the adjoining property along West 12th Street.
 - A special permit pursuant to ZR 74-743(a)(4) to modify the open space regulations of ZR 35-33 and 23-142 applicable in the C6-2 and R8 zoning districts to allow the maximum FAR within the LSGD to be developed and to allow the required open space to be reduced by 50 percent. Would allow for the required open space to be reduced by 49.5% to help maintain the existing historic buildings on the project site and allow for the introduction of new buildings reinforcing the strong street wall context of the historic buildings on the project site and in the surrounding area.
4. **Location of Uses Special Permit** — A special permit for use modification available to LSGDs pursuant ZR 74-744(b) to allow commercial uses on the third floor of a building in the C6-2 district portion of the LSGD without regard for the locational restrictions set forth in ZR 32-42.
 - Would allow doctors’ offices to occupy a portion of the third floor of the East Site within the C6-2 district, with residential uses located on the remainder of the floor.
5. **Parking Garage Special Permit** — A special permit pursuant to ZR 13-561 to allow a 152-space accessory parking facility in the cellar level of the project.
 - Would allow on-site accessory parking spaces for residents and tenants for approximately 30 to 40 percent of the anticipated residential units.

Zoning Requests

City Planning Commission Conclusions

1. Zoning Map Amendment

- “The proposed zoning map changes would allow for greater residential density, particularly along Seventh Avenue, which is consistent with the zoning and land use patterns of the surrounding neighborhood. . . . The Zoning Map amendments would also facilitate the residential reuse of the midblock historic buildings in keeping with the predominantly residential character of the surrounding area.”
- “The Commission believes that the proposed rezoning is appropriate as it better reflects the density of the existing context and will allow for the adaptation of the existing buildings to an appropriate use. . . . All of the existing buildings to be retained are from 11 to 14 stories in height, with large floor plates that are not consistent with the current R6 zoning. The existing buildings have very strong streetwalls that do not comply with the current R6 or R7 height and setback regulations. The existing buildings to remain are better matched to the height and setback requirements of the R8 district.”

2. Zoning Text Amendment

- “The Commission believes that allowing modification of height factor and open space ratio requirements would be consistent with the intent of Section 74-74 [to allow greater flexibility in the distribution of bulk for the purpose of securing better site planning in LSGDs] and provides added flexibility by which to achieve better site plans.”
- “[T]his provision will likely have limited future applicability in CD2 given that the existing text is only applicable to LSGDs that are partially located within C6-1, C6-2, or C6-3 districts and no such properties exist in Community District 2 today. Further, the Commission notes that future utilization of this provision of the zoning resolution would require a special permit and ULURP review. The Commission believes that the proposed text amendment, together with the qualitative findings, is appropriate.”
- “The Commission notes that Community Board 2 has given thoughtful and careful consideration to the design of the Open Space and believes that should any changes to the open space design be proposed in the future, the further involvement of the Community Board would be critical to the process no less than that of the applicant. To this end, through the restrictive declaration, the applicant will be required to bring any proposed modification of the open space to Community Board 2 for their review and comment.”

3. Bulk Modification Special Permits

- “The Commission believes that the height, massing, and uses of the new, proposed buildings are appropriate to the project site and reflect excellent site planning principles. . . . [T]he proposed ensemble of buildings would be consistent in bulk and form to development in the surrounding area, while successfully integrating new buildings into a site plan that respects the historic context of the neighborhood. Consistent with other development in the area, the proposed project would reinstate a central courtyard which would substantially increase the amount of open space that exists on the East Site today, thereby reducing the overall lot coverage.”
- “The setback waivers for buildings to remain, which include Smith/Raskob, Spellman and Nurses, are critical to facilitate their preservation and conversion to residential use. The setback waivers for the Smith/Raskob building will allow it to maintain the articulated setback that characterizes the building. The existing penthouse will be demolished, reconstructed, and enlarged to facilitate residential floorplates.”

Zoning Requests

- “Without the special permit, it would be possible to build on the Triangle Site which generates up to 166,770 square feet of zoning floor area. The Commission views the Triangle Site, surrounded by public streets, as conducive to public access and believes that the proposed transfer of required open space from the East Site aids in creating publicly accessible open space, rather than a solely private amenity, as allowed by zoning. The Commission believes that the open space will be a valuable recreational and visual resource for the neighborhood, and notes that the historic low scale nature of the Triangle Site will be maintained. The proposed shift in required open space from the East Site to the Triangle Site also results in a stronger streetwall condition on the East Site, reinforcing neighborhood character.”
- “The Commission believes that the work of the applicant’s landscape architect has resulted in open spaces that are exceptional in terms of functionality and superior in terms of landscaping. The Commission believes that the open spaces are programmed with appropriate features and will provide an amenity for residents on the East Site and for the public on the Triangle Site. The East Site is programmed with seating, planting, and elements that will facilitate children’s play. The Triangle Site would be an at-grade amenity with planting, seating, and lighting that would be programmed with a water feature, lawn, and opportunities for artwork or memorials that will be developed in consultation with the Community Board.”

4. Location of Uses Special Permit

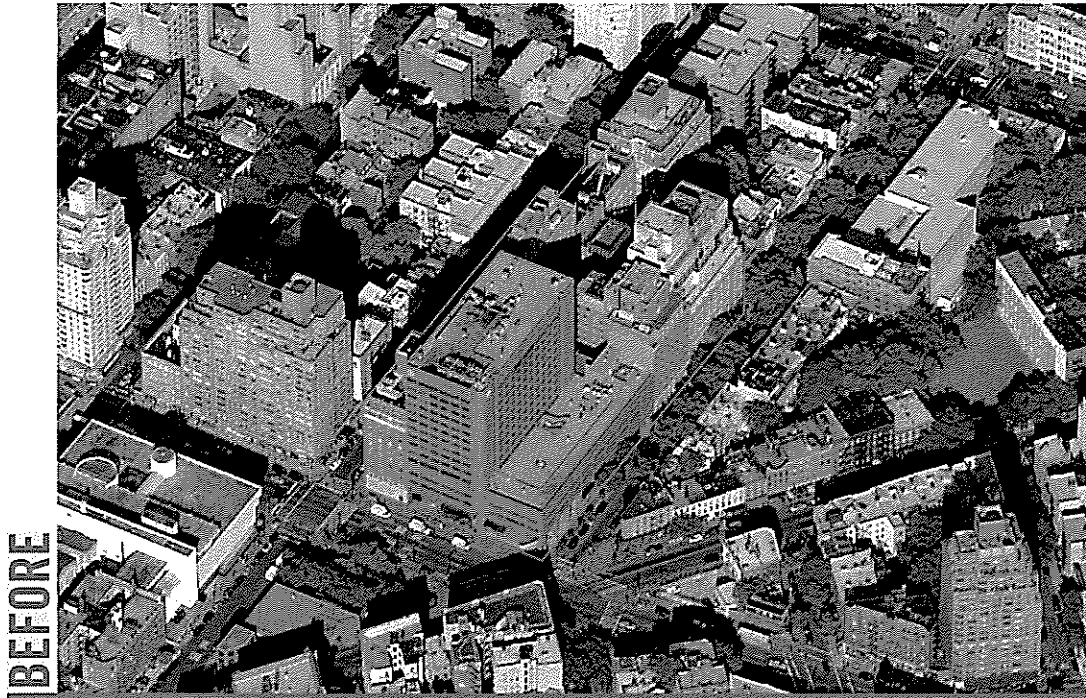
- “The Commission believes that Doctor’s offices are a compatible use with residential uses and notes that they are considered an as-of-right and a community facility use when located on the first and second stories of a primarily residential building. The Commission notes that there will be a separate entrance to the commercial uses – professional doctor’s offices on the third story – accessed via Seventh Avenue. This entrance will be separate from the entrances to the residential portions of the project on West 11th and 12th Streets. The offices will also be accessed from a separate elevator core. Therefore, the Commission believes that the office use will not affect the residential occupants of the building and are an appropriate use on the third floor of the proposed building.”

5. Parking Garage Special Permit

- “The Commission believes that the proposed accessory parking garage with a maximum of 152 attended spaces is appropriate. . . . A parking garage with a maximum of 98 spaces would be allowed as-of-right on the East Site if the maximum number of dwelling units (450) were constructed. However, the Commission believes that 98 spaces is an insufficient amount of parking and notes that pursuant to the FEIS, peak parking demand from the proposed residential units on the East Site is expected to be 167 spaces. The Commission therefore believes that the proposed garage is needed for and will serve the needs of the residents of the residential building.”
- “The Commission also believes that, within the vicinity of the site, there are insufficient parking spaces available.”
- “The Commission also notes that new residential development occurring in the neighborhood is simultaneously eliminating existing parking facilities while creating an additional parking demand.”
- “The Commission further notes that the entrance to the garage will be protected with audio and visual signals to alert pedestrians when a car is exiting the garage to assure that the garage is operated in a safe condition. The Commission therefore believes that the garage will not inhibit pedestrian movement and that the 10 reservoir spaces to be provided in the garage are adequate and consistent with the zoning requirements.”
- “The location of the garage entrance is appropriate. The garage entrance is further than 50 feet from the 7th Avenue intersection, which will help ensure that vehicles entering and exiting the garage will not create congestion on 7th Avenue. While there are three other garage entrances on W. 12th Street, the proposed garage entrance is not located next to or across from another garage entrance which will minimize potential vehicular conflicts on the street. The Commission further believes that 7th Avenue, which is a heavily-trafficked, wide street, is not an appropriate location for garage access because of the practical difficulties of maneuvering cars in and out of the garage in heavy traffic conditions. The Commission also notes that the main entrance to a public school is located on West 11th Street and that it is preferable to locate the garage away from the public school.”

Project Renderings

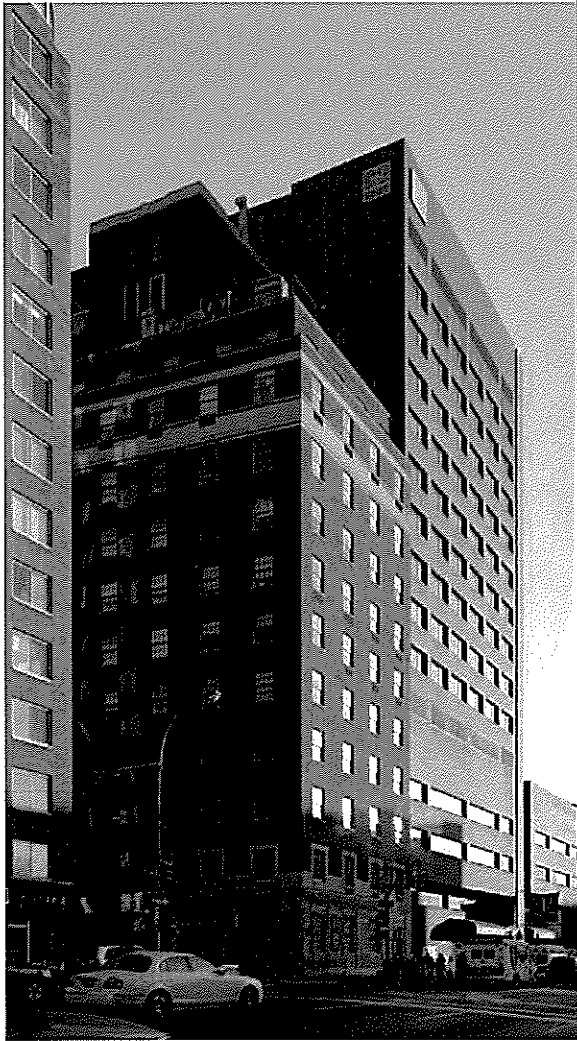
Aerial View of Project



Project Renderings

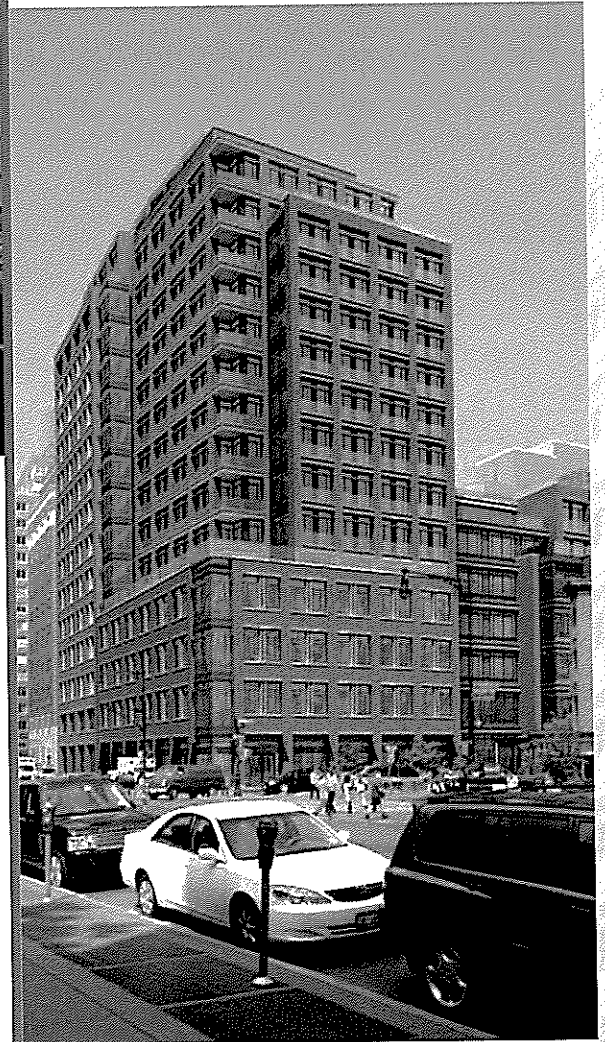
Looking North and South down 7th Avenue

BEFORE



AFTER

BEFORE



AFTER

Project Renderings

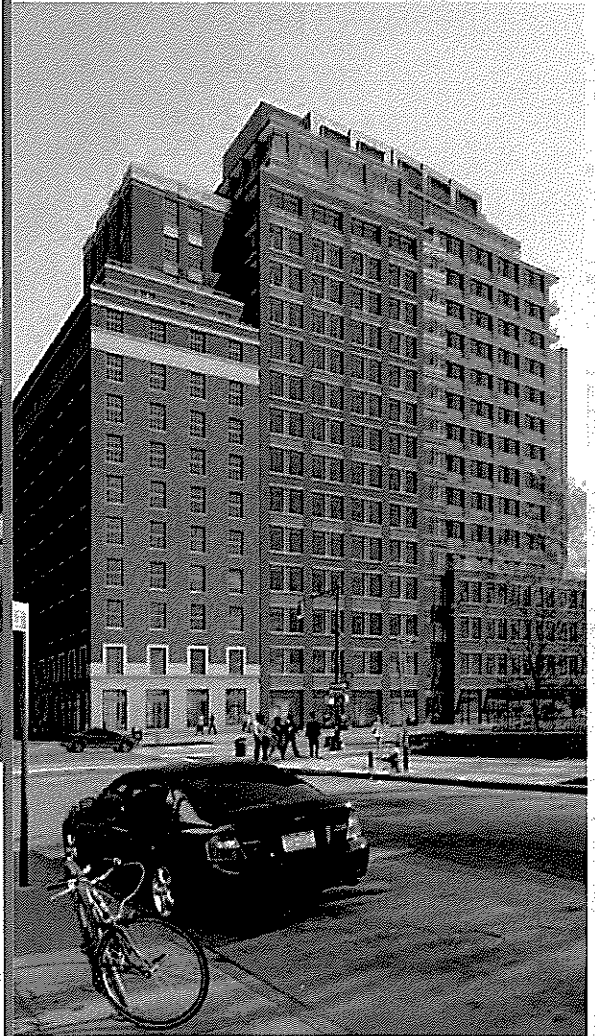
Aerial View of Project



Project Renderings

Looking East

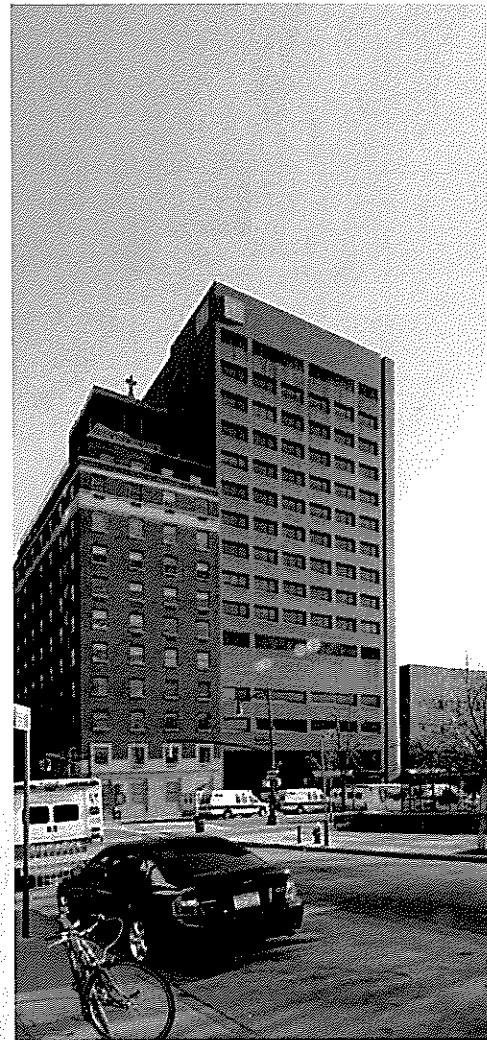
BEFORE



AFTER

Project Renderings

*History of revisions at the
Landmarks Preservation Commission*



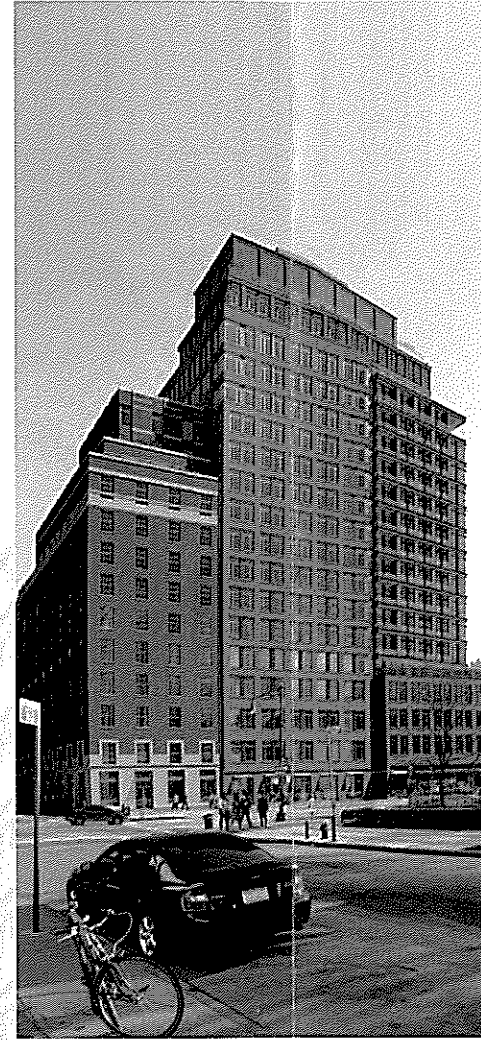
EXISTING CONDITIONS

763,000GSF/677,400 ZFA
Coleman: 202' Top of Bulkhead
17 Floors



DECEMBER 2007 SCHEME

664,000 GSF / 625,000 ZFA
Tower: 266' Top of Bulkhead
21 Floors
19 THs / No Preservation



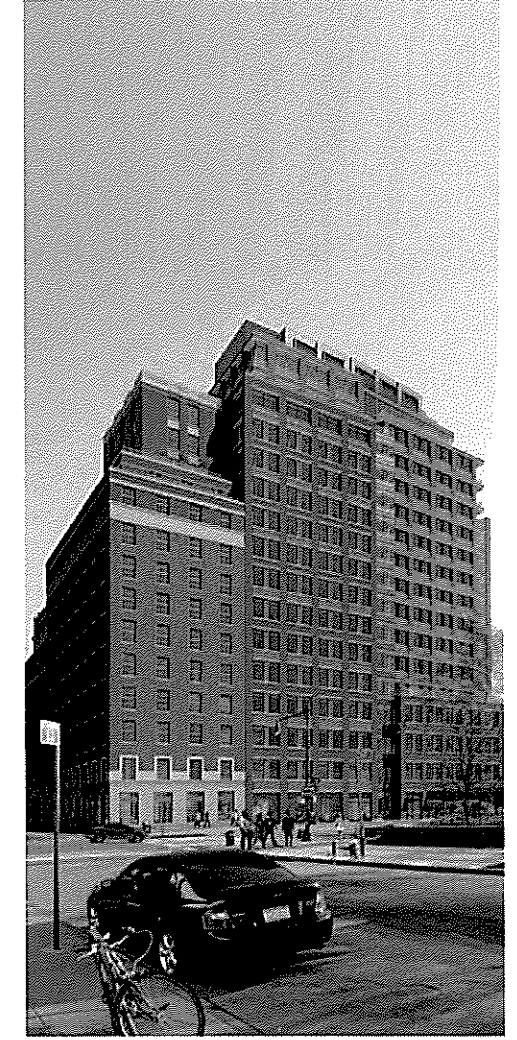
JUNE 2008 SCHEME

650,000 GSF / 611,000 ZFA
Tower: 233' Top of Bulkhead
18 Floors
5 THs / 4 Buildings Preserved



JUNE 9, 2009 SCHEME

645,000 GSF / 608,000 ZFA
Tower: 218' Top of Bulkhead
17 Floors
5 THs / 4 Buildings Preserved



JULY 7, 2009 LPC APPROVED

624,000 GSF / 590,000 ZFA
Tower: 203' Top of Bulkhead
16 Floors
5 THs / 4 Buildings Preserved

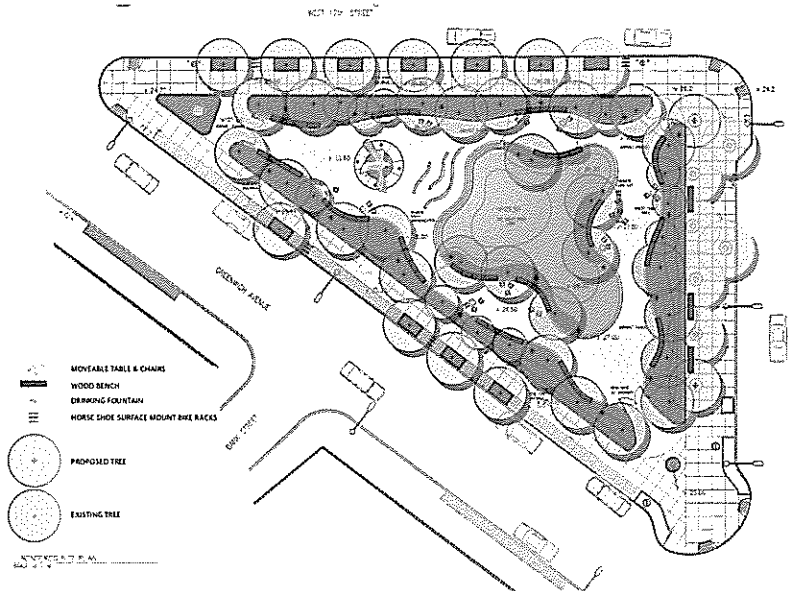
Chart of project revisions

History of the Design RUDIN WEST VILLAGE	Existing Condition	December 2007 application	June 3, 2008 Design	June 9, 2009 Design	July 7, 2009 Approved
APPROXIMATE AREAS					
Total Gross Floor Area (Above Grade)	763,000	664,250	650,000	645,000	624,000
Zoning Floor Area	677,400 (Estimated)	625,000	611,000	608,000	590,000
NUMBER OF FLOORS 7th Ave Building	17	21	18	17	16
BUILDING HEIGHT Top of Mechanical	202'-0"	265'-9"	233'-0"	218'-4"	203'-4"
BUILDING HEIGHT Top of Occupied Roof	190'-0"	237'-3"	203'-0"	196'-0"	186'-0"
Number of Buildings Preserved	NA	None	4	4	4
Number of Townhouses Proposed	NA	19	5	5	5

Percent Decrease from Existing to Approved | **GSF: 18%**
ZFA: 13%

Project Renderings

Triangle Park Layout



Looking East from 12th Street and Greenwich

Project Renderings

12th Street

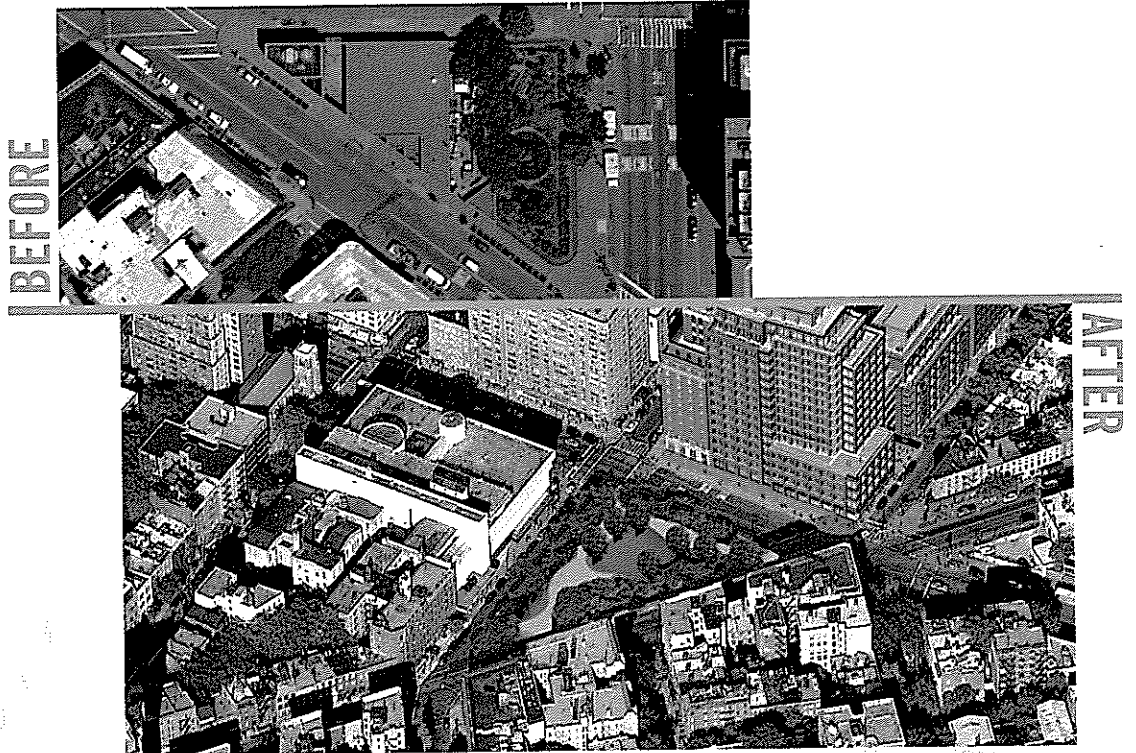
BEFORE



AFTER



Aerial View of Triangle Park

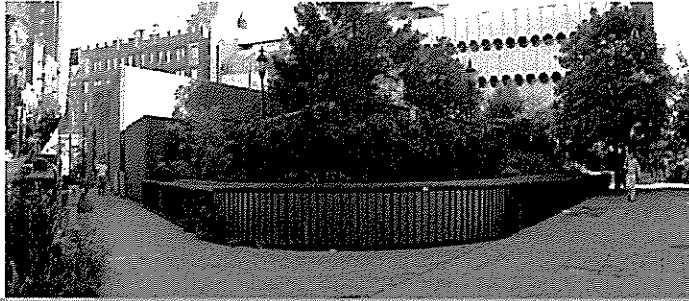


Greenwich Avenue



Looking North from 7th Avenue

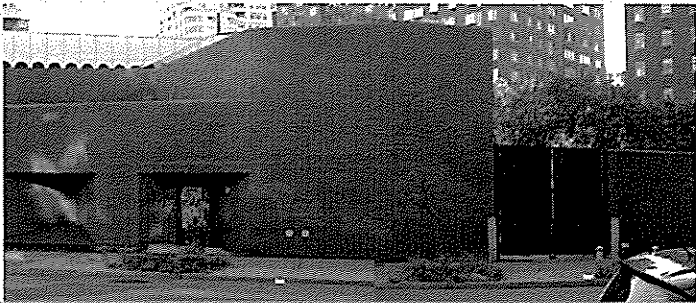
BEFORE



AFTER

Looking East from Greenwich

BEFORE



AFTER

About the Rudin Family

Samuel Rudin, the patriarch of the Rudin family, built his first building in 1927 at 1400 Benson Street in the Bronx (a building the family still owns) across from the Westchester Square Station of the Lexington Avenue Subway. Sam, his two sons, Jack and Lewis, their children and now grandchildren, have helped to change the skyline of New York City by designing and building high-quality residential and commercial properties—located in both downtown and midtown Manhattan.

The Rudin family has established a distinctive reputation by following Sam's philosophy of developing only in New York City, near public transportation, providing customers with high-end service and being responsive to the community that surrounds their buildings.

Currently, their portfolio consists of 35 buildings with over 15 million square feet of residential apartments and commercial office space. Some of its most iconic buildings include 345 Park Avenue, the Thomson Reuters Building (also known as 3 Times Square), the New York Information Technology Center @ 55 Broad Street, 1 Battery Park Plaza, 32 Avenue of the Americas, 211 East 70th Street and 215 East 68th Street.

The Rudin's commitment to the philanthropic and civic life of New York is well regarded. Rudin family members sit on the boards of many of the city's leading charitable and civic organizations including: The Brooklyn Academy of Music, The Battery Conservancy, Central Park Conservancy, Incarnation Children's Center, Big Apple Circus, Whitney Museum of America Art, The Metropolitan Museum of Art, The First Tee of Metropolitan New York, Cooper-Hewitt Museum, The Association for a Better New York, Partnership for New York City, The Real Estate Board of New York, The New York Building Congress and many others.

In 2007, the Rudin's were chosen by St. Vincent's Catholic Medical Centers to be their development partner. In July 2009 the plan received approval from the New York City Landmarks Preservation Commission's.

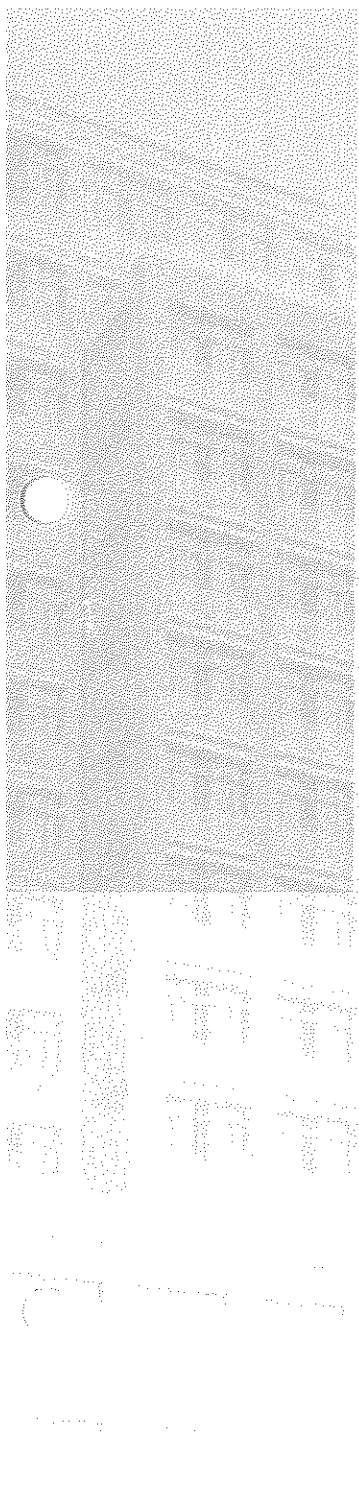
In April 2011, following the one year anniversary of St. Vincent's closing, the Federal Bankruptcy Court approved the sale of the now-shuttered hospital campus to the Rudin Family. The Rudin's then donated the 150,000 square foot O'Toole Building to North Shore-LIJ, New York's largest hospital system, where they will restore emergency and other state-of-the-art healthcare services to Greenwich Village.

In 2008, the Rudin's helped broker a deal and provided financial backstop to create a new, 563-seat school at the New York Foundling Building located at 16th and 6th Avenue. That is scheduled to open in 2014.

In addition, the Rudin's are constructing a new 16,000 square foot park and both new and adaptively re-designed residences on the east side of Seventh Avenue.

For more information, go to www.rudin.com.

About North Shore-LIJ



The nation's second-largest non-profit, secular healthcare system, North Shore-LIJ delivers world-class clinical care throughout the New York metropolitan area, pioneering research at The Feinstein Institute for Medical Research and a visionary approach to medical education, highlighted by the Hofstra North Shore-LIJ School of Medicine. The winner of the National Quality Forum's 2010 National Quality Healthcare Award, North Shore-LIJ cares for people at every stage of life at 15 hospitals, including nationally renowned children's and psychiatric hospitals, long-term care facilities and more than 200 ambulatory care centers throughout the region. As an integrated, academic health system, North Shore-LIJ's 110 residency and fellowship programs serve as a training ground for more than 1,200 future physicians, many of whom hone their skills at North Shore-LIJ's Patient Safety Institute—the nation's largest patient simulation center. As evidence of its commitment to community health and patient-focused research, Feinstein Institute scientists and North Shore-LIJ physicians enroll more than 1,200 people every year in clinical research studies. North Shore-LIJ's owned hospitals and long-term care facilities house about 5,600 beds, employ more than 10,000 nurses and have affiliations with more than 9,000 physicians. Its workforce of about 42,000 is the largest on Long Island and the ninth-largest in New York City. For more information, go to www.northshorelij.com.

What People Are Saying

“The North Shore-LIJ Comprehensive Care Center is the best plan to restore much-needed emergency and healthcare services to Greenwich Village and the Westside.”

—**Mayor Edward I. Koch**

Residents/Government Leaders

“We welcome the Rudin Family to the Village and we are confident that they will make many wonderful contributions to our neighborhood, including being good stewards over this public place.”

—**Sister Miriam Kevin-Phillip, Sisters of Charity**

“I just want to say, I support this because, I think, it is the best, realistic plan at this point and it will bring new jobs, health care, green space and an elementary school on the West Side of Manhattan.”

—**Mary Margaret Amato, Village Resident**

“Citing the ‘unmistakable void’ left by Saint Vincent’s closure in the West Village, Borough President Stringer recommended the City Planning Commission approve a project that includes 450 units of LEED-certified residential development, a new publicly accessible park, and the creation of nearly 1,700 jobs.”

—**Manhattan Borough President Scott Stringer**

Business Leaders

“The plan will bring 2,000 quality construction jobs and 400 full-time permanent jobs to the area. These jobs are essential to driving down our city’s unemployment rate and help return lost foot traffic to the area. Workers, patients, and visitors will utilize local services, shop at our stores, and dine in our restaurants. Please support the North Shore-LIJ Health System and Rudin Management Development plan for St. Vincent’s Hospital.”

—**Tony Juliano, Chairperson & President, Greenwich Village Chelsea Chamber of Commerce**

“The New York Building Congress welcomes this opportunity to endorse the large-scale development proposed for the former Saint Vincent’s Hospital.”

—**Richard T. Anderson, President, New York Building Congress**

“We urge the City Planning Commission to approve this project because it is appropriate in terms of land use policy and because it offers so many benefits to the community and the city.”

—**Real Estate Board of New York**

“In addition to suggesting a series of hospital restructurings, mergers and closing to reduce excess bed capacity and improve the flow of dollars to essential institutions, we recommended that new models of health delivery be created to provide more appropriate and affordable care options for communities. There is no justification for adding additional hospital beds in Manhattan, but this proposal is a beginning in the reshaping of quality affordable healthcare for communities.”

—**Stephen Berger, Chair, Commission on Healthcare Facilities in the Twenty-First Century**

Labor

“This project has been crafted with the utmost consideration of its surrounding community and the City of New York. This is not at all surprising considering that its developer is the Rudin Family, a Family that has done so much for the City.”

—**Gary LaBarbera, President, New York City Building and Construction Trades Council**

“Many diverse groups, from developers and residents to preservationists and labor organizations, worked long and hard to bring this proposal to this point, and the progress reflects a lot of dialogue and compromise from all sides. The NYC CLC would like to see that effort rewarded, and have the Rudin Development plan become a reality.”

—**Vincent Alvarez, President, NYC Central Labor Council**

“I support his project because it’s the best — and only — realistic plan to bring new jobs, healthcare, green space and an elementary school to the Westside of Manhattan.”

—**Mike McGuire, PAC Director, Mason Tenders District Council**

“This important project will not only restore much-needed access to emergency care for all those who live and work on the Westside, it will provide an opportunity for over 400 caregivers to get back to what they do best: providing quality healthcare to those in need.”

—**George Gresham, President, 1199 SEIU United Healthcare Workers East**

Social Service/Preservation

“The New York Landmarks Conservancy supports the plan presented by the applicant to convert the former St. Vincent’s Hospital East Site for residential use.”

—**The New York Landmarks Conservancy**

“This project advances sustainability and clearly demonstrates significant efforts to improve the environment. It is our belief that this type of responsible development will set an important environmental sustainability standard for future projects.”

—**Ricardo Gotla, Legislative Director, New York League of Conservation Voters**

“If not for the Rudin Family, there would not be a 565-student body coming into 16th and Sixth.”

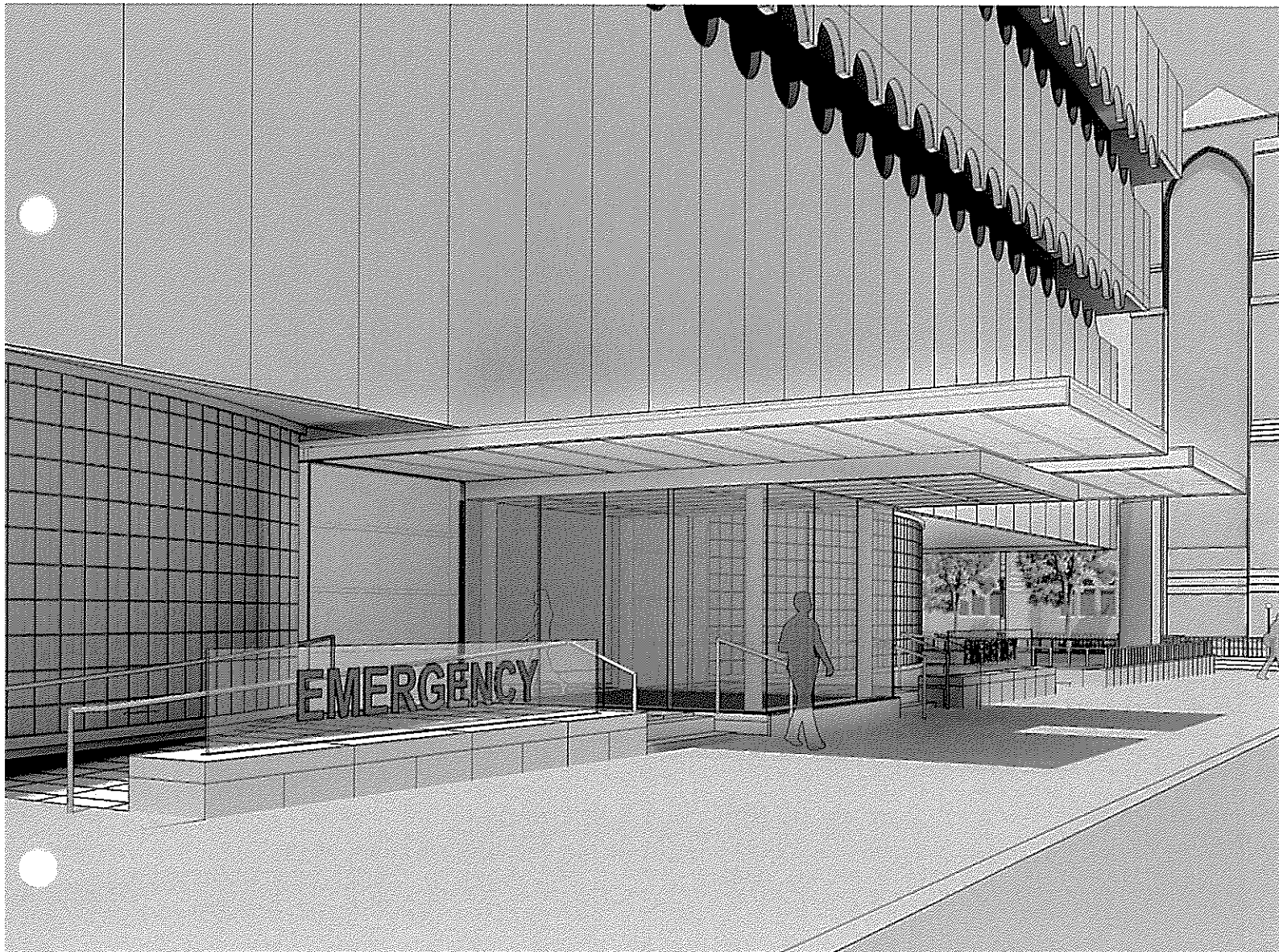
—**Bill Baccalini, Executive Director, New York Foundling Hospital**

“We are very pleased to learn of the plans for the North Shore-LIJ Center for Comprehensive Care and commend Rudin Management Company for working with the North Shore-LIJ Health System and the St. Vincent’s Catholic Medical Centers to make possible a project that keeps a landmark modern building contributing to the neighborhood in a vital way and keeps much needed medical services in the Greenwich Village community.”

—**Leslie Monsky, Board Member, DOCOMOMO New York/Tri-State**

About

***North Shore-LIJ's
Comprehensive Care Center***



Overview

North Shore-LIJ's new Comprehensive Care Center will restore much-needed emergency and healthcare services and is expected to open in the fall of 2013.

When St. Vincent Catholic Medical Center closed its doors in 2010, the hospital was committed to helping return healthcare to the community it had served for more than 150 years. St. Vincent's has now established a historic partnership with the world-class North Shore-LIJ Health System and the Rudin family to build a state-of-the-art neighborhood medical complex as part of a proposed redevelopment project in the heart of Greenwich Village.

The cornerstone of the facility is a new 24/7 Emergency Department—accessible by ambulance or on a walk-in basis—which will provide the community with access to around-the-clock diagnosis and treatment. The state-of-the-art facility will give patients—whether they have insurance or not—easy access to high-quality healthcare, with significantly shorter wait times than the city's hospital-based emergency rooms.

The new Emergency Department mirrors hospital-based emergency services and will treat a range of illnesses and injuries, including:

- Cardiac Conditions
- Allergic Reactions
- Fractures
- Concussions
- Infectious Diseases
- Motor Vehicle Injuries
- Severe Cuts and Burns
- Early-onset Stroke
- Respiratory Illness
- Abdominal Pain
- Ear Infection
- Influenza (flu)
- Gastrointestinal Illnesses
- Sports Injuries
- Occupational Injuries
- Behavioral Health Issues

In addition to the Emergency Department, which will be staffed around-the-clock by board-certified emergency physicians, nurses and a total workforce of about 400, the health complex will feature a full-service imaging center—including MRI, CT and X-ray services; a specialized ambulatory surgery facility; and ambulance transport services. It will offer the latest advanced life-support technologies, enabling clinicians to treat patients for a wide range of serious injuries and illnesses. Having those critical resources available in the neighborhood could mean the difference between life and death for patients experiencing a medical crisis.

There is currently approximately 50,000 square feet of unprogrammed space at O'Toole. What goes in that space is subject to the conclusion of the Community Health Needs Assessment and other conversations with the community and its elected officials and the New York State Department of Health.

North Shore-LIJ Emergency Department will offer emergent care services and diagnostic capabilities:

- Abdominal hernia
- Abdominal pain
- Acquired deformities
- Acute and chronic tonsillitis
- Acute bronchitis
- Adjustment disorders
- Alcohol-related disorders
- Allergic reactions
- Anal and rectal conditions
- Anxiety disorders
- Asthma
- Attention-deficit, conduct, and disruptive behavior disorders
- Back pain or problems
- Biliary tract disease
- Blindness and vision defects
- Bone disease and musculoskeletal deformities
- Burns (minor)
- Calculus of urinary tract
- Cardiac and ventricular fibrillation (Cardiac arrest resuscitation)
- Cardiac dysrhythmias
- Chronic obstructive pulmonary disease
- Chronic ulcer of skin
- Complications of pregnancy
- Complications of surgical procedures or medical care
- Conditions associated with dizziness or vertigo
- Connective tissue disease
- Deficiency and other anemia
- Delirium, dementia, and other cognitive disorders
- Diabetes mellitus with and without complications
- Diseases of mouth; excluding dental
- Disorders of teeth and jaw
- Diverticulosis and diverticulitis
- Ear and sense organ disorders
- Epilepsy; convulsions
- Esophageal disorders
- Essential hypertension
- Eye disorders
- Female genital disorders
- Fever of unknown origin
- Fluid and electrolyte disorders
- Fracture of lower limb
- Fracture of upper limb
- Gastritis and duodenitis
- Gastrointestinal disorders
- Gastrointestinal hemorrhage
- Genitourinary symptoms and ill-defined conditions
- Headache; including migraine
- Hemorrhoids
- Hypertension
- Immunizations and screening for infectious disease
- Inflammation; infection of eye
- Inflammatory conditions of male genital organs
- Inflammatory diseases of female pelvic organs
- Influenza
- Injuries and conditions due to external causes
- Intestinal infection
- Intracranial injury
- Joint disorders and dislocations
- Lower respiratory disease
- Lymphadenitis
- Malaise and fatigue
- Male genital disorders
- Medical examination/evaluation
- Menstrual disorders
- Miscellaneous disorders
- Mood disorders
- Mycoses
- Nausea and vomiting
- Nervous system disorders
- Non-traumatic joint disorders
- Noninfectious gastroenteritis
- Nonmalignant breast conditions
- Nonspecific chest pain
- Open wounds of extremities
- Open wounds of head, neck; and trunk
- Osteoarthritis
- Other fractures
- Other infections; including parasitic
- Other inflammatory condition of skin
- Otitis media and related conditions
- Ovarian cyst
- Phlebitis
- Pleurisy
- Pneumonia
- Poisoning by nonmedicinal substances
- Poisoning by other medications and drugs
- Screening for suspected conditions
- Sick cell anemia
- Skin and subcutaneous tissue infections
- Skin disorders
- Skull and face fractures
- Sprains and strains
- Substance-related disorders
- Superficial injury; contusion
- Syncope
- Upper respiratory infections and diseases
- Urinary tract infections
- Varicose veins of lower extremity
- Viral infection



February 26, 2012

To:

Chair Subcommittee for Zoning Franchises
Council Member Mark Weprin
Council Member Diana Reyna

Re:

Nitehawk Cinema Sidewalk Café Permit, Letter of Intent

To whom it may concern:

I am writing to address any concerns related to Nitehawk Cinema's sidewalk café permit application. We have submitted all proper paperwork and fees related to this application and look forward to providing the neighborhood with another enjoyable outdoor dining option. We are situated at 136 Metropolitan Avenue, a commercial and residential stretch in Williamsburg Brooklyn with two way traffic and extra wide sidewalks for pedestrians.

I understand there may be concerns of congestion on the sidewalks or outdoor noise levels due to our current cinema patrons and the addition of a sidewalk café. I can assure you that our current configuration has been strategically designed to limit any large groups from the sidewalk, which has already proved effective in curbing the outside congestion and noise. The cinema has a separate entrance from our café and sidewalk seating area. In addition, all groups of people and movie theater lines are contained inside our second floor lobby space, which was specifically designed to house all crowds loading in and out of our theaters. I also live above the cinema in a residential apartment with my family and we have a very proactive and open relationship with all of our immediate neighbors, including a community board member who lives next door. The lines of communication have already been established with the neighbors and I check in with them on a regular basis to ensure the dialogue remains active.

Please see the attached photos for an outline of the second floor lobby space where our movie theater patrons gather before/after films, the separate cinema entrance, along with our café entrance and proposed sidewalk café furniture layout. Our motivation for the sidewalk café was simply to provide an area for our café patrons to enjoy our full brunch and dinner menu in an outdoor setting, regardless of whether they are seeing a movie on their visit. I believe it will continue to build our reputation as a lively and engaged community space to not only enjoy great independent films, but good food and company in a comfortable setting too.



Since we opened in June 2011, we have become a resource for local filmmakers to highlight their short films in our "preshow" before each feature film presentation. As we continue to refine our operation and presentation, we will also continue to engage the local community in hosting relevant events for local groups, local film screenings, food and drink tastings, etc.

I hope we have addressed any concerns regarding our sidewalk café permit application, but please do not hesitate to reach out with any additional questions or clarifications.

Best regards,

Matthew Viragh

A handwritten signature in black ink, appearing to read "M. Viragh", written in a cursive style.

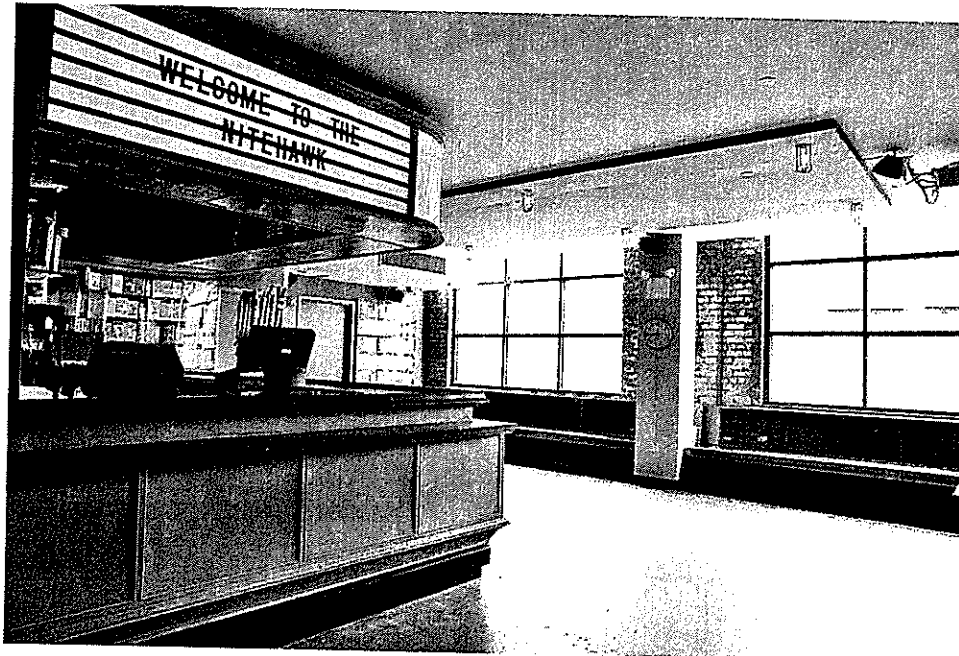
Nitehawk Cinema
Owner/Executive Director
Mobile: 646.872.2065
136 Metropolitan Avenue
Brooklyn, NY 11249
Nitehawkcinema.com



Sidewalk café (café entrance to right)



Sidewalk café (cinema entrance to left)



Lobby (where lines form for movies)

PROTECT THE VILLAGE HISTORIC DISTRICT

(A Project of Open Space Institute)
511 Sixth Ave, New York, NY 10011

TESTIMONY OF ALBERT K. BUTZEL, COUNSEL TO PROTECT THE VILLAGE HISTORIC DISTRICT, ON THE RUDIN WEST VILLAGE DEVELOPMENT

Submitted at the Hearing of the City Council Subcommittee
on Zoning and Franchises on March 6, 2012

I am Albert Butzel and appear today as counsel for Protect the Village Historic District. PVHD is an organization of neighbors and others living in Greenwich Village formed in 2008 to protect the fundamental character of Greenwich Village - its streetscape, variety and historic fabric.

PVHD opposes the upzoning. We also seek other changes in the Rudin plan to ameliorate the negative impacts of the development, but others will speak to those. I will limit my focus to the upzoning.

Putting it directly, the process that has so far led to the upzoning is a joke. There are few, if any, people in this room who do not think that the Rudins have dictated the terms of the upzoning. Their proper role is, of course, to pursue what they want with all the vigor they can, and I do not criticize them for doing so. What is a joke is the kowtowing of the Borough President and the City Planning Commission.

If fact, PVHD has not sought to deny the Rudins most of what they want. We are reconciled to a building close to the size that is before you. What PVHD has sought instead is to require the development to comply with the existing Historic District zoning by utilizing permitted transfers of development rights, rather than pursuing an upzoning that is virtually unique in the Historic District and would set a fatal precedent.

The City Planning Commission's acceptance of the Rudin plan as presented is particularly shocking. To begin with, the Commission Report misrepresents how out of keeping the upzoning is in the context of the existing historic district. It cites examples that are either totally inaccurate or have nothing to do with the situation here. Equally important, the Commission Report acknowledges that the Rudin development could be achieved under the existing zoning, but brushes that point off by saying it would not be so easy.

To put it bluntly, what is going on here is illegal spot zoning. It confers huge favors on the applicant and has nothing to do with a well-considered plan. I have no idea whether any of the offended parties will choose to sue – and there are serious SEQRA violations as well, particularly as regards the garage and the Reiss Building. But in my opinion, there are certainly grounds to do so. I urge the Council to avoid this prospect by rejecting the application. If that is done, the Rudins can still move forward, but within reasonable zoning parameters and more responsively towards the Village community.

Albert K. Butzel
Albert K. Butzel Law Offices
249 West 34th St, Ste 400
New York, NY 10001
Tel: 212-643-0375
Email: akbutzel@gmail.com



**Testimony of New York State
Assemblymember Deborah J. Glick
and
Senator Thomas K. Duane**

March 6, 2012

Regarding Applications:

LU 0559-2012, LU 0560-2012, LU 0561-2012, LU 0562-2012, LU 0563-2012

Thank you for the opportunity to testify before you today. As you are aware, the complex application for redevelopment of the St. Vincent's Hospital campus, submitted by Rudin Management Company ("the Applicant"), has not only provoked considerable community concern about its land use implications, but is also overshadowed by the community's loss of St. Vincent's Hospital, which has been devastating on many levels. We will not stop advocating for the health care needs of this community to be addressed, including the return of a full service hospital to Manhattan's Lower West Side. However, we will focus our testimony on what falls within the purview of the New York City Council. That said, we have strong reservations about the project as it stands now. While the applicant has made minor changes to the application since it was originally submitted to the City Planning Commission, these changes do not mollify the concerns we have with this application. We request that you reject the upzoning originally granted to accommodate the hospital as a baseline for this development and that you deny the text amendments which would increase density and reduce open space. Further, we request that you reject this application in whole unless all concerns outlined below are addressed in full.

Reduced Height and Bulk

The Applicant has argued that the two zoning map amendments it seeks for the East Site would reduce its combined maximum floor area by more than 70,000 zoning square feet from what currently exists. Yet the original 1979 upzoning of the area was granted by the City specifically to serve the public purpose of facilitating the growth of St. Vincent's Hospital. The zoning map changes the Applicant seeks would increase the allowable Floor Area Ratio ("FAR") for residential use by 175% on the Seventh Avenue frontage and by over 200% on the mid-block, without serving a similar public purpose. We do not think it is appropriate for the Applicant to use the excessive height and bulk allowed to the former hospital as the basis for constructing a luxury condo development larger than the site's current zoning would permit. Again, the critical issue is that allowances granted to the hospital should not constitute a baseline for private, market-rate residential development. Rudin Management should only be allowed to build within the pre-existing zoning for residential development on this site.

Furthermore, the Applicant seeks a zoning text amendment extending to Manhattan Community District 2 ("CD2") a special permit currently only available in Manhattan

Community District 7. This would allow development "without regard to height factor or open space ratio requirements." As a result, the proposed new buildings would be even more markedly out of scale and context with the surrounding historic district than they would be under the Applicant's proposed new zoning alone. Extending this special provision, which allows Large Scale General Developments to both increase density and reduce open space, to CD2 would set an unacceptable precedent and would irrevocably change the nature of the historic district in which the proposed development is located. Again, we object strongly to this text amendment and we agree with the excellent points on this matter made in Community Board 2's ("CB2") October 26, 2011 resolution.

Community Benefits

The Applicant has enumerated various alleged positive impacts of its proposed development. Nonetheless, we believe this application fails to include the significant community benefits that ought to be associated with a project of such a large scale and that requires so many discretionary actions. As such, we are proposing that the Applicant also substantially invest in the establishment of a new public school, include on- or off-site affordable and/or special needs housing and provide elevator/escalator access to the subway below the property.

It is impossible to estimate the number of children this project will bring to the community because the Applicant has not provided the community with information about the exact size of the proposed apartments. Regardless of the number of units built, it is certain that any additional families will add to the current overcrowding that schools in the area already face. As CB2 noted in its October 26, 2011 resolution, the Applicant is to be commended for its assistance in 2008, prior to the current application, in securing space for a school in the Foundling Hospital building in Manhattan Community Board 5. However, no capital or expense funds from the Applicant were used to buy, lease, or renovate the property, and it is ultimately being paid for by the City of New York. Therefore, we request that a substantial capital investment be made towards the construction of new public school seats, such as through the purchase and renovation of 75 Morton Street for use as a critically needed public middle school.

The creation of new, permanent affordable and/or special needs housing is also vital, with or without City, State or Federal incentives. This application would significantly increase the residential population of the area, with the proposed condominiums being offered for sale at prices ranging from \$1.395 million to \$12.875 million. These apartments are out of reach economically for all but very high-net-worth individuals who far exceed the neighborhood's area median income. It is unacceptable for the Applicant to avoid these essential components of affordable housing, especially in such a lucrative market. Inclusion of affordable housing would not only help to address the chronic shortage of affordable housing stock in New York City, but it would help balance the impact that high-end luxury condos would have on the community.

Currently, the neighborhood contains a mixture of housing, ranging from market rate co-ops and condos to those bought at insider prices when they converted from rentals, to rent-regulated units and the renowned artist housing Westbeth. This provides a healthy, vibrant

neighborhood population. Sadly, this development would exacerbate the already tremendous pressure to displace longtime, low- and moderate-income members of our community. Affordable housing should be provided but not as a bonus for additional height and bulk. As noted, we believe the proposed height and bulk is too high and would not support additional FAR for the inclusion of affordable housing.

We are disappointed that the Applicant and North Shore Long-Island Jewish Health System ("NS-LIJ") have declined to consider the installation of an elevator and/or escalator to facilitate access to the subway station at 7th Avenue and 12th Street for mobility impaired riders. We cannot emphasize strongly enough that many of the people using the new health care facility as well as members of the community would benefit from expanded accessibility. We request that the Applicant reconsider their decision, as we believe increasing access to public transportation immediately below the property is part of the Applicant's responsibility.

No Retail on Side Streets

We are also opposed to the Rudin's plan to introduce retail entrances on side streets. The introduction of retail entrances on the side streets would change their residential character and should not be allowed. West 12th Street in particular would be negatively impacted. Retail spaces bring with them brightly lit window displays, signage and additional commercial traffic. While we appreciate changes to the application to make the windows on 12th Street appear more contextual with residential building windows and reduce the allowed signage, we oppose the introduction of retail on the side streets altogether. Although this proposal might benefit the Applicant's bottom line it will not enhance the community in any way. There is already an abundance of vacant retail space available in the area, caused by both the hospital closure as well as difficult economic conditions.

Elimination of the Parking Garage

We understand that the accessory parking garage proposed on West 12th Street between 6th and 7th Avenue is as-of-right for just under 100 spaces, but we do not see the need for any additional parking structure to be added to this block, which already contains three garages. With each garage comes an entrance onto the sidewalk and curb cuts, which jeopardize the safety of pedestrians. Also, this street may be marked as a cross-town ambulance route to and from NS-LIJ Center for Comprehensive Care. As such, the addition of more vehicles entering and exiting garages on 12th Street may negatively impact public health and well being. Additionally, the Applicant's requested increase in the number of accessory parking spaces is based on a formula linked to the number of units within the yet-to-be-finalized condo plans. As we, along with CB2, other elected officials and community members, have raised serious concerns and requested that the height and bulk of these buildings be decreased, it seems unwise to assume that the number of units is fixed, or that the need for these spaces is fixed. If, however, this parking facility is allowed then we believe it should include spaces for a car-share program.

Public Park

The triangle space, which has been endured for some time and is understandably a sore point for the community, should become open, public, green space, deeded to the City. The financial maintenance for this space should be the responsibility of Rudin Management. We understand there might be some logistical concerns regarding mapping the space as parkland. Historically in New York City, publicly run, privately owned space, although supported by the City in exchange for bonusable development rights, has had many legal and logistical challenges. We want this space to be fully operated by the New York City Department of Parks and Recreation, which should oversee decision making in consultation with CB2, the community and local elected officials regarding hours, signage and maintenance. Should it be feasible, we request that the oxygen tanks be removed, or at least reduced in size.

CB2 had many months of public hearings about the Triangle Site and went into great detail in its resolution on this proposed redevelopment regarding specific preferences for design of the park itself. We support many aspects of the CB2 resolution including the desire for a community park that accommodates everyone, ranging from those who enjoy passive space to families with active children, and commemorates the history of St. Vincent's Hospital and the ongoing AIDS crisis. While we applaud the efforts of the design competition for the Triangle Site to be turned fully into an AIDS Memorial, this review process received no public input and we do not believe this design should trump that on which the Community Board spent months gathering input.

Below the proposed Triangle Park is an underground storage space connected by a tunnel across Seventh Avenue to the former hospital campus. The use of the space under the park should be evaluated to determine if it viable for use as public space without inhibiting the park above. Should this space be deemed viable for occupancy, without interrupting the opening of the park or diminishing the amount of useable open space above ground, we would like this space to be maintained as a community space for educational use, such as the Queer History Alliance's (QHA) proposed AIDS learning center and museum. Should this space be deemed non-viable as public space, we share CB2's desire to work with all stakeholders to find an appropriate space, either in or around this development, for the proposed learning center and museum.

Construction and Monitoring

Should this project move forward, we have serious concerns regarding its logistics that we would like the Applicant to plan for and address prior to the start of construction. Scheduling of truck deliveries and pickups is a particular concern. NS-LIJ has said that it will consolidate deliveries to the Center for Comprehensive Care to minimize the number of trucks needed on a weekly basis. However there will also be a significant increase in the number of tenants -- both commercial and residential -- as a result of this project and they too will generate attendant truck traffic. The complex "five corners" intersection that is formed by the meeting of Greenwich Avenue, 7th Avenue South and West 11th Streets at the southern end of the development site, as well as the proximity of a public school, increases the safety concerns regarding traffic and delivery trucks. We request that for recurring deliveries and pick-ups, such as solid waste and sanitation, attention be paid to avoid scheduling these hazardous

activities around school drop-off and pick-up times in an attempt to minimize safety risk to children and delays in students getting to school. These must become the formal responsibility of the developer.

Like CB2, we have key concerns regarding the need for environmental monitoring during construction itself. In meetings with the community, the Applicant has indicated that it would agree to certain construction related monitoring and community notification, such as publishing weekly air quality reports on a website. There were also conversations about installing noise and air quality monitors within the schools in the surrounding area during construction. This too is of critical importance.

Conclusion

Rudin Management is asking the community to make large concessions for its own enrichment and financial gain. We believe that granting these upzonings are certainly in the best interest of the Applicant, but are not in the best interest of the community in the current form. The current upzoning granted to the hospital is inappropriate for a luxury housing development and the text amendment seeks to further increase bulk and reduce open space ratios. Unless these, and the additional concerns regarding the lack of community benefits, retail on side streets, the parking garage and public park are all addressed thoroughly, we call on City Council to reject this plan.

We would like to formally thank CB2, which has put in countless hours of time to engage in a public dialogue that resulted in a thoughtful, well-reasoned resolution on this proposal. We strongly urge this Committee, and City Council to give its recommendations great weight. We also thank the Committee for the opportunity to testify and for its consideration of our remarks.

FOR THE RECORD

Subject: Fw: Testimony of Alan J. Gerson, March 6, 2012, re. Re-Zoning of the Area of the Former St. Vincent's Hospital.

From: alanjgerson@gmail.com (alanjgerson@gmail.com)

To: accinc552@yahoo.com;

Date: Tuesday, March 6, 2012 9:35 AM

Sent from my Verizon Wireless BlackBerry

-----Original Message-----

From: alanjgerson@gmail.com

Date: Tue, 6 Mar 2012 14:06:10

To: <sigraible@hotmail.com>

Reply-To: alanjgerson@gmail.com

Subject: Testimony of Alan J. Gerson, March 6, 2012, re. Re-Zoning of the Area of the Former St. Vincent's Hospital.

My former colleagues, it's good to see all of you. It is truly a privilege for me to be among you again, even from this side of the table.

I hope you will still indulge me a note of personal privilege. I need to dedicate my testimony here today to the late Dudley Gaffin, whom many of you, like me, knew and loved. Dudley was a loving husband, brother, father, grandfather; a dear and beloved friend to me and many others; an attorney and activist; a leader in the reform movement of the Democratic Party; a fighter against anti-semitism and racism, and for justice and progress for all people. He passed away suddenly a few months ago. His last cause and crusade which he was in thick of planning and promoting when he passed was to reopen a hospital on the St. Vincent's site. He knew this was imperative for the life, health, and safety of all who live in, work in and visit Greenwich Village and all of Manhattan's Lower West Side. He would be here sitting right next to me if he were still alive. Instead he is guiding me from the Heavenly Court, from where he is also watching to see what each of you will do. Beware.

As many of you know, I have for more than the past year taken a sabbatical from civic and political activities in order to focus on some serious family health issues, which thank G-d are finally improving. I have made an exception to my sabbatical to support the effort to obtain a real hospital at the St. Vincent's site because this really is a matter of life and death. No one expects a replication of the old St. Vincents; we can survive with a smaller hospital annex and emergency room with trauma capability. But, not having any hospital, with an emergency room, anyplace from the Battery to 57th Street on Manhattan's West Side is NUTS. It amounts to recklessly endangering and playing Russian Roulette with the lives and health of the millions of residents, workers, business persons, students, and visitors, including many of each of your constituents, not just in one Council District, but also where my family and I live, and throughout the area from the Battery to the 50's, including everyone in this room now.

The only feasible place for the foreseeable future to create a hospital in this area is the site where a hospital has stood for over a century. That is why you must reject any zoning change to facilitate any development of the old St Vincent's property which does not assure a hospital. Putting all the niceties and technicalities aside, approving the application before you without the inclusion of a true hospital will haunt this Council and Administration as a tragic mistake or misdeed which cost lives. Now I haven't been gone from these chambers so long that I am unaware of the underlying politics at work. So I implore you, because I know that each of you cares about emergency health care and wants to do what is right, if you approve the application before you at the very least insert language in your resolution and launch a real process either to locate a hospital on the former St. Vincent's site.

I need to make four points as to why a Hospital on the former St. Vincent's property remains both imperative and

possible - if this sub-committee and Council leaves open the possibility. First, emergency preparedness: Mr Chair, how quick we forget, even the unforgettable. On 9/11, St. Vincent's as the closest trauma Center to Ground Zero mobilized to receive mass casualties, which never materialized tragically due to the mass fatalities. All subsequent downtown disaster drills planned on the availability of St. Vincent's until its closing. The Downtown Hospital, while incorporating decontamination capability, is not a trauma center. The next closest is Bellvue, at first avenue and 28th St.. Under any number of plausible disaster scenarios, east side access could be blocked or Bellvue's capacity exhausted. In those cases, ambulances will, without a replacement of St. Vincent's, have to drive from Lower Manhattan through the Times Square and Midtown Districts to reach the next closest trauma center. Lower Manhattan remains one of the world's top terrorist targets and remains subject to any number of accidental disasters. city, state and federal governments spend hundreds of millions of dollars to prevent but also to prepare to respond to disasters there. It makes absolutely no sense for government to expend all this money on disaster preparedness and then to pass a zoning change which precludes the possibility of a trauma center in proximity to the target area. Ask the experts, ask Dr. Redlener of Columbia University's Center for Preparedness Planning. They will tell you that not having a trauma center on the St. Vincent's site seriously risks compounding one future disaster with another.

Second, the areas previously served by St. Vincent's still require a real hospital with a real emergency room. These areas contain a growing residential and student population, a significant daytime work and tourist population, and a very significant nightlife population. When I served on the Council, we worked hard to decrease emergency response time and the time it took to bring a victim of a heart attack, stroke, or other life threatening condition to an emergency room. Requiring these victims to be transported from the West to the East side, as well as uptown or downtown, when every second counts will cost lives under the best of traffic conditions - and we all know of times when cross town travel becomes impassable even for ambulances. When they finally reach their destinations, these victims will reach overcrowded emergency rooms not equipped to pick up the St. Vincent's patient load, as others will testify. Again, you can ask the experts. The State established the Berger commission just a few year ago to identify redundant hospitals which could be closed. The Commission looked at St. Vincents. The Commission decided not to put St. Vincent's on the closure list. In addition to emergency care, St. Vincent's was a pioneer in the treatment of AIDS and Hepatitis B. The communities of the West Side and downtown like all communities deserve a hospital center which can respond to their special health needs

Third, the proposed emergency care center will make emergency care worse. Let me give one example. My father would be dead or much sicker if this center was up and running. A few months ago, he developed severe stomach pain which everyone, including nurses, attributed to food poisoning. When we took him to the NYU emergency room, it turned out to be a bowel obstruction which required immediate surgery because more of his bowel would die with every passing minute. If the emergency center were open, he undoubtedly would have gone there for food poisoning. Until they figured out with their limited resources what was going on, put him back in an ambulance, and brought him cross town and up town to their Lenox Hill affiliate - whose market share the Village center is clearly designed to increase - or even to a closer ER - at best much more of his bowel would have died and at worse he would have died. Emergency centers without an emergency room are needed to divert and treat patients who do not belong in emergency room. But they are needed to supplement, in proximity to hospitals, not to replace hospitals.

Fourth and finally, a hospital or hospital annex with an emergency room on the St. Vincent's site remains financially feasible. The cost of converting or replacing one of the old St. Vincent's buildings runs between 300 and 400 million dollars. The City's capital budget runs over 12 billion dollars. No one is suggesting that the city bear the entire costs. But if the City were to allocate some funds, we know philanthropists given naming rights would come forward. We also know that some investors would have put up sufficient funds to pay creditors and cover hospital construction costs. But this property was not subject to an open auction and the process was perceived by potential investors as a closed, done deal. As for the operating costs, more than one of the City's major medical center's have expressed an interest in operating an expanded facility, including a full emergency room. It makes no economic sense that for 165 years, though worse financial crises than the present, the area could support a hospital and now even with a larger and wealthier population it cannot. Indeed, the site is well situated to provide a well-managed, cross subsidized facility which includes the hospital and emergency health care desperately needed by lower income neighborhoods and individuals in the catchments area.

The City Council has long prided itself as functioning as the peoples chamber of government. We are beseech you to respond to the people's critical need for a true hospital. The Council is supposed to enact only those zoning changes

that serve the public interest. A zoning change which precludes, or facilitates a development which precludes a desperately needed hospital facility at or near a location where one has existed for 165 years cannot under any reasonable perspective be said to be in the public interest. You must reject this proposal or at the least, take the steps to assure that it moves forward only with the addition of a hospital.

Thank you for your attention and consideration.
Sent from my Verizon Wireless BlackBerry

For the Record



**New York City
CENTRAL LABOR COUNCIL**



AFL-CIO

275 Seventh Avenue, 18th Floor New York, NY 10001 • Tel: (212) 604-9552 • Fax: (212) 604-9550 • www.nycclc.org

March 6, 2012

Hon. Christine C. Quinn
Speaker
New York City Council
City Hall
New York, NY 10007

Hon. Leroy Comrie
Chair, Land Use Committee
New York City Council
250 Broadway, Suite 1865
New York, NY 10007

Hon. Mark Weprin
Chair, Subcommittee on Zoning & Franchises
New York City Council
250 Broadway, Suite 1807
New York, NY 10007

Re: Support for the Rudin St. Vincent's Rezoning

Dear Speaker Quinn and Chairs Comrie and Weprin,

I write on behalf of the New York City Central Labor Council to express our **strong support** of the proposed rezoning of the St. Vincent's campus by Rudin Management and urge you to **approve** the project.

The NYC CLC is a non-profit umbrella group that represents more than 1.3 million unionized workers citywide.

This project represents a major improvement to the surrounding community and the City of New York. Among the benefits already realized in this project include a new hospital that will be managed by the North Shore – Long Island Jewish Health system and a new elementary school. With passage of the proposed ULURP actions, a large number of additional benefits will be realized including:

- **Economic Development** – project will generate 1,600 jobs, boost the small businesses affected by the closure of St. Vincent's and generate much-needed tax revenue for the City and State of New York after not being on the tax roll for over 100 years.
- **Open Space** – a new 16,500 square foot park designed with significant community input will be created that can be enjoyed by local residents.

- **Better Design** – new design is less bulky, preserves five historic buildings, improves views and improves environmental conditions by incorporating the latest sustainability measures.

Many diverse groups, from developers and residents to preservationists and labor organizations, worked long and hard to bring this proposal to this point, and the progress reflects an enormous amount of dialogue and compromise from all sides. The NYC CLC would like to see that effort rewarded by approving these final public approvals to give Rudin Management the right to make its impressive plan a reality.

Thank you for your consideration of our position.

Sincerely,



Vincent Alvarez
President
NYC CLC

Distribution of Hospital Beds in Manhattan

How can this be responsible public healthcare policy?

Don't let the congested lower West side of Manhattan to be turned into a testing ground for NS-LIJ's freestanding ER experiment, and risk lives.

**Where would
YOU want to be
in case of
an emergency?**

UPPER WEST SIDE

2,492

UPPER EAST SIDE

3,778

WEST SIDE, BELOW 57TH

0

EAST SIDE, BELOW 57TH

3,101

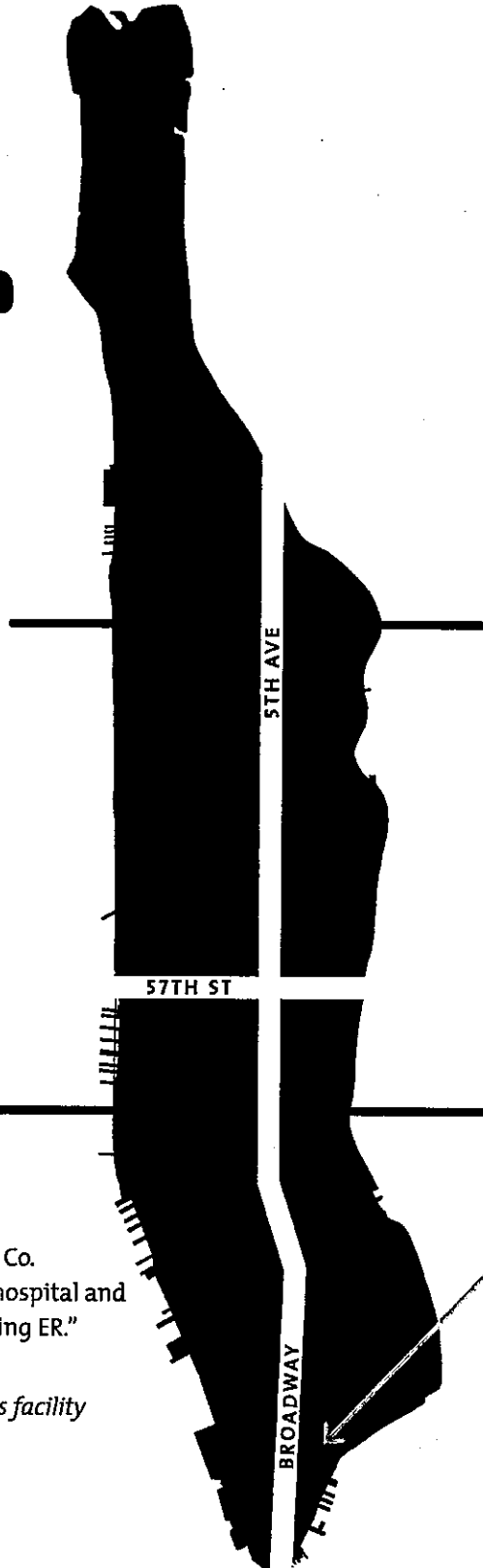
North Shore-LIJ and Rudin Management Co. want to replace what was a full-service hospital and Level 1 Trauma Center with a "free-standing ER."
NO HOSPITAL!

(See reverse side for serious conditions this facility cannot treat.)

Below 14th Street, there is one hospital:
New York Downtown Hospital
with 180 certified beds

A previous version of this map had Harlem Hospital on the Upper East Side. It is now accounted for in the Upper West Side number, explaining the shift in bed distribution.

Data source for number of certified hospital beds in Manhattan: NYC DOHMH



WE NEED AND WE DEMAND A FULL-SERVICE HOSPITAL AND A REAL EMERGENCY ROOM!

North Shore-LIJ's Certificate of Need Application to the Dept. of Health admits limitations to the patients and types of conditions that can be treated in "freestanding ERs." These facilities are typically located in rural communities. This kind of facility has **NEVER BEEN TESTED** in a densely populated urban environment.

Medical specialists are not located on-site. Patients who can't be treated at the "freestanding ER" include:

- Patients with Severe Trauma (Major Motor Vehicle Accidents, Open Fractures, Gunshot Wounds, Septic Shock, Multiple Injuries)
- High-risk Maternity Patients
- Pediatric Patients Needing Intensive Care
- Dialysis Patients
- Acute Myocardial Infarction Patients
- Acute Psychiatric Patients
- Patients requiring immediate Surgical or Cardiac Interventions
- Burn Patients
- Severe Head or Spinal Cord Injured Patients, and the list goes on...

TAKE ACTION NOW!

Put pressure on all of our elected officials. In a medical emergency, every minute matters.

DEMAND THAT A HOSPITAL BE RESTORED TO MANHATTAN'S LOWER WEST SIDE!

CONTACT	PHONE	EMAIL	ADDRESS
Governor Andrew M. Cuomo	518-474-8390	www.governor.ny.gov	State Capitol Albany, NY 12224
NYS Attorney General Eric Schneiderman	212-416-8000	www.ag.ny.gov/online_forms/email_ag.jsp	120 Broadway New York, NY 10271
NYS Commissioner of Health Nirav R. Shah, M.D., M.P.H.	518-474-2011	dohweb@health.state.ny.us	NYS Dept of Health Corning Tower, Empire State Plaza Albany, NY 12237
Mayor Michael Bloomberg	311 or 212-788-3000	mayor@nyc.gov or nyc.gov/mayor	City Hall New York, NY 10007
City Council Speaker Christine C. Quinn	212-564-7757	speakerquinn@council.nyc.ny.us	224 West 30th Street, Suite 1206 New York, NY 10001
Manhattan Borough President Scott Stringer	212-669-8300	bp@manhattanbp.org	1 Centre Street, 19th Floor New York, NY 10007
US Senator Charles Schumer	212-486-4430	senator@schumer.senate.gov	757 Third Avenue, Suite 17-02 New York, NY 10017
US Senator Kirsten Gillibrand	212-688-6262	invite@gillibrand.senate.gov	780 Third Avenue, Suite 2601 New York, NY 10017
Congressman Jerrold Nadler	212-367-7350	nadler.house.gov	201 Varick Street, Suite 669 New York, NY 10014
NYS Senator Thomas K. Duane	212-633-8052 or 518-455-2451	duane@senate.state.ny.us	322 Eighth Avenue, Suite 1700 New York, NY 10001
NYS Assembly Member Deborah J. Glick	212-674-5153	glickd@assembly.state.ny.us	853 Broadway, Suite 1518 New York, NY 10003
NYS Assembly Member Richard N. Gottfried	212-807-7900 or 518-455-4941	GottfriedR@assembly.state.ny.us	242 West 27th Street New York, NY 10001
Council Member Margaret Chin	212-587-3159	chin@council.nyc.gov	
Council Member Rosie Mendez	212-677-1077	rmendez@council.nyc.gov	
Council Member Dan Garodnick	212-0818-0580	garodnick@council.nyc.ny.us	
Council Member Gale Brewer	212-873-0282	gbrewer@council.nyc.gov	

Questions? Send email to DemandAHospital@gmail.com or call (917) 301-1158



Greenwich
Village
Society for
Historic
Preservation

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TESTIMONY OF THE GREENWICH VILLAGE SOCIETY
FOR HISTORIC PRESERVATION
IN OPPOSITION TO THE PROPOSED REZONING
OF ST. VINCENT'S HOSPITAL EAST CAMPUS

March 6, 2012

Good morning Councilmembers. My name is Andrew Berman, and I am the Executive Director of the Greenwich Village Society for Historic Preservation. GVSHP is the largest membership organization in Greenwich Village, the East Village, and NoHo, and works to preserve the history and character of our neighborhoods.

We strongly urge you to vote no on the proposed rezoning application. The proposal would upzone the site to give Rudin Management almost all the additional bulk and special zoning considerations granted to St. Vincent's Hospital in 1979 for the development of new hospital buildings. In this case, however, the additional bulk and special zoning considerations would go toward enabling the construction of 450 private, luxury condos and high-end retail space.

No matter how you slice it, no matter how many side agreements are attached to it, no matter how nice a park may come with it, this is simply wrong – it's wrong for this site, it's wrong for this neighborhood, and it's wrong for New York City. Special zoning considerations granted for a facility which served such a necessary public service as a hospital should never be passed along for a development which provides no such similar public service, as would essentially be done in this case. I hope the City Council will understand and defend this important principle, which if undone could have huge ramifications for future development in our neighborhood and our city.

Aside from these fundamental issues, I must point out that the proposed condo development would also be inappropriately large and out of scale for the neighborhood, and result in the unnecessary and undesirable demolition of the Reiss building on 12th Street. There is no support in this neighborhood for this demolition or this scale of development.

Finally, should the triangle park be developed, and I will stress again here that we do NOT believe that the currently proposed rezoning should be approved, there are certain principles we believe must be respected. We believe that this should be a green neighborhood park welcoming to all types of users, with open entrances on each corner. We believe that there should be assurances that any park will be publicly accessible and adequately maintained in perpetuity. And we also feel that any park design can and should integrate elements which mark and commemorate the impact of the AIDS epidemic upon this community and this city, and the important role that St. Vincent's Hospital and the Greenwich Village community played in response to that epidemic. We believe these two goals can and should be compatible, especially if the process for arriving at a final design is one which is public and involves community participation.

I know that this is not an easy application for you to consider, and that no doubt there is tremendous pull from powerful real estate interests and politicians to approve it. But I hope you will do what is right not only for our neighborhood but for New York City as a whole, and vote no on this proposed rezoning.

FOR THE PEOPLE

The City Council: Our Last Hope To Say "We Can Do Better" To Monied Interests

An Open Plea from Arthur Schwartz, Lower Westsider*

Once upon a time having money in New York didn't guarantee those with the money got their way. Sometimes it bought them political friends. Sometimes it even bought them powerful allies way at the top of City Government. But our City – through our City Council – developed a system of checks that usually made it possible for the public will, and the public good, to succeed over money. It was a system which made it a little harder to be a developer in New York. I say "a little" because even with those outlets for popular opposition developers, particularly real estate developers, have made more money in NYC than in any city in the world. But where there was popular outrage against a project, where a project made a community worse, our system made it hard to get things through. If it wasn't for that system we'd have an expressway running from Washington Square Park right past City Hall, and an interstate highway running down the West Side of Manhattan, and a football stadium at the West end of 34th Street.

The last line of defense, the last ally of popular outrage, other than the Courts (which the City Council and State Legislature armed with the City Environmental Quality Review Act (CEQRA), and the State Environmental Quality Review Act (SEQRA) was the City Council, which has the last say under the Uniform Land Use Review Process (ULURP). And as recently as 1999, when our last imperial Mayor, Rudolph Giuliani, tried to maneuver around the City Council and privatize Coney Island Hospital, the Council took the Mayor all the way to the New York State Court of Appeals and won, staving off not only the privatization of one hospital, but the wholesale auctioning of the entire City Hospital system which was likely to have followed.

The Lower West Side of Manhattan lost a hospital in 2010, without any adherence to the Public Health Law, SEQRA or ULURP because the hospital filed for Chapter 7 Bankruptcy, and maneuvered its closing, and the sale of its assets through the Bankruptcy Court, which didn't give a hoot for the public health issues involved. This hospital, St Vincent's, though located in a well-heeled community, mainly served the poor, with the bulk of its patients coming from Chelsea's public housing projects and Chinatown. Studies have shown that the community it serviced, which was already suffering from a severe lack of primary care, didn't shift its allegiance to another hospital (the nearest one being at 2nd Avenue at 16th Street). People simply stopped seeking health care.

The folks who bought St. Vincent's property, Rudin Management, only have one goal, and it has nothing to do with public health. They are so greedy that having picked up one of the primest pieces of real estate on the planet, they came up with a plan to go higher and bigger than the St Vincents footprint, necessitating their use of the ULURP process, leading them into the hands of the last bastion of the public's interest – you folks – the City Council.

The Rudins have done a little to dress up their real estate grab. They gave one building to North Shore LIJ for a "stand alone emergency room", the first of its kind in New York City. And they threw in \$10 million. This "stand alone emergency room," when faced with a life threatening emergency, will be able to do nothing more than apply a turneqit, and send a patient off to a hospital – which could be 20 – 30

minutes away. And the Rudins also gave a corner lot to the community to use as a park. Of course that park will enhance the value of the condos they are building.

We know by now, that the health care establishment, which let St. Vincent's fail, isn't going to ride to the rescue and replace what our community has lost. But the City Council can demand that the Rudins do more than they have before approving a billion dollar profit for these developers. Make the Rudins put another \$100 million into the "stand alone emergency room" so that it can have 25-30 beds, and an operating room and recovery room or two. The impact would be enormous, and it would say to the real estate interests in NYC, who are beginning again to flex their muscles, that there still is a part of the government which has the public in mind, and which will stand in the way of unmitigated greed when it conflicts with the public interest.

But we the public face a new problem. Money buys more and more in this City. I'm not just talking about our billionaire Mayor. Despite our best efforts, money continues to dominate politics, and has brought into question the fierce independence of the City Council. And folks with money are networked by their consultants. SKDKnickerbocker works for the Rudins. They work for North Shore LIJ. They work for Eva Moskowitz and her reviled Success Charter Network. All of these are folks who are using their money to roll over broad community opposition. They also happen to work for Governor Cuomo, Mayor Bloomberg, and Council Speaker Quinn. The vote on the Rudin's zoning resolution is a test of how easy it is to buy government support.

Around ten years ago, the wife of a fellow Community Board 2 member, a mother of 3, realized that she was about to collapse and hailed a cab from a corner in the West Village. She said "St Vincents" and passed out. She was there in 5 minutes, and the application of a defibrillator got her heart, which had stopped, going again, and she was rushed into surgery. She needed months of recovery from those five minutes, but eventually everything came back, and three kids still had their mom. If this was now she would be dead – or a vegetable. I can tell numerous stories about how the lives of my own family (and I have 4 kids) were touched by the accessibility of nearby hospital care. The City Council can address this need and condition the approval of the Rudin's zoning resolution on a bigger investment by them in the health of the community which is about to reward them so greatly.

Or the City Council can let those with money take one more piece of our city.

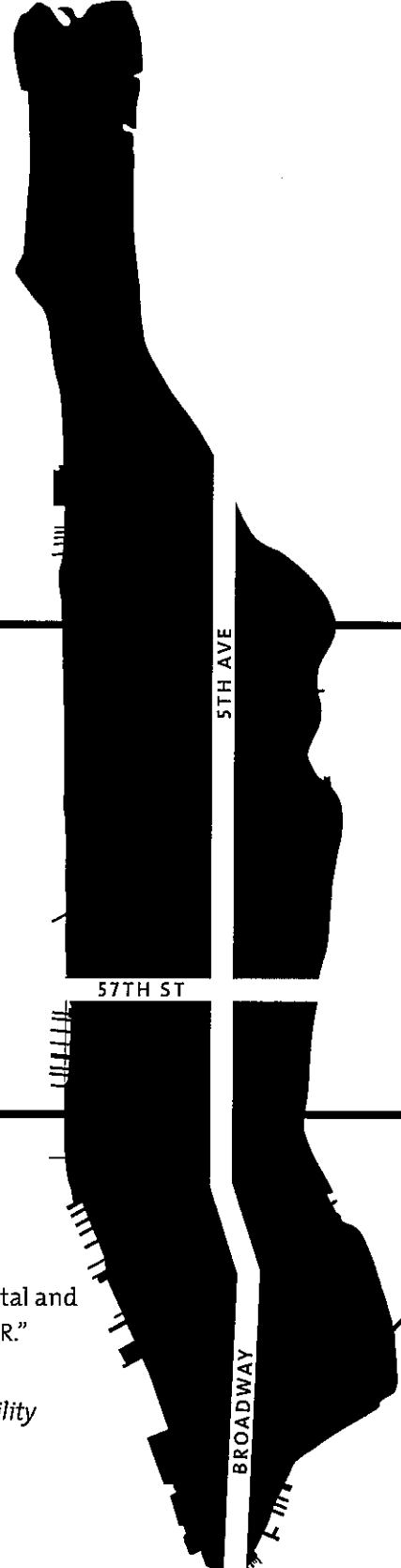
Arthur Z. Schwartz is the President of Advocates for Justice, and a 22 year member of Community Board 2, who has been the District Leader or State democratic Committee member for the Village and Soho since 1995

Distribution of Hospital Beds in Manhattan

How can this be responsible public healthcare policy?

Don't let the congested lower West side of Manhattan to be turned into a testing ground for NS-LIJ's freestanding ER experiment, and risk lives.

**Where would
YOU want to be
in case of
an emergency?**



UPPER WEST SIDE

2,492

UPPER EAST SIDE

3,778

WEST SIDE, BELOW 57TH

0

EAST SIDE, BELOW 57TH

3,101

North Shore-LIJ and Rudin Management Co. want to replace what was a full-service hospital and Level 1 Trauma Center with a "free-standing ER."

NO HOSPITAL!

(See reverse side for serious conditions this facility cannot treat.)

Below 14th Street, there is one hospital: **New York Downtown Hospital** with 180 certified beds

A previous version of this map had Harlem Hospital on the Upper East Side. It is now accounted for in the Upper West Side number, explaining the shift in bed distribution.

Data source for number of certified hospital beds in Manhattan: NYC DOHMH

WE NEED AND WE DEMAND A FULL-SERVICE HOSPITAL AND A REAL EMERGENCY ROOM!

North Shore-LIJ's Certificate of Need Application to the Dept. of Health admits limitations to the patients and types of conditions that can be treated in "freestanding ERs." These facilities are typically located in rural communities. This kind of facility has **NEVER BEEN TESTED** in a densely populated urban environment.

Medical specialists are not located on-site. Patients who can't be treated at the "freestanding ER" include:

- Patients with Severe Trauma (Major Motor Vehicle Accidents, Open Fractures, Gunshot Wounds, Septic Shock, Multiple Injuries)
- High-risk Maternity Patients
- Pediatric Patients Needing Intensive Care
- Dialysis Patients
- Acute Myocardial Infarction Patients
- Acute Psychiatric Patients
- Patients requiring immediate Surgical or Cardiac Interventions
- Burn Patients
- Severe Head or Spinal Cord Injured Patients, and the list goes on...

TAKE ACTION NOW!

Put pressure on all of our elected officials. In a medical emergency, every minute matters.

DEMAND THAT A HOSPITAL BE RESTORED TO MANHATTAN'S LOWER WEST SIDE!

CONTACT	PHONE	EMAIL	ADDRESS
Governor Andrew M. Cuomo	518-474-8390	www.governor.ny.gov	State Capitol Albany, NY 12224
NYS Attorney General Eric Schneiderman	212-416-8000	www.ag.ny.gov/online_forms/email_ag.jsp	120 Broadway New York, NY 10271
NYS Commissioner of Health Nirav R. Shah, M.D., M.P.H.	518-474-2011	dohweb@health.state.ny.us	NYS Dept of Health Corning Tower, Empire State Plaza Albany, NY 12237
Mayor Michael Bloomberg	311 or 212-788-3000	mayor@nyc.gov or nyc.gov/mayor	City Hall New York, NY 10007
City Council Speaker Christine C. Quinn	212-564-7757	speakerquinn@council.nyc.ny.us	224 West 30th Street, Suite 1206 New York, NY 10001
Manhattan Borough President Scott Stringer	212-669-8300	bp@manhattanbp.org	1 Centre Street, 19th Floor New York, NY 10007
US Senator Charles Schumer	212-486-4430	senator@schumer.senate.gov	757 Third Avenue, Suite 17-02 New York, NY 10017
US Senator Kirsten Gillibrand	212-688-6262	invite@gillibrand.senate.gov	780 Third Avenue, Suite 2601 New York, NY 10017
Congressman Jerrold Nadler	212-367-7350	nadler.house.gov	201 Varick Street, Suite 669 New York, NY 10014
NYS Senator Thomas K. Duane	212-633-8052 or 518-455-2451	duane@senate.state.ny.us	322 Eighth Avenue, Suite 1700 New York, NY 10001
NYS Assembly Member Deborah J. Glick	212-674-5153	glickd@assembly.state.ny.us	853 Broadway, Suite 1518 New York, NY 10003
NYS Assembly Member Richard N. Gottfried	212-807-7900 or 518-455-4941	GottfriedR@assembly.state.ny.us	242 West 27th Street New York, NY 10001
Council Member Margaret Chin	212-587-3159	chin@council.nyc.gov	
Council Member Rosie Mendez	212-677-1077	rmendez@council.nyc.gov	
Council Member Dan Garodnick	212-0818-0580	garodnick@council.nyc.ny.us	
Council Member Gale Brewer	212-873-0282	gbrewer@council.nyc.gov	

Questions? Send email to DemandAHospital@gmail.com or call (917) 301-1158



Jayne Hertko
2 Grove Street, Apartment 6E
New York, New York 10014

Hello Councilmembers,

Thank you for the opportunity to testify. My name is Jayne Hertko. It was hard to decide what to say today because it feels like lives could depend on our testimony. 15 years ago, my life was saved at St. Vincent's with no time to get to another hospital. Here is a map of the current distribution of hospital beds in Manhattan. This is a disaster waiting to happen and affects everyone, who lives, works or visits Manhattan's West side below 57th Street. It affects all of your constituents. No hospital, no Level 1 Trauma Center! It might seem that we are fixated on this location, but it is the ONLY existing hospital infrastructure on the West side, below 57th Street. For the last 2 years, we have been told there is no money. I don't believe that, but it would cost a LOT less to turn one of those buildings back into a hospital, than to build something from the ground up.

Rudin Management Co. has the best PR people money can buy. They will tell you the Rudins have worked with the community: NOT TRUE. They have been at community board and block association meetings, talking AT the community, but they have not worked WITH us.

They'll tell you they have provided a school: NOT TRUE. They helped arrange space, but never bought, leased or refurbished any part of the school they claim to "have provided."

There is no plan for affordable housing. 450 luxury condos with price tags up to \$29 million is grossly out of context and out of scale with the entire community. With my testimony, I'm attaching a page from the Environmental Assessment Statement. It asserts that all 19 impact categories studied will suffer significant adverse, irreparable consequences if the plan proceeds.

Rudin will tell you it will bring 1000 construction and 400 permanent jobs. The construction jobs will happen regardless of what this property becomes. The 400 permanent jobs don't come close to covering the 3500 that were lost when the hospital closed, the largest single loss of jobs in NY.

They will tell you this project has always been about healthcare and they have returned emergency care to the lower West side: NOT TRUE. We live in the most medically underserved community in Manhattan. The NS-LIJ facility is not a true ER, there will be no specialists on site, no ability to treat severe medical emergencies. Those lives will depend on traffic patterns to make it across town to First Avenue ERs. Even members of the DOH committee that approved the facility called it an "Urgent Care Center on steroids" and "an experiment."

On Friday, I read that last minute concessions would be made here, such as money to PS41 and a compromise on the park. The money to PS41 is a consolation prize because they will be trying to teach children across the street from a major construction site for 3 to 5 years. These are crumbs. They have plundered our hospital, will make millions off of its closure, and have given nothing back. We lost serious things when SVH closed: a nursing home, psychiatric treatment facilities, physical rehabilitation programs, substance abuse treatment, AIDS treatment and *hundreds* of other community programs that have not been absorbed by other facilities. And what could be more serious than the loss of our only hospital?

His plan is a disaster for Greenwich Village. It will materially change the character and quality of life in our neighborhood. Our neighborhood thrived once before, it can do so again, and the current Rudin development plan is NOT the answer. We count on you to deny the ULURP application before you.

I'd like to close with a quote: "The lack of a world-class hospital will not only jeopardize the West Side population, but also threaten New York's future competitiveness as a city, since medical care is crucial to quality of life," said Mr. Rudin, president of Rudin Management Company.



City Environmental Quality Review

ENVIRONMENTAL ASSESSMENT STATEMENT FULL FORM

Please fill out, print and submit to the appropriate agency (see instructions)

PART I: GENERAL INFORMATION

PROJECT NAME Saint Vincents Campus Redevelopment

1. Reference Numbers

CEQR REFERENCE NUMBER (To Be Assigned by Lead Agency) 10DCP003M
BSA REFERENCE NUMBER (If Applicable)
ULURP REFERENCE NUMBER (If Applicable) PENDING
OTHER REFERENCE NUMBER(S) (If Applicable) (e.g., Legislative Intro, CAPA, etc.)

2a. Lead Agency Information

NAME OF LEAD AGENCY: New York City Planning Commission
NAME OF LEAD AGENCY CONTACT PERSON: Robert Dobruskin
ADDRESS: 22 Reade Street, Room 4E
CITY: New York STATE: NY ZIP: 10007
TELEPHONE: (212) 720-3423 FAX: (212) 720-3495
EMAIL ADDRESS: rdobrus@planning.nyc.gov

2b. Applicant Information

NAME OF APPLICANT: RSV, LLC (c/o Rudin Management Company, inc.) and Saint Vincents Catholic Medical Centers of New York, d/b/a Saint Vincents Catholic Medical Centers
NAME OF APPLICANT'S REPRESENTATIVE OR CONTACT PERSON: Melanie Meyers-Fried, Frank, Harris, Shriver & Jacobson
ADDRESS: One New York Plaza
CITY: New York STATE: NY ZIP: 10004
TELEPHONE: 212-859-8785 FAX: 212-859-4000
EMAIL ADDRESS: melanie.meyers@friedfrank.com

3. Action Classification and Type

SEQRA Classification
[] UNLISTED [] TYPE I; SPECIFY CATEGORY (see 6 NYCRR 617.4 and NYC Executive Order 91 of 1977, as amended); The project site is located in the Greenwich Village Historic District (NYCHD and S/NR) 6 NYCRR 617.4(b)(9)
Action Type (refer to Chapter 2, "Establishing the Analysis Framework" for guidance)
[] LOCALIZED ACTION, SITE SPECIFIC [] LOCALIZED ACTION, SMALL AREA [] GENERIC ACTION

4. Project Description:

The proposed project consists of the creation of a primarily residential development and new publicly accessible open space and the development of a comprehensive health care facility. The project site is the former campus of Saint Vincent's Hospital Manhattan, and comprises three sites fronting Seventh Avenue between West 13th Street and West 11th Street/Greenwich Avenue. See page 1a for additional detail.

4a. Project Location: Single Site (for a project at a single site, complete all the information below)

ADDRESS: 11-19 Seventh Avenue, 76-88 Greenwich Avenue, 20-40 Seventh Avenue
NEIGHBORHOOD NAME: Greenwich Village
TAX BLOCK AND LOT: Block 607, Lot 1; Block 617, Lots 1 and 55
BOROUGH: Manhattan COMMUNITY DISTRICT: 2
DESCRIPTION OF PROPERTY BY BOUNDING OR CROSS STREETS: West side of Seventh Avenue between Greenwich Avenue and West 13th Street; East side of Seventh Avenue between West 11th and West 12th Streets
EXISTING ZONING DISTRICT, INCLUDING SPECIAL ZONING DISTRICT DESIGNATION, IF ANY: R6, C1-6, C2-6, C2-7
ZONING SECTIONAL MAP NO.: 8d, 12a and 12c

4b. Project Location: Multiple Sites (Provide a description of the size of the project area in both City Blocks and Lots. If the project would apply to the entire city or to areas that are so extensive that a site-specific description is not appropriate or practicable, describe the area of the project, including bounding streets, etc.)

5. REQUIRED ACTIONS OR APPROVALS (check all that apply)

City Planning Commission: YES [] NO []
[] CITY MAP AMENDMENT [] ZONING CERTIFICATION
[] ZONING MAP AMENDMENT [] ZONING AUTHORIZATION
[] ZONING TEXT AMENDMENT [] HOUSING PLAN & PROJECT
[] UNIFORM LAND USE REVIEW PROCEDURE (ULURP) [] SITE SELECTION-PUBLIC FACILITY
[] CONCESSION [] FRANCHISE
[] UDAAP [] DISPOSITION-REAL PROPERTY
[] REVOCABLE CONSENT
Board of Standards and Appeals: YES [] NO []
[] SPECIAL PERMIT
EXPIRATION DATE MONTH DAY YEAR
[] VARIANCE (USE)
[] VARIANCE (BULK).
ZONING SPECIAL PERMIT, SPECIFY TYPE: 74-743, 74-744(b), 13-561
[] MODIFICATION OF
[] RENEWAL OF See Page 1a.
[] OTHER

PART III DETERMINATION OF SIGNIFICANCE (To Be Completed By Lead Agency)**INSTRUCTIONS:**

In completing Part III, the lead agency should consult 6 NYCRR 617.7 and 43 RCNY §6-06 (Executive Order 91 of 1977, as amended) which contain the State and City criteria for determining significance.

1. For each of the impact categories listed below, consider whether the project may have a significant effect on the environment. For each of the impact categories listed below, consider whether the project may have a significant adverse effect on the environment, taking into account its (a) location; (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude.	Potential Significant Adverse Impact	
	YES	NO
IMPACT CATEGORY		
Land Use, Zoning, and Public Policy	✓	
Socioeconomic Conditions	✓	
Community Facilities and Services	✓	
Open Space	✓	
Shadows	✓	
Historic and Cultural Resources	✓	
Urban Design/Visual Resources	✓	
Natural Resources	✓	
Hazardous Materials	✓	
Water and Sewer Infrastructure	✓	
Solid Waste and Sanitation Services	✓	
Energy	✓	
Transportation	✓	
Air Quality	✓	
Greenhouse Gas Emissions	✓	
Noise	✓	
Public Health	✓	
Neighborhood Character	✓	
Construction Impacts	✓	
2. Are there any aspects of the project relevant to the determination whether the project may have a significant impact on the environment, such as combined or cumulative impacts, that were not fully covered by other responses and supporting materials? If there are such impacts, explain them and state where, as a result of them, the project may have a significant impact on the environment.	✓	

3. LEAD AGENCY'S CERTIFICATION

Director, Environmental Assessment & Review Division

TITLE

Robert Dobruskin, AICP

NAME

New York City Department of City Planning

LEAD AGENCY

SIGNATURE

Robert Dobruskin

For the Record



New York City
CENTRAL LABOR COUNCIL



AFL-CIO

275 Seventh Avenue, 18th Floor New York, NY 10001 • Tel: (212) 604-9552 • Fax: (212) 604-9550 • www.nycclc.org

March 6, 2012

Hon. Christine C. Quinn
Speaker
New York City Council
City Hall
New York, NY 10007

Hon. Leroy Comrie
Chair, Land Use Committee
New York City Council
250 Broadway, Suite 1865
New York, NY 10007

Hon. Mark Weprin
Chair, Subcommittee on Zoning & Franchises
New York City Council
250 Broadway, Suite 1807
New York, NY 10007

Re: Support for the Rudin St. Vincent's Rezoning

Dear Speaker Quinn and Chairs Comrie and Weprin,

I write on behalf of the New York City Central Labor Council to express our **strong support** of the proposed rezoning of the St. Vincent's campus by Rudin Management and urge you to **approve** the project.

The NYC CLC is a non-profit umbrella group that represents more than 1.3 million unionized workers citywide.

This project represents a major improvement to the surrounding community and the City of New York. Among the benefits already realized in this project include a new hospital that will be managed by the North Shore – Long Island Jewish Health system and a new elementary school. With passage of the proposed ULURP actions, a large number of additional benefits will be realized including:

- **Economic Development** – project will generate 1,600 jobs, boost the small businesses affected by the closure of St. Vincent's and generate much-needed tax revenue for the City and State of New York after not being on the tax roll for over 100 years.
- **Open Space** – a new 16,500 square foot park designed with significant community input will be created that can be enjoyed by local residents.

- **Better Design** – new design is less bulky, preserves five historic buildings, improves views and improves environmental conditions by incorporating the latest sustainability measures.

Many diverse groups, from developers and residents to preservationists and labor organizations, worked long and hard to bring this proposal to this point, and the progress reflects an enormous amount of dialogue and compromise from all sides. The NYC CLC would like to see that effort rewarded by approving these final public approvals to give Rudin Management the right to make its impressive plan a reality.

Thank you for your consideration of our position.

Sincerely,



Vincent Alvarez
President
NYC CLC

JUDICIARY COMMITTEE

SUBCOMMITTEES:

RANKING MEMBER
CONSTITUTION

INTELLECTUAL PROPERTY, COMPETITION,
AND THE INTERNET

TRANSPORTATION AND
INFRASTRUCTURE COMMITTEE

SUBCOMMITTEES:

HIGHWAYS AND TRANSIT

RAILROADS, PIPELINES AND HAZARDOUS MATERIALS

ASSISTANT WHIP



Congress of the United States

House of Representatives

Washington, DC 20515

JERROLD NADLER
8TH DISTRICT, NEW YORK

REPLY TO:

- WASHINGTON OFFICE:
2234 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5835
- DISTRICT OFFICE:
201 VARICK STREET
SUITE 609
NEW YORK, NY 10014
(212) 367-7350
- DISTRICT OFFICE:
445 NEPTUNE AVENUE
BROOKLYN, NY 11224
(718) 373-3198

Web: www.nadler.house.gov

Testimony Regarding the St. Vincent's Campus Redevelopment ULURP Application
March 6, 2012

Thank you for the opportunity to testify today regarding the Rudin Management Company's ("the Applicant") ULURP application to redevelop the former St. Vincent's Hospital campus located at 7th Avenue between Greenwich Avenue, W. 11th St and W. 13th St. I would like to thank Speaker Christine Quinn, Zoning and Franchises Subcommittee Chair Mark Weprin and all the Zoning Subcommittee Members for their hard work reviewing this application and for holding today's hearing.

This redevelopment proposal has a complicated history in the Village community, and many residents have serious concerns about the appropriate size of new residential development in a historic district, as well as the provision of health care services on the site of this development. I have heard extensively from the community about their anger over the loss of a Level I Trauma Center in April 2010, and the current redevelopment proposal of the St. Vincent's campus has elicited an emotionally charged debate in the wake of losing these health care services. I share the serious disappointment of the community at the loss of this crucial community resource, and will continue to advocate for the expansion of health care services in the Village.

However much we are all troubled by the loss of a full service hospital in this neighborhood, the application before us today is separate from the discussion of health care services. As such, my testimony will focus on the major concerns that I share with the community about the proposed development on the St. Vincent's site, apart from the fate of a full service hospital on the site.

Community Board 2 has thoughtfully outlined a series of concerns about this proposal. I particularly urge the examination of four key aspects of this application: the height and bulk of the proposed development; the impact of the residential development on school overcrowding; the lack of affordable housing; and the need for public open space. I appreciate the work that the community and the Applicant have done to address these concerns so far. However, there are still critical elements of the proposal that must be negotiated, and I hope that the City Council will seriously consider these concerns.

There are major concerns about the height and bulk of the proposed residential development on the East site, which is located in the Greenwich Village Historic District. The

Greenwich Village Historic District, first designated in 1969 and extended in 2006 and 2010, is an important landmark district that preserves the low-rise architectural integrity of the Village and ensures the neighborhood's unique historical character is maintained. I share the community's concerns about including a development of this scale in a historic district, and I encourage the City Council to carefully examine the implications of such a rezoning request in a historic district.

The issue of school overcrowding is one that has plagued Community District 2 for years, and current school overcrowding will be exacerbated by the addition of the 450 proposed residential units. The community has asked the Applicant to come to the table to find locations for potential schools in order to address the impact this residential growth would have on public schools, which are already at or above capacity. I appreciate the commitment Rudin made in 2008 to secure the Foundling Hospital site for a future elementary school, but I am concerned that the need for additional school seats will not be met by that site alone. I urge Rudin to continue discussions with the City Council to find ways to further increase public school seat capacity in Community District 2.

Like CB2, other elected officials and the community, I am concerned about the lack of affordable housing included in the proposal, especially as the amount of existing affordable housing in the Village continues to shrink. I urge the City Council to work with the Applicant to determine off-site locations for affordable housing in Community District 2. The Applicant has indicated a willingness to engage in continued discussions on this issue, and it is critical to examine the potential for more affordable housing in the Village.

The final major concern with this ULURP application is the provision of public open space in a Community District with one of the lowest rates of green space per resident in Manhattan. The Applicant has agreed to create a community park on the Triangle site and to allow for a permanent public easement of this private park space. I support CB2's extensive recommendations about the design of the park. I am also supportive of the proposal for an AIDS memorial and museum/learning center, and I am hopeful that we will see this memorial realized in the near future.

The public debate over the redevelopment of the St. Vincent's campus has been a difficult and emotional process. I want to commend CB2 for hosting dozens of meetings on this proposal and preparing thoughtful recommendations on the ULURP application. I also want to thank Borough President Stringer for his thorough review of this application. I urge the City Council to carefully consider all of CB2's recommendations in making its final determination on this application. Thank you again for the opportunity to testify today.

Brad Hoylman, *Chair*
Bo Riccobono, *First Vice Chair*
Alison Greenberg, *Second Vice Chair*
Bob Gormley, *District Manager*



Antony Wong, *Treasurer*
Susan Kent, *Secretary*
Keen Berger, *Assistant Secretary*

COMMUNITY BOARD NO. 2, MANHATTAN

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Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

TESTIMONY ON ST. VINCENT'S CAMPUS REDEVELOPMENT PROJECT

(ZONING, WEST VILLAGE RESIDENCES, LLC AND SAINT VINCENT'S
CATHOLIC MEDICAL CENTERS, MANHATTAN)

NEW YORK CITY COUNCIL
SUBCOMMITTEE ON ZONING AND FRANCHISES

BRAD HOYLMAN, CHAIR
COMMUNITY BOARD NO. 2, MANHATTAN

March 6, 2012

Good afternoon. Thank you Chairperson Weprin and Deputy Majority Leader Comrie and the members of the Subcommittee on Zoning and Franchises for the opportunity to testify today, along with Speaker Quinn, who as you know, represents this district.

My name is Brad Hoylman, and I am chairperson of Community Board No. 2, Manhattan (CB 2). The project before you today lies wholly within the boundaries of our district, as well as the Greenwich Village Historic District. On October 26, 2011, the Community Board, as part of its chartered mandated responsibilities, issued its formal resolution on this project, a decision five years in the making.

Before I turn to the summary of our resolution, I would like you to know one important thing our community feels very deeply. The closing of St. Vincent's Hospital was a tragedy for our community board and for the residents and visitors of the lower West Side of Manhattan.

St. Vincent's was a treasured institution in our neighborhood for 160 years. The hospital and the dedicated group of doctors, nurses and staff grew with us as our neighborhood grew. They served us well, delivering our babies, providing emergency medical attention to all of lower Manhattan, sponsoring clinics that prioritized the importance of

community medicine and leading the nation in a commitment to addressing the AIDS crisis.

Over the last five years, and particularly since St. Vincent's closed two years ago, our board has spent a great deal of time listening to our residents who are rightfully upset about the loss of St. Vincent's Hospital. We share their frustration and anger that this historic, essential, acute care facility and Level 1 Trauma Center – one that treated the victims of the Triangle Shirtwaist fire and the sinking of the Titanic, and was prepared to do the same on September 11th – will now become luxury condominiums under the plan before you.

Rather than accept our status as victims of an inequitable health care system and overheated real estate market, CB 2 has taken proactive steps to address this complicated and difficult situation:

- We launched a local health care needs assessment in conjunction with Speaker Quinn, our other local elected officials, over 30 health care organizations and the Hunter College School of Public Health. We think it is a blueprint for the new healthcare facility to be operated by North Shore/LIJ and that it presents a compelling case for the need for a full-service hospital on the West Side of Manhattan.
- Through our resolution to the Landmarks Preservation Commission in April 2008, Community Board 2 helped craft the compromise solution that helped preserve four historic buildings on the former St. Vincent's campus and the O'Toole building across the street.
- We formed a special oversight committee comprised of chairs of committees relevant to the application and local residents who would be most directly affected by the development and took testimony from hundreds of people over the course of several months.

Throughout our process, CB 2 has held firm in its belief that our neighborhood needs a full service acute care hospital, with Level One Trauma capabilities.

That said, we were called upon in this application to address the specifics of the proposal, which included zoning map amendments, zoning resolution text amendments and Large Scale Development special permits.

CB 2 opposes the plan before you unless the following issues are addressed:

- **The Applicant should not given an increase in development rights** – the Applicant, a for-profit private developer, should not be permitted to take advantage of the zoning intended for a non profit community use such as a

hospital. It would set a dangerous precedent in neighborhoods such as ours that have a high concentration of community facilities.

- **Creation of Affordable Housing** – The Applicant, who already has a presence in our district, has a unique opportunity to create permanent affordable housing in the CB 2 area, either on-site or off-site, in order to strengthen the social and economic diversity of the area.
- **Support for Local Public Schools** – CB 2 is grateful for the Applicant’s assistance in securing a space for a new school in the Founding Hospital building in Community Board 5. This site was secured in 2008, however, before the current project was conceived, and is being financed by the City of New York, not the Applicant. We strongly urge the Applicant be required to make a capital contribution to the establishment of much needed, new public school in *our* district, such as at 75 Morton Street, a State-owned office building that is currently underutilized. This commitment would help to serve the very families the Applicant is seeking to add to the area.
- **Public Easement for the Triangle Park** – CB 2 thanks the Applicant for creating a public design process for a community park, and for agreeing to consider the inclusion of an AIDS memorial component. We hope that a mechanism can be created that ensures that the City of New York, not just the residents in the Applicant’s condominiums (as currently proposed), will have a role in governance of the new park so that it is truly “public.”

CB 2 has enumerated other concerns in our resolution, including the proposed parking garage, lack of disability access to the W. 12th Street subway entrance, proposed retail on 11th and 12th Streets and demolition of the Reiss Building.

We believe that all of these concerns must be addressed in order to avoid the significant and irreversible negative impacts this project, as currently proposed, stands to have on our community.

On behalf of Community Board 2, again, I greatly appreciate the opportunity to testify before you today.

Comments of Mary Margaret Amato
Re: LU 0559-2012, LU 0560-2012, LU 0561-2012, LU 0562-2012, LU 0563-2012
Rudin West Village Project
before the New York City Council Sub-Committee on Zoning and Franchises
March 6, 2012

My name is Mary Margaret Amato and I have been a resident of the Village for over 15 years. I am here today to express my support for the Rudin West Village Project, anchored by the North Shore-LIJ Comprehensive Care Center.

I live here. I understand here. I know how sentimentally attached the Village was to St Vincent's. When the neighborhood lost St Vincent's, we lost more than just a hospital; we lost jobs, we lost a keystone of our community. Our small businesses suffered and as many as 30 have closed. Even the street corner fruit vendor had to pack up. The area around the hospital has become derelict.

I was very pleased when I learned that the Rudin family was looking to redevelop the former St. Vincent's site to include the new North Shore-LIJ Comprehensive Care Center. Finally, the community will again have access to a 24/7 emergency center and many hospital-based healthcare services. Our residents need and deserve that. The Center will be capable of treating more than 90% of the conditions seen at the former St. Vincent's. And, in the tradition of St. Vincent's, the Center will serve all patients regardless of their ability to pay.

Construction of the Comprehensive Care Center and new residential units will bring a boost to the small businesses in the area, during and after completion. This plan will provide over 1,700 union jobs including 1,200 construction jobs, and more than 500 permanent jobs. As a union member, I know firsthand how hard layoffs and work shortages have been on working New Yorkers, including those in my union, Laborers' Local 79. In these tough economic times, these new jobs are a prescription for the relief that we need. When this project is completed, surrounding businesses will start to thrive again too, multiplying the positive economic impact.

Another reason to approve the Rudin West Village Project is the commitment of the Rudin Family to create a 563-seat public school that will do much to relieve chronic overcrowding in existing schools. How great is that? Also, the redevelopment of the triangle park into a real open green space contributes to what this plan offers our community. I especially like that the Plan reduces bulk from existing buildings and preserves the five buildings contributing to the Greenwich Village Historic District. We'll have more light and air in the neighborhood, and keep intact architecture that makes the Village special.

I support this project because it's the best – and only – realistic plan to bring new jobs, healthcare, green space and an elementary school to this part of Westside Manhattan. This plan will restore critical services and boost the economy in the process. As a long-time resident and concerned neighbor, I urge the City Council to approve the Rudin West Village Project and let us get back to work.

Respectfully submitted,
Mary Margaret Amato
March 6, 2012

Testimony of Elizabeth Adam – City council hearing 3/6 20012

I come before you today to join my neighbors in voicing our strongest objection to the Rudin development plan, for the St. Vincent site, in Greenwich Village. For 160 years St. Vincent's Hospital served our community but tragically, it recently closed its doors. I am not alone in suspecting a very carefully crafted conspiracy to defraud the neighborhood, the city, and perhaps even the Catholic Church, for the biggest real estate land grab in recent history.

This last January I marked 50 years of living in the same building on 12th Street, less than 2 blocks from the, now closed emergency room. There were 3 main reasons my parents jumped at the chance to move to the Village:

1. We were moving to a safe neighborhood from a dangerous area of West Harlem,
2. The Public Schools were better and less crowded, a situation which changed soon after, with the “Baby Boomers” and now we are experiencing another overcrowding crisis.
3. My mother had a heart condition and the hospital was close by.

I never thought I would hear myself say that I am now afraid to live in Greenwich Village, but having had two major health emergencies in recent years, a heart attack in 2006, when St Vincent's was still in service and a stroke last March when I was , fortunately. At my job in Brooklyn, near Maimonides Hospital. I am feeling extremely vulnerable living in an area without a hospital.

There has been much disinformation surrounding the Rudin project. Many think of the benefit to the increase in property taxes, for the city, but this will increase the cost of living and doing business in Greenwich Village. Many residents will be forced to move and we will lose even more small businesses. Several labor unions have come forth to support the Rudin plan, saying the project will create much needed long and short term jobs. What they don't want us to remember is that 3,500 union jobs were lost when the hospital closed.

ST. Vincent's served our community for 160 years, caring for us though typhoid, small pox and cholera epidemics, they cared for the survivors of the triangle shirtwaist fire, the Titanic, 911(although, sadly there were far too few survivors). We are concerned that, should we face any future crises, we will not have a healthcare facility capable of handling any such event. What we are being offered is a glitzed up urgent care center with 2 holding beds. This “so called” emergency facility will not be able to save the lives of heart attack and stroke victims and will not provide a much needed Operating room for these emergencies, but will transfer these patients to Full service hospitals on the upper east side, losing critical minutes and losing lives. In recent years we have heard of possible pandemics hitting our city. What would the North Shore/LIJ facility be able to provide the hundreds of people in need? As I look around this room I see a vulnerable population, and realize that the hospital we lost, also served the seat of our city government, the thousands of tourists, people who come to work in the district and college students who pass through the area every year. Each and every one of us, in this room right now, is vulnerable without a hospital at the St. Vincent site. The last thing we need is more over-priced “luxury” condos, increasing the population in the Village and overcrowding our schools. Our community needs many things: primarily a new hospital (maybe a city hospital?) schools, affordable housing, an assisted living facility and a nursing home, since our only one was lost to yet another real estate deal), all of these could easily be accommodated, at a lesser cost, by converting the existing buildings on the site. I urge you all, in the strongest terms possible, to deny this foolhardy and greedy project and save our neighborhood for future generations.

PMW Inc.

D/B/A: SPRING STREET NATURAL RESTAURANT
62 Spring Street, New York, NY 10012
Tel: 212-966-0290 Fax: 212-966-4254
www.springstreetnatural.com

March 5, 2012

**To: Council Member Margaret S. Chin,
Mark Weprin, Chair,
Members of the committee of Zoning and Franchises**

On February 22nd I met with City Council member Margaret S. Chin and staff. They outlined concerns raised by Community Board 2 to my application for renewal of our sidewalk café at Spring Street Natural located at 226 Lafayette Street.

Specifically the board noted that the “application is not approvable as filed as only small sidewalk cafes are allowed on Lafayette streets between Canal St. and Houston Street”.

The board also noted that there have been “existing violations in the café including....no separation between smoking and non smoking areas, a food service cart, a beverage cooler and a sandwich board.”

In response, after consultation with my attorney, I agree to make the sidewalk café entirely non-smoking. Furthermore I have instructed our management and staff that under no circumstances can a cart, a beverage cooler or a sandwich board ever be placed on the sidewalk. You have my assurance that I will take these matters very seriously and that these things will not occur again. My attorney confirmed that in his professional judgment our plans completely met the requirements for small sidewalk cafes.

Spring Street Natural is a family owned and operated Restaurant that has been in business for 39 years. We have been operating a sidewalk café at this location since the regulations have allowed sidewalk cafes in this area and have successfully renewed our license, without objection, several times. Our sidewalk café consists of seven tables in a single row entirely within the building line. We take up no more then 4 feet from the front of the restaurant proper.

We therefore respectfully ask the committee to allow us to continue to operate our sidewalk café and promise, in good faith, to do so under all applicable regulations and laws.

Sincerely,



Rustam Schoenholt
President; PMW Inc.; Spring Street Natural Restaurant

**TESTIMONY OF THE REAL ESTATE BOARD OF NEW YORK, INC. BEFORE THE NYC CITY
COUNCIL IN FAVOR OF THE RUDIN WEST VILLAGE PROJECT**

March 6, 2012

The Real Estate Board of New York, Inc. (REBNY) is a broadly based trade association of over 12,000 owners, developers, brokers and real estate professionals active throughout New York City. We are here to support the zoning map amendment, zoning text amendment and special permits needed for the Rudin West Village Project. We believe that this project will help advance the important goal of providing a health care facility for the area and will do so in a way that brings many other significant benefits to the neighborhood.

It's taken a long time to get to this point and the project should move forward as quickly as possible. While the health care facility in the O'Toole Building is not part of this ULURP application, it nonetheless reminds us of the context of Rudin West Village. The developers, who are deeply committed to New York City, have been involved for several years in an attempt to maintain health care services on the site of the now closed St. Vincent's. In this plan, the developers are making a major contribution to bring the Center for Comprehensive Care into existence. This center will be serving tens of thousands of patients each year many of whom will be West Village residents.

The full project contributes to the neighborhood in myriad ways. In addition to the emergency room, the plan includes medical offices, a new community open space (that's been redesigned with input from Community Board 2), preservation of several buildings considered to be contributing to the historic district, and over 400 permanent jobs in addition to the 1200 construction jobs. The residential space and the new employment will boost the surrounding small businesses and retail establishments. The design of the residential building has been approved by the Landmarks Preservation Commission as being appropriate to the Greenwich Village Historic District.

The experiences on this site indicate how difficult it can be to provide vital services such as hospitals when both land use and funding constraints are present. The Rudin West Village project before you overcomes these challenges by bringing together an

experienced developer and a large and stable health care system. We have seen elsewhere in the city where community facilities such as schools and houses of worship have successfully partnered with residential developers. These arrangements should be recognized for the resources they bring to neighborhoods.

It must be noted that the proposal before you, when built, would have less zoning floor area than the existing condition and would not be taller than the existing building. The proposed rezoning does not conflict with the built environment and several blocks nearby the site such as West 13th Street and 6th Avenue are also zoned C6 and allow 6.02 FAR for residential uses. A residential building on this site would generate less traffic than was generated by the St. Vincent's Hospital. An on-site parking garage would accommodate cars belonging to residents and as well those of people visiting the doctor's offices. The garage currently connected to the O'Toole building will be closing, making this garage more needed.

The Large Scale General special permits for the East Site create the opportunity to build a project that meshes with the Landmarks approved design and offers a better site plan with more usable open space for the public.

We urge the City Council to approve this project because it is appropriate in terms of land use policy and because it offers so many benefits to the community and the city.

Distribution of Hospital Beds in Manhattan

How can this be responsible public healthcare policy?

Do not turn the congested lower West side of Manhattan into a testing ground for NS-LIJ's freestanding ER experiment, and risk lives.

**Where would
YOU want to be
in case of
an emergency?**

UPPER WEST SIDE

2,206

UPPER EAST SIDE

4,064

WEST SIDE, BELOW 57TH

2*

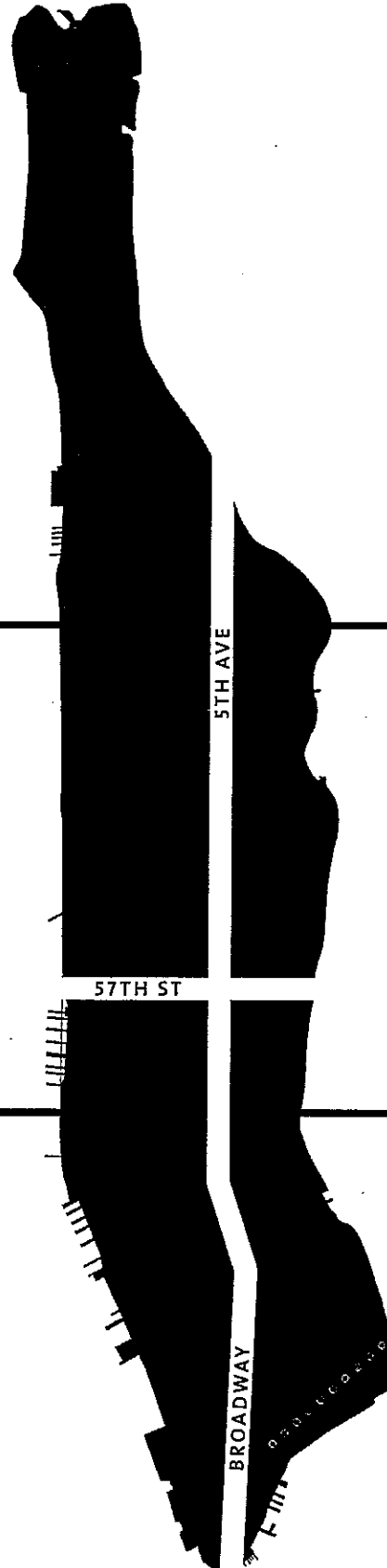
EAST SIDE, BELOW 57TH

3,101

* proposed,
Lenox Hill CON application #111531

Below 14th Street, there is
one hospital:
New York Downtown Hospital
with 180 certified beds

*Data source for certified hospital beds
in Manhattan: NYC DOHMH*



**Testimony of Yetta Kurland, Coalition for a New Village Hospital
NYC Council - Land Use Subcommittee
Public Hearing - St. Vincent's
March 6, 2012**

Mr. Chair,
Ladies and Gentlemen of the Committee:

Thank you for inviting me here to speak to you today.

I am here to ask for your help in my community's efforts to restore desperately needed hospital services for the Lower West Side of Manhattan. But the problem with hospital closures is effecting all of our communities.

We used to have a hospital on the Lower West Side, Mr. Chair, a good hospital, St. Vincent's hospital. Perhaps you've heard of it? It was a hospital that needs assessment after need assessment, including the Berger Commission's and including the most recent needs assessment determined over and over must exist, was necessary for the public health and safety of my community. In fact, even Mr. Bill Rudin himself has admitted unequivocally that this hospital needs to exist. Mr. Rudin is quoted in the New York Times as saying "the lack of the world class hospital will not only jeopardize the west side population but also threaten New York's future competitiveness as a City". Mr. Chair, The Journal of the American Medical Association confirms the need for hospital services is going up while access to these hospitals is going down because of market forces such as real estate interests which should not be jeopardizing health care.

And so, despite public health laws that should have stopped it, in a matter of days a 160 year institution disappeared, and now, a private developer seeks to convert this not for profit hospital into privately owned luxury condominiums, even though the law says they are not allowed to do so without continuing the charitable mission, that is, providing a hospital.

But this is not an attack against development. Sustainable and responsible development can be a good thing for a community. It creates jobs, give us things like parks and schools and hospitals, and contributes to the look and feel of a community. In fact, Mr. Chair, that could be the case here. If this plan included just a few more floors on the O'Toole building, we could have a 200 to 300 bed hospital for our community. It would save lives, give us the much needed hospital for our community, and the Rudins could still develop 7 of the 8 buildings on the campus for residential purposes.

The trade unions who stand to benefit from the construction jobs would still have construction jobs, in fact, this solution would create more jobs for them. And it would restore thousands of long term permanent union jobs to our community, and revive the local community and small businesses that have been wiped out.

The Rudin organization has acknowledged that we need a hospital for the health and safety of our community.

First they offered to build an urgent care center. But that's not a hospital. Then they offered to build a free-standing emergency room. But that's not a hospital either. Now they are offering to build a hospital, but they only want to put two beds in it. Obviously this does not provide the health care necessary for over 1 million residents and visitors that come to our community daily. So the only question is, how do we get a hospital that has the number of beds necessary?

Here's how you can help us. Tell the developers of this project to go back to the drawing board, literally, and come up with a plan that will include a real hospital along with the Rudin organization's condos. They have already earmarked close to \$200 million for the 2 bed hospital. For the same or similar costs, we can have a hospital 200 or 300 beds.

What will that mean? A slightly smaller number of condos. A lot more jobs for construction workers. A lot of permanent jobs for hospital workers. Hospital care for my neighbors, the good people of the Lower West Side.

And for you, esteemed Members of the Committee, an opportunity to address this issue that is already effecting your communities as well.

I'll be happy to answer any questions.

Thank you for your time.

Yetta Kurland
161 W. 16th Street
New York, NY 10011
212 253 6911

**Testimony of Dr. David Kaufman to
New York City Council
Subcommittee on Zoning and Franchises
March 6, 2012**

I thank the committee for giving me this opportunity to speak. The issue today is not just the Rudin Organization's ULURP application which asks both for upzoning changes and assumes that they can simply use the previous zoning variances granted exclusively to St. Vincents in 1979 as a non profit healthcare entity. I believe it is critical to evaluate this ULURP in the context of the larger community. By that I mean, specifically the Lower Westside from Battery Park to 60th St, but also believe we need to consider the context of NYC and NYS. This is NOT just about luxury condos and billions of dollars. It is about the loss of a hospital and the healthcare crisis created on the Lower Westside. Today it is happening on 12th street and 7th ave. Tomorrow it will be Brooklyn, then more closures in Queens already devastated by several closures, then the Bronx, then Buffalo, Albany,... well you get my point. The St. Vincent's debacle is the precedent setting canary in the coal mine for the city, the state, and the country. And no decision on this application can be made without careful consideration of its impact on the lives, the health, the safety of the surrounding community.

So what are we talking about here. No one, not one elected official, not the governor, the mayor, or even the NYS Commissioner of Health has ever questioned the need for St. Vincents. Even the Berger Commission, in 2006, said it was a critically necessary healthcare facility. In 2008 and 2009 as St. Vincents pursued it's plan to build a new hospital tower, every agency and politician, including the DOH, Landmarks, and the Planning Commission---why even the Rudin Organization---agreed with the absolute need for this hospital and approved the plans. And then, when St. Vincents began its spiral into bankruptcy and sought a partner, Mt. Sinai Hospital, after weeks of due diligence, confirmed the community need for this facility, embraced the depth and breadth of the services St. Vincents offered, and initiated the process of partnership. The CEO, Ken Davis, had meetings with entire Attending Medical Staff, the nursing staff, and even the residents and interns, enthusiastically describing the Sinai plan and pleading with staff to hang on, not abandon ship. Then, with one fateful call from the then Commissioner of Health, Dr. Richard Daines, Sinai backed out. We will never know what was said in that call. We can only know that a major academic medical center had the vision, perceived the need, and had the resources to keep a hospital alive on the lower westside.

Now it is closed. But nothing else has changed. What I am about to state are the facts gathered from NYS data sets and collected by none other than NSLIJ during their work with the CB2 sponsored Community Health Assessment. The St. Vincents Emergency Room treated 61000 people in the year before they closed. 13000 of those patients were so sick they required immediate admission to the units upstairs. Every day of the year, there were over 350 patients being treated in units thruout the hospital. St. Vincents was a Level I Trauma Center—I will not remind everyone here of it's role in the two tragic disasters at the World Trade Center. It had a nationally recognized Stroke Center. It had one of the most renowned Medical Intensive Care units in the country, ground breaking cardiology services, internationally respect HIV programs, and innumerable other primary and specialty care programs.

My point here is painfully simple: when the hospital closed, nothing, NOTHING, else changed.

The patients did not suddenly disappear. People did not suddenly stop having strokes, heart attacks, infections, trauma. But now we have nothing. And to keep us happy, to shut us up, the community is being offered a so called Free Standing Emergency Room, really an Urgent Care Center on steroids. When completed, it will only be able to treat 30000 people. It cannot admit anyone because it is not a hospital. It cannot perform emergency surgery, cannot manage trauma patients, cannot open blocked heart vessels in patients dying of heart attacks, cannot save children with brain injuries from falls...the list is endless. What can the NSLIJ urgent care center do? Transfer. Those 13000 admissions I mentioned earlier—they will need to be stabilized and transferred thru NYC traffic to a real hospital. I ask you, each of you members of this committee—is this good healthcare. If you, or your loved one, or your child had an emergency —would you bring them to this pretend ER????

There are over one million residents, commuters, and tourists on the lower westside every day of the year. That is projected to grow dramatically as 15-20 million people visit the 9/11 Memorial, the Highline, the new Whitney Museum every year. For those one million people, we have NO hospital, no hospital beds, no Emergency Room. This is insane. So what can we do? What can YOU do? Reject this application. Do not permit this destruction to go forward, do not allow these condos to be built UNTIL there is a plan to also build a hospital --now. Rather than wasting 125 million dollars on the useless, doomed to failure urgent care center that Rudin and NSLIJ propose, invest in a new hospital and emergency room by building up on the Otoole structure.

The resources are out there. The need is overwhelming. What has been lacking is the political leadership, the political will to make this happen. We CAN all work together, teaming up to get new condos AND a new hospital, healthcare for our community, more jobs, as we prepare for this community's future growth. This can be a win win for all, or it can be business as usual and disaster for the entire lower westside. Please do the right thing—our lives depend on it.

Thank you.

Timeline of Events | March – April 2010

March 2, 2010: Governor Paterson secures \$6,000,000 for St. Vincent's Medical Center (\$5,000,000 of which was from GE investors) and begins discussions to find someone to take over the hospital.

March 24, 2010: Mt. Sinai transition talks begin with St. Vincent's.

March 25, 2010: Hiring Freeze is imposed on St. Vincent's Nurses.

March 30, 2010: As outlined in Bankruptcy filing by St. Vincent's, the CEO of St. Vincent's Kevin Davis and Commissioner Daines have a discussion.

March 31, 2010: Negotiations with Mt. Sinai collapse.

April 6, 2010: Board of Trustees vote privately to shut down St. Vincent's Hospital.

April 8, 2010: Request for Proposal are issued just two days after vote.

April 9, 2010: St. Vincent's sends written notice to the Department of Health that they intend to close. This is supposed to be a 90 day notice yet they also admit they have already begun closing.

April 14, 2010: St. Vincent's files for Chapter 11 Bankruptcy in U.S. Bankruptcy Court and submits a proposed Interim Order asking to be allowed to "continue" closing hospital until the Bankruptcy hearing scheduled May 6, 2010 and that all issues be under the jurisdiction of the Bankruptcy Court.

April 19, 2010: St. Vincent's admits the entire hospital will be shut down on April 30, 2010, a week before the May 6, 2010 Bankruptcy hearing. This will shield St. Vincent's from any consequences for failing to hold public hearings, failing to get approval of a written Closure Plan or in any way having to answer to the public or ensure public safety in the closure. It will also ensure that they are not stopped from illegally closing hospital.

Funding & Expenditures

Saint Vincent Catholic Medical Centers (SVCMC) is one of the New York metropolitan area's most comprehensive health care systems, serving over 500,000 people annually, with 8 hospitals, 4 skilled nursing facilities, 3 home care agencies, a hospice and over 60 ambulatory care sites which provide a broad array of medical, psychiatric and substance abuse services.

Federal Funds: \$722,735,073*

•Over the past 3 years St. Vincent's Hospital has received over a quarter of a billion dollars of line items from Congressman Jerry Nadler through its parent company Sisters of Charity. Services range from Direct Health Care Services to U. S. Serviceman, retirees and family, Data collection services, Medical care for inmates housed at MDC Brooklyn, Veterans Affairs for Nursing Home Care Services.

•On October 1, 2008 St. Vincent's Catholic Medical Centers was awarded a five year U.S. Department of Defense contract through TRICARE with an estimated value of \$520,810,000 for the Uniformed Services Family Health Care Plan (USFHP) for uniformed services, retirees, and their families.

*This is only what we found after an initial search.

State Funds:

•These numbers are unknown but we estimate them to be significant. We also know that in March of 2010 the New York State Assembly Majority committed \$1,000,000 in emergency funding.

City Funds: \$68,990,908

•Active contracts with New York City total an estimated amount of \$68,504,908.

•These monies are used for a variety of services including direct mental Hygiene, recovery programs, homeless services, geriatric services, school based mental health services and mentally disabled services.

•In addition, the City of New York, allocated \$486,000 to Saint Vincent's in the Capital Budget fiscal year 2010.

St. Vincent's Catholic Medical Centers Expenditures:

(As reported in 2008 Form 990 Federal Return of Organization Exempt from Income Tax Return)

Extra Costs: TOTAL \$126,252,734

- Golf Outing: \$278,918
- "Professional Fundraising": \$3,891,258
- "Other": \$104,214,718
- Management Consultants: \$17,267,388
- Lobbying: \$600,452

Annual Salary of 10 Employees: TOTAL: \$10,089,461

- Robert Fitzsimmons, Executive Director: \$2,135,401
- Bernadette Kingham-Bez, SVP CCO: \$1,520,841
- Paul Rosenfeld, Executive Director CC: \$1,196,458
- Henry Amoroso, Chief Executive Officer: \$1,081,592
- James Woods, SVP Real Estate: \$800,000
- Anthony Gagliardi, SVP Medical Director: \$639,766
- Elizabeth St. Claire, SVP Legal: \$562,793
- Michael Greene, COO: \$549,996
- Virginia Sweeny, SVP CNO: \$935,314
- Jane Connorton, SVP-P, NYC: \$667,300

SVCMC's mission to treat with respect, integrity compassion and excellence is combined with a system-wide emphasis on technology and quality. In 2000, SVCMC recorded 2,000,000 outpatient visits, 700,000 home care visits and 94,000 inpatient discharges. Its emergency rooms, which include three Level 1 Trauma centers, received 280,000 visits in that same year. Wherever you live or work in the New York metropolitan area, Saint Vincent Catholic Medical Centers can help you and your family with your health care needs.

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October 26, 2011

Amanda M. Burden, FAICP
Chair
NYC Department of City Planning
22 Reade Street
New York, New York 10007

**Re: St. Vincent's Campus Redevelopment Project; ULURP Applications No. #C120029ZSM,
#C120030ZSM, #1C20031ZSM, #N120032ZSM, and #C120033ZSM**

Dear Chair Burden:

At the recommendation of its St. Vincent's Omnibus Committee, Manhattan Community Board No. 2 (CB 2), having held a duly noticed public hearing on ULURP application numbers #120029ZSM, #120030ZSM, #120031ZSM, #120033ZSM, adopted the following resolution at its meeting on October 20, 2011 with 40 in favor, 1 opposed, no abstentions and no recusals.

The resolution recommends **denial** of each application unless the Community's Concerns detailed below are addressed.

BACKGROUND

The Applications, submitted by RSV, LLC ("Applicant"), proposes the creation of a primarily residential development and new publicly accessible open space to be located on two of the three blocks of the former campus of Saint Vincent's Hospital Manhattan (the East Site and the Triangle Site) fronting on Seventh Avenue between West 12th Street and West 11th Street/Greenwich Avenue.

Contemporaneously, although not part of this application, North Shore-Long Island Jewish Health System (NSLIJ) would develop a health care facility—referred to as the Center for Comprehensive Care—on the third block of the former campus of Saint Vincent's Hospital Manhattan in the O'Toole Building. The O'Toole Building would be renovated for this purpose.

CB 2 has been reviewing this proposed redevelopment for five years. Representatives from St. Vincent's Hospital came to CB 2 in December 2006 to announce their intention to build a new "state of the art" acute care replacement hospital and Level 1 trauma center. They created a Community Working Group, in which CB 2 participated. In May 2007, St. Vincent's announced that they had chosen the Applicant as their development partners in the project. CB 2 formed a special oversight committee, the St. Vincent's Omnibus Committee, comprised of chairs of committees relevant to the application and local residents who would be most directly affected by the development. Over the proceeding several months, CB 2 held a series of public information meetings, so that the community would be fully aware of the proposal. The board also met numerous times with

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SOUND OF MY VOICE
IN THEATRES 04.27.2012[Click to View](#)

May 17, 2011

Fewer Emergency Rooms Available as Need Rises

By RONI CARYN RABIN

Hospital emergency rooms, particularly those serving the urban poor, are closing at an alarming rate even as emergency visits are rising, according to a report published on Tuesday.

Urban and suburban areas have lost a quarter of their hospital emergency departments over the last 20 years, according to the study, in *The Journal of the American Medical Association*. In 1990, there were 2,446 hospitals with emergency departments in nonrural areas. That number dropped to 1,779 in 2009, even as the total number of emergency room visits nationwide increased by roughly 35 percent.

Emergency departments were most likely to have closed if they served large numbers of the poor, were at commercially operated hospitals, were in hospitals with skimpy profit margins or operated in highly competitive markets, the researchers found.

Although the study did not examine emergency care at the remaining facilities, the closings take a toll on the quality of care in all emergency rooms, said Dr. Renee Y. Hsia, an assistant professor of emergency medicine at the University of California, San Francisco, and the lead author of the study.

"Some people think, 'As long as my emergency room isn't closing, I feel O.K. and protected,'" said Dr. Hsia, whose research was financed by the Robert Wood Johnson Foundation. "But even if they don't lose the E.R. in their own neighborhood, they do experience the effect of fewer emergency rooms — the waits get longer and longer, and people's outcomes get worse."

New York City lost three hospital emergency rooms in 2008, two in 2009 and two more last year, when St. Vincent's Hospital Manhattan in Greenwich Village closed, followed by North General Hospital in Harlem. St. Vincent's had handled more than 60,000 emergency visits a year, while North General's E.R. had recorded 36,000 annual visits.

A 24-hour emergency care and ambulatory surgery center, operated by North Shore-Long Island Jewish Health System, is planned for Greenwich Village. Neighborhood advocates have expressed concern that the free-standing emergency room will not be able to deliver adequate

care without the backing of a full-service acute-care hospital.

The new study warns of delays in emergency care that are already playing out in the community, said Dr. David L. Kaufman, a member of the Coalition for a New Village Hospital who worked at St. Vincent's for more than 30 years. Patients who would have sought care at St. Vincent's, he said, "take longer to get to nearby hospitals in New York City traffic. They're waiting many, many hours to be seen and managed, and if they require admission, they have to wait another 12 to 24 hours because there are no beds."

The aim of the analysis was to figure out what characteristics make a hospital emergency department likely to close, Dr. Hsia said. Rural hospitals were excluded because some are designated "critical access hospitals" and operate under federal mandate.

Emergency rooms at commercially operated hospitals and those with low profit margins were almost twice as likely as other hospitals to close, Dr. Hsia and her colleagues found. So-called safety-net hospitals that serve disproportionate numbers of Medicaid patients and hospitals serving a large share of the poor were 40 percent more likely to close.

In addition, hospital emergency rooms in the most competitive markets were 30 percent more likely than others to close.

"This suggests market forces play a larger role in the distribution and availability of care" in the United States, Dr. Hsia said, especially emergency care. "We can't expect the market to allocate critical resources like these in an equitable way."

Conditions in emergency rooms may be worsened by the new health care law, several experts said. The law will expand eligibility for Medicaid, the government health plan for the poor. Often beneficiaries turn to emergency rooms for care, because many physicians do not accept Medicaid payments, said Dr. Sandra M. Schneider, president of the American College of Emergency Physicians.

Emergency rooms are required by law to provide treatment regardless of ability to pay. "People will have coverage, but there's a concern that there will be nowhere for them to go," Dr. Schneider said.

To: Hon. Eric Schneiderman
Attorney General of the State of New York
120 Broadway
New York, NY 10271

**MEMORANDUM OF LAW
IN OPPOSITION TO APPROVAL OF
THE SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF
ST. VINCENT'S CATHOLIC MEDICAL CENTER OF NEW YORK**

Yetta G. Kurland, Esq.
KURLAND, BONICA & ASSOCIATES, P.C.
Attorneys for Coalition for a New Village Hospital
304 Park Avenue South, Suite 206
New York, NY 10010
(212) 253-6911

June 8, 2011

PRELIMINARY STATEMENT

St. Vincent's Catholic Medical Center of New York (hereinafter "St. Vincent's") has failed to meet the burden of proof required for a non-profit to sell all or substantially all of its assets. First, St. Vincent's has failed to show that the consideration and terms of the transaction are fair and reasonable, and second, it has failed to show that the purposes of St. Vincent's will be promoted by said transaction. St. Vincent's, a non-profit hospital with a charitable purpose, has proposed a plan to sell substantially all of its property to the Rudin Development Corporation, who in turn plans to build luxury condominiums on the property, and work in conjunction with North Shore - Long Island Jewish to build a free standing, for-profit, acute care center in the place of a full-service, Level I Trauma facility functioning with a charitable purpose. This proposal fails to satisfy the high standard which is required for the sale of such a facility.

STATEMENT OF FACTS

St. Vincent's was the only inpatient, outpatient, Level I trauma center and acute care facility serving Manhattan from Battery Park to Midtown, and has served as a unique health care facility for over 160 years, including but not limited to its critical role in treating those injured in the terrorist attacks of September 11, 2001, as well as its work with the LGBT community and specifically its world renowned HIV/AIDS clinic.

While St. Vincent's filed a Chapter 11 bankruptcy petition, this does not negate the responsibilities that exist to continue these unique health care services to meet the needs of the community. The Attorney General's office plays a crucial role in protecting against the privatization of public resources and advocating for the interests of the public at large. The proposed sale of St. Vincent's not only implicates issues such as the

deregulation of health care, but also current widespread efforts to monetize the assets of public hospitals in order to privatize health care.

St. Vincent's and Rudin have been in negotiations since well before St. Vincent's bankruptcy filing, which in hindsight is simply one additional step in St. Vincent's efforts to monetize its assets and privatize and public resource. St. Vincent's disclosed an alleged \$700 million in debt, due to financial mismanagement and the assumption of the debt of other medical facilities. Thereafter, after failing to make annual financial disclosures for many years, in a closed meeting on April 6, 2010, the Board of Directors of St. Vincent's voted to close without notice or public input, in violation of state law. On April 14, 2010, the St. Vincent's filed a Chapter 11 bankruptcy petition.

At a public meeting on April 30, 2010, New York State Assemblymember Richard Gottfried said there should be investigation of this seemingly improper closure of such a major medical institution. New York State Senator Thomas Duane said he would open a hotline for people to call in to record the impact of the closing. St. Vincent's made claims that a government task force had been organized to try to maintain these crucial health service, however this task force operated behind closed doors and was not accountable to the public. However, when members of the public affected by this closure challenged these improprieties in New York State Supreme Court, they were told by the Bankruptcy Court that it was not their place to do so and that the only entity with such standing was the Attorney General.

It is the duty of the Attorney General to investigate this closure, and furthermore to ensure that any potential sale of the assets of St. Vincent's is not shrouded in secrecy in the way its closure was. Furthermore, it is the duty of the Attorney General to represent

the public's interest in ensuring that public resources remain the property of the public and that health care remains accessible to all. In this regard, it is important to note that the Board of Directors of St. Vincent's has failed to conduct due diligence regarding this proposed sale and furthermore has failed to disclose any conflicts between its members and the Rudin Development Corporation. And perhaps most importantly, it has failed to propose a sale that continues the fundamental purpose of St. Vincent's, which is service to the public and especially the poor.

At a Bankruptcy Court hearing on April 7, 2011, the Bankruptcy Court noted that it must follow state law on the issue of approval of this sale, which directly contradicts with the Bankruptcy Court's purpose. Namely, while the Bankruptcy Court's function is to liquidate assets to satisfy creditors, state law requires that St. Vincent's property not be "monetized" and rather that the value of the asset to the public be considered as central to the determination to allow the sale and what is "fair and reasonable" in terms of a sale. Even though state law directly contradicts the purpose and basis of bankruptcy court, it is state law that must be followed here.

ARGUMENT

Under New York Not-For-Profit Corporation Law (N-PCL), before a not-for-profit corporation may sell all or substantially all of its assets, it must show that "the consideration and the terms of the transaction are fair and reasonable" and that "the purposes of the corporation...will be promoted." N-PCL §511(d). The Attorney General of the State of New York is a statutorily-required party to this analysis in order to "ensure that the interests of the ultimate beneficiaries of the [not-for-profit] corporation, the public, are adequately represented and protected from improvident transactions." In the

Matter of Manhattan Eye, Ear and Throat Hospital v. Spitzer, 715 N.Y.S.2d 575, 592 (N.Y. Sup. Ct. 1999).

Under the dual pronged test of N-PCL §511(d), in order to support St. Vincent's petition, Attorney General Schneiderman must be satisfied that both "the consideration and the terms of the transaction are fair and reasonable" and "the purposes of the corporation...will be promoted." However, as the Attorney General found in Manhattan Eye, Ear and Throat Hospital, the hospital has failed to meet its burden of proof and the transaction must not be approved.

In the Matter of Manhattan Eye, Ear and Throat Hospital involved the attempted sale of The Manhattan Eye, Ear and Throat Hospital ("MEETH"). Id. Due to an alleged lack of inpatient activity and national changes in hospital economics, MEETH faced significant financial hardships. Id. MEETH's board obtained approval to decertify beds, opened a community outreach center, and developed a new "proposed strategic plan" for the hospital in which they would sell or lease one of their buildings and open an extension center in Brooklyn. Id. at 578.

Less than a year later, MEETH's Board abruptly decided to sell the hospital to Memorial Sloan Kettering Cancer Center ("MSKCC") and Downtown Group/Colony Capital ("Downtown"), a real estate developer. Id. at 585. Downtown planned on developing apartments on most of the property, while MSKCC would open a cancer diagnostic and treatment center. Id. After the offer came from MSKCC and Downtown, MEETH's Board retained a "strategic advisor" from an investment banking firm who would be paid a 1% fee upon "the closing of a Transaction." Id. at 579-80. MEETH's board had the value of their real estate appraised, and offered to sell to MSKCC and

Downtown for \$1 to \$10 million dollars below appraisal price. Id. at 581. Despite public outcry, MEETH refused to enter into good faith negotiations with any other bidder, even though other offers would have preserved the hospital. Id. at 588.

After several meetings with MEETH and DOH officials, Attorney General Elliot Spitzer wrote a letter to the court opposing the petition of sale. Id. at 587. After a 13-day evidentiary hearing, the New York State Supreme Court held that MEETH's petition failed to meet the dual pronged test of N-PCL §511(d). Id. at 577. Specifically, the court found that the sale, which would close a specialty hospital and replace it with apartments and a cancer diagnostic and treatment center, could not be approved because it would create a "fundamental change to [MEETH's] corporate purpose." Id. at 594. Further, the court found that MEETH's decision to sell was driven solely by the board's interest in "monetizing" MEETH's assets and this led the Board to incorrectly overlook the value of MEETH as a functioning, specialty hospital and major medical institution. Id.

The events surrounding MEETH's petition are strikingly similar to the events surrounding St. Vincent's decision to sell its assets to the Rudin Development Corporation. This was a case of first impression, and is now the law of the land. Significantly, the Board of St. Vincent's has a fiduciary duty to perpetuate the mission of this public entity, which is "reflecting God's love by advancing Christ's healing ministry with respect, integrity, compassion and excellence to all who come to us in need, especially the poor." Therefore, any sale of a significant portion of St. Vincent's assets must obey and preserve this mission. Id. at 593. The proposed sale fails to do so, as it transfers public resources to private use and turns a non-profit entity into a for-profit venture, in complete contradiction of state law. Furthermore, as the court states in regard

to MEETH, “embarkation upon a course of conduct which turns it away from the charity’s central and well-understood mission should be a carefully chosen option of last resort.” Id. at 595. St. Vincent’s and Rudin have been in negotiation for this sale for years, with the first contract of sale agreed to in 2005, and therefore this sale is anything but an option of last resort.

Furthermore, and to address the two-pronged test of N-PCL §511, St. Vincent’s has failed to show that the consideration and terms of the proposed sale are fair and reasonable, and it has failed to show that the purposes of St. Vincent’s will be promoted by said transaction. To address the first prong, the consideration and terms of the proposed sale here are not fair and reasonable to St. Vincent’s. To begin with, this analysis of reasonable should address “the conditions prevailing at the time [the deal] was struck.” Church of God of Prospect Plaza v. Fourth Church of Christ, 431 N.Y.S.2d 834, 838 (2d Dep’t 1980).

Noticeably, in this case at hand this was in 2005 when St. Vincent’s and Rudin Development first struck a deal for sale of the assets, prior to St. Vincent’s financial mismanagement and eventual bankruptcy. But regardless of which time frame one considers, the terms of the sale must take into account St. Vincent’s value as a whole, and not just the value of the real estate itself. St. Vincent’s is a major medical institution on the lower west side of Manhattan, which is the only Level 1 trauma center and full service hospital in this area and this extremely high value must be considered. The parties must not be permitted to “monetize” the value of the assets of St. Vincent’s without taking into account the value of these services to the public and the community.

Public health care is crucial and the Attorney General must prevent the privatization of public health in order to advocate for the needs of all New Yorkers.

Second, the purpose and mission of St. Vincent's will not be promoted by the proposed transaction. A free standing emergency room, such as the one proposed by Rudin Development and North Shore-LIJ, not only fails to carry out the mission of St. Vincent's but is detrimental to public health care and the needs of the community. As the Court noted in Church of God, 431 N.Y.S.2d at 838-39, the purpose of the corporation and the interests of its members must be considered. In the case at hand, the interests of the not-for-profit hospital's members are the interests of the public and only a full service hospital meets the public's needs. As evidenced by the attached 10,000 petition signatures, the public has spoken and a freestanding emergency room is not in their best interest.

CONCLUSION

St. Vincent's petition fails to meet the two-pronged test of N-PCL §511. The terms of the transaction are not fair and reasonable to the corporation and the sale will not promote the purposes of the not-for-profit corporation. As such, the undersigned encourages the Attorney General to oppose the sale of substantially all of the assets of St. Vincent's to Rudin Development.

Respectfully Submitted,

Yetta G. Kurland, Esq.

Memo



From: Small Business Committee Chair Diana Reyna
Date: March 6, 2012

Dear members of the sub-committee on zoning and franchises,

This is information regarding Khims Café's café located at 324 Graham Avenue and their request for an enclosed sidewalk café with 22 tables and 44 seats within my District.

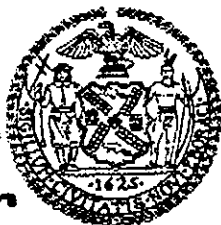
Attached you will find information regarding:

- I. Construction and structural integrity of the premise
- II. Community Board 1's sittings and disapprovals
- III. Community resident concerns in the form of letters and petitions

If you have further questions or concerns please contact Peter Pottier at 212-788-7095 or ppottier@council.nyc.gov.

####

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January 10, 2012

Land Use, ULURP and Landmarks (subcommittee) Committee Report

TO: Chairman Christopher H. Olechowski
CB #1 Board Members

FROM: Ms. Heather Roslund, Committee Chair

The Committee met on Wednesday, December 14th, 2011, at 6:30PM at the CB #1's District Office, 435 Graham Avenue, Brooklyn, NY 11211.

1. DEPARTMENT OF CONSUMER AFFAIRS ENCLOSED SIDEWALK CAFE APPLICATION
A new application for an enclosed sidewalk cafe by JHU JHU CORP., dba Khim's Cafe, 324 Graham Avenue, Brooklyn, NY 11211. 22 tables and 44 seats.

The applicant, Mr. Khim, owns the building and is converting the ground floor space from a store to a cafe. Mr. Khim stated that he will provide American style food, serve beer but no liquor and will not have any live music. He intends to erect an enclosed sidewalk cafe along Devoe Street.

The property is located in an R6A zoning district with a C2-4 Commercial overlay which allows this use as-of-right.

Work Permits for construction were issued by the NYC DOB on 04/28/2011 for an application that was Professionally Certified with work described as "Replace Exterior Wall, Underpinning And Installation Of Concrete Slab Floor. Replace 1st Floor Flooring and Ceiling Joist. Make Opening At Existing Store Front. No Change of Use, Occupancy Or Egress Filed Under This Application" and on 09/06/11 for an application with work described as "Installation of partition wall and plumbing fixtures to include cooking equipment. Install HVAC units (10) tons and kitchen exhaust hood with fan. Amend C/O from dwelling unit and store to store at 1st floor." The applicant confirmed this work is in conjunction with the conversion of the space.

In addition there is an open DOB Application from 1993 to install a new 4'-0" awning along existing exterior wall. The applicant noted this application will be taken over by the new architect and integrated into the new DOB Application with the entire project being closed out together. This structure currently exists, is clearly visible and is constructed of wood. We asked Mr. Khim if he was incorporating the existing awning structure into the new sidewalk cafe enclosure and he indicated he intends to do so.

We reviewed the drawing with respect to both the NYC Zoning Resolution requirements and the NYC Department of Consumer Affairs (DCA) Sidewalk cafe Design and Regulations Guide.

NYC Zoning Resolution

According to the NYC Zoning resolution an enclosed sidewalk cafe is defined as a sidewalk cafe that is contained within a structure constructed predominantly of light materials such as glass, slow-burning plastic or lightweight metal.

The NYC Zoning resolution stipulates clear path requirements, clearances at intersections, clearances from large obstructions, minimum distances between enclosed sidewalk cafes, transparency of exterior walls, height of ceiling, elevation of the floor above the sidewalk, operable windows and allowable fixed elements, all of which the applicant complies with.

We found, however, the applicant does not comply with the following requirements:

Section 14-121; Structural requirements for enclosed sidewalk cafes.

(a) Ceiling – The ceiling shall be of incombustible materials, including colored or colorless safety glass or fabric which has been treated to be fire resistant as approved by DOB.

as the applicant stated that the enclosure would incorporate the existing wood structure, which is not incombustible, the committee requests fire rating details be added to the drawings.

(d) Designated Boundaries – No portion of enclosed sidewalk cafes, such as doors, windows, walls or any objects placed within an enclosed sidewalk cafe, shall swing or project beyond the designated exterior perimeter. However, fire exit doors that are used exclusively as emergency fire exit doors shall be exempt from this provision.

as the drawing do show a door swinging out, a note indicating this door shall only be used in the case of emergencies needs to be added to the drawings as well as a description of the hardware specified for the door.

(f) Refuse Storage Area – No structure or enclosure to accommodate the storage of garbage may be erected or placed on the public right-of-way.

Although the applicant complies here, there was a great deal of concern regarding the intended method for dealing with refuse from the cafe as this has been a re-occurring problem in the past. Mr. Khim indicated there would be no storage of refuse on the sidewalk, either in an enclosure or in a dumpster. He will store refuse in the cellar and would only place it on the sidewalk at the time of collection.

Section 14-122 Access for persons with physical disabilities.

An enclosed sidewalk cafe or its restaurant shall be directly accessible to persons with physical disabilities. In the event the main restaurant has provided such access, the enclosed sidewalk cafe shall be accessible to persons with disabilities from the interior of the restaurant.

The drawings show steps leading from the restaurant into the cafe, rendering it non-accessible. The applicant must correct this.

We further reviewed the sections pertaining to signage, musical instruments and sound reproduction devices, all of which are not allowed. The applicant assured us he does not intend to have any of these.

While the Zoning Resolution requires that at least 50% of the walls, up to a height of 7'-0" shall consist of operable transparent windows, it is the policy of this board per the regulations established by the Public Safety Committee, that such windows must be closed each night at 10pm to help curtail noise

transmission. The applicant agreed to the stipulation and the committee requests this be put in writing and included as part of the resubmitted application.

NYC Department of Consumer Affairs (DCA) Sidewalk Cafe Design and Regulations Guide

The applicant complies with all requirements with the exception of operating hours. The cafe will remain open 24 hours a day and the application states that the hours of the sidewalk cafe are also 24 hours. DCA rules limit the hours of operation for enclosed cafes to no more than 20 hours each day between 8am and 4am. The applicant must revise his application.

Revocable Consent Application

We reviewed the revocable consent application, which is signed by the applicant. It states that the City may revoke its consent of the application at any time for failure to comply with any terms and conditions of the consent or any agreements between the business and the City of New York or for any violation of any of the rules and regulations enforced by DCA. The owner agrees to promptly remove any property placed on the sidewalk space or reimburse the City of New York for the cost of moving the business' property upon receipt of any written notice, demand, or order to vacate the sidewalk space from a governmental agency with jurisdiction.

The committee is not convinced that the enclosure, as it appears to be constructed, is "promptly removable" as the agreement requires and reminded the applicant that it is his responsibility to do so should the city revoke its consent.

We then heard from several residents who were in attendance with concerns about the general state of both the building and the construction. They stated that garbage is often piled up on the sidewalk blocking it, that the sidewalk is in disrepair constituting a tripping hazard, that often nasty liquids ooze from beneath the construction fence, that during last year's snowstorms the sidewalks were not shoveled, etc. In general, the residents' opinions were that the applicant is a bad neighbor who does not maintain his property. Mr. Khim committed to being more responsible in the future, but the committee strongly urges the DCA to take these concerns regarding a general and ongoing failure to maintain the site into consideration.

Therefore, the committee voted to **DISAPPROVE** the application and requires a resubmission of the application to include the above mentioned omissions summarized as follows:

- Fire rating details
- Fire exit door compliance
- ADA compliance
- a commitment to close the windows at 10 pm.
- limitation of hours to no more than 20 per day

The vote was 3 in favor, 0 against, 0 abstentions.

Please note that subsequent to the meeting, the construction fence collapsed onto the sidewalk, damaging a parked car, and as of 12/22/11, a Full Stop Work Order was issued by DOB, citing "No Approved Plans On Site. Failure To Safeguard/Structural Issues - Columns Stability, Floor Joists Stability"

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*Also not a good neighbor
relation from residents*

*Agree to this
24 hours a day*

*enclosed
cafe
Heather Roslund
718
387
6587
11*

supposed to be removed if consent even if revocable

12/18/11

Hon. Diana Reyna
217 Havemeyer St
Brooklyn, New York 11211

Dear Ms. Reyna:

Our names are John & Dorothy Colasanti, we have lived at 186 Devoe Street since April 1980. my house has been in my husband's family since right after World War 11. We are proud of our neighborhood and I'm very active in my church Divine Mercy. I would like to bring to your attention a situation we are having with a business at 324 Graham Ave. Originally this was a vegetable store, and now the owner a Mr. Kim wants to turn it into a sidewalk café. I have no problem with anybody opening a business but Mr. Kim has never been a caring or descent business owner. When his wife opened in the 1980's, we always had a problem with the garbage disposal, and as a result we had a major rat problem. You could see the rat's running in and out of her store. We made complaints about her to the sanitation department and building dept. on numerous occasions. Last winter when we had all that snow that no one shoveled, and we had to walk in the street to get to Graham ave. until spring. I don't trust this person because time and time again he has shown no regard or respect for anyone who lives here. Last week the wall he had put up for the construction site fell down (for the third time) on a neighbor's car. His reaction to me was no problem.

I'm so fearful of this man and the danger he can bring to my block. Enclosed please find copies of the 50 petitions signed by myself and our neighbors. Also there are pictures of the mess he calls a construction site. Lastly I would like to thank Mr. Gerald Esposito, District Manager of Community Board 1 and his staff for being so helpful and supportive. My phone number is 718-599-0870 any help or advise you could give us would be appreciated. Thank you in advance for taking the time to read our letter.

Sincerely

John & Dorothy Colasanti
E-mail ; jcolasa935@aol.com

P.S. We realize we cannot stop Mr. Kim from opening his café. However we would like every city agency to be aware of Mr. Kim's total disregard for sanitary rules and his questionable ideas on building codes.

I would like to keep you up to date on the latest developments at this site. Yesterday, Dec. 20, CB1 called the FDNY to take a look at the construction site. The fireman was amazed and told me he did not understand how the DOB did not see the violations on the inside.

As a result the FDNY officer called the DOB and told them to look inside. When the DOB inspector came he put a stop work order on the site immediately.

The question the fire officer asked as well as me is how were they able to work for so long, at least the past 7 months, without the DOB seeing all these serious violations.

Dorothy Colasanti

Proposal for KHIMS CAFÉ at 324 Graham ave. The corner of Graham and Devoe st.

1. Will be open 24/7
2. "Enclosed" sidewalk café.(windows that will open in nice weather) on the Devoe st. side.
3. 22 tables/ seating for 44 people outside. Seating for additional 35 people inside.
4. They will be serving just beer till 2am. For now.
5. Menu is for deli style food.

I don't have to tell you how much additional pedestrian and truck(deliveries, sanitation pickups) traffic there will be. Noise levels from air conditioner units, refrigeration compressors and people will go up, litter will increase. Double parked delivery trucks will create additional hazardous conditions for pedestrians, traffic, and emergency vehicles. So will the RAT population multiply.

If you agree with this petition, please sign the enclosed form and either give it to me or leave it in my mail box at 186 DEVOE st. I will bring it to the next CB1 committee meeting on Wed., DEC. 14 at 6:30pm.

THANK YOU
JOHN COLASANTI

STATEMENT BY CAROL GREITZER, W. 12TH ST. BLOCK ASSN, BEFORE THE CITY COUNCIL ZONING COMM. RE RUDIN DEVELOPMENT, MARCH 6, 2012

My name is Carol Greitzer. I formerly represented this area in the City Council, and am speaking today as co-chair of the W. 12th St. Block Association. I'm also in support of statements made by Protect the Village Historic District. But I will focus today on the garage.

Twelfth St between 6th and 7th avenues is a residential block – no retail – and except for buildings fronting the avenues, is made up of brownstones and small apartment buildings. Suddenly everything is slated to change – upzoning, retail displays, more cars!

First, let me point out that the Planning Commission's report is flawed, with inaccuracies and omissions. It is disingenuous to cite loss of parking in Chelsea as justification for more parking places in Greenwich Village. Further, the Planning Commission failed to mention that the three garages already functioning on that block are more than any other block in the historic district and probably more than any block south of 14th St. Adding a 4th garage for 152 cars and a 4th driveway would be an outrageous intrusion.

Further, the added traffic and the disruptions caused by action around four driveways could cause problems for ambulances. Ambulances – something else the Planning Commission failed to mention. When the Long Island-Jewish emergency room opens, 12th St. will become the ambulance route to the real hospitals located all the way east on 1st Ave. These ambulances will have enough trouble getting crosstown without the added driveway problem.

CB2's position is that no garage is needed. In view of the as-of-right situation regarding a garage, I offer a **compromise** approach – a **win-win solution for everyone!** Re-locate the garage entrance to 7th Ave. St. Vincent's ambulances pulled in here for about 100 years, causing no traffic problems...and there already exist two curb cuts. DOT doesn't like avenue garages, but an exception must be made here – because another garage on 12th St. would be far more damaging, and would cause far more problems. Another advantage of this change would be the saving of the Reiss building, which is contextual with the adjacent buildings. Rehab, rather than demolition, means less air and noise pollution, less damage to residents, passersby and the children in the 2 schools across the street.

We urge you to approve this change. Let the ambulances and fire engines move freely through 12th St. It may save lives.

To: The New York City Council
Subcommittee on Zoning and Franchises

Tuesday, March 6, 2012

Fox Television News. (See Link at end of page.)

Long Emergency Wait Times

Updated: Wednesday, 02 Nov 2011, 11:10 PM

By JOEL WALDMAN

MYFOXNY.COM - In the city that never sleeps, Fox 5 News found one place where a lot of people were dozing off, sometimes for hours at a time: inside New York's emergency room waiting areas. And, in an exclusive, month-long Fox 5 News undercover investigation it turned out some of those patients waiting for treatment suffered from what they described as life-threatening conditions.

"Do you feel like your daughter's life was in jeopardy because of the wait?" asked Fox 5 reporter, Joel Waldman. Manhattan resident Island Polynice stoically replied, "Yes!"

Polynice says her diabetic daughter, Jenessa's, blood sugar had spiked to dangerously high levels. On a Wednesday night in October we found them inside the packed emergency waiting room at prestigious Columbia-Presbyterian hospital. They had already waited five hours for a doctor.

This was an alarming pattern we found in 17 hospital emergency waiting rooms we visited in all five of New York City's boroughs.

Patients who told us they were in need of immediate care said they were forced to wait 5, 10, 15, even 24-½ hours just to get seen by a doctor.

Since we knew there was already a log jam, FOX5 made sure never to get in the way at any of the hospitals we visited. We simply sat in the ER waiting rooms.

Back at Columbia's waiting room, Jenessa, suffering from that diabetic attack, was still slumped in her wheelchair in the corner. She was given just a pink bucket on the ground to throw up into. She was just told it could be five more hours. Her mother couldn't take it anymore, "She's not ok! She's diabetic!" Island Polynice took her frustration out on the nearest security guard. She also took off with her daughter to another hospital. St. Luke's Roosevelt took her in without a wait and admitted Jenessa to the intensive care unit for more than three days.

So, why are patients at New York's hospitals suffering when it comes to ER wait times lasting well above the national average of four hours? For one, the city has lost seven hospitals since 2007, with two hospitals closing just last year: Harlem's North General Hospital and **St. Vincent's Hospital in Greenwich Village**. Those closures displaced 96-thousand patients.

"Every time you have a closure it affects some place else. It's the classical case of squeezing balloon here, and it pops up somewhere else," explained Kenneth Raske, CEO of The Greater New York Hospital Association. He cited the weak economy as the single biggest reason for the long wait times; more people become uninsured, and more hospitals struggle financially.

At Brooklyn's Kings County, we met a woman who told us her sister came to the ER the day before; she had waited over 24 hours.

Most of the patients we met told us they were speaking to FOX 5 because they wanted to get the word out about an ER system they say is itself in need of some urgent care. A recent independent study by independent evaluator, Press Ganey, backed up their contention. It ranked New York City as the worst in nation when it comes to emergency room wait times, with an average of five hours. That's one hour longer than hospitals surveyed in neighboring New Jersey and Connecticut.

Staten Island University's ER was so jammed up, doctors were examining patients in the hallway. Fox 5 News was even told that a cardiologist had to check someone's heart out in the open.

"I've lived it, I've lived it with my father. I was there half-dozen times. I saw the gurneys lined up," said James Oddo, New York City's Councilman from Staten Island.

Fox 5 News reached out to all the hospitals mentioned in this article. None wanted to publicly comment.

Read more: <http://www.myfoxny.com/dpp/news/long-emergency-room-wait-times-in-nyc-20111102#ixzz1oHzfPZQQ>



**MASON TENDERS' DISTRICT COUNCIL
OF GREATER NEW YORK
POLITICAL ACTION COMMITTEE**

266 WEST 37TH STREET, SUITE 1150
NEW YORK, NY 10018
TEL: (212) 452-9500 FAX: (212) 452-9599
E-MAIL: MTDCPAC@JUNO.COM

**Comments of
Michael J. McGuire
Re: Rudin/St. Vincent's Rezoning Plan
LU 0559-2012—LU 0563-2012
before the Subcommittee on Zoning and Franchises
March 06, 2012**

Good morning Chairman Weprin and distinguished committee members. My name is Michael McGuire and I am the Director of the Mason Tenders' District Council of Greater New York and Long Island Political Action Committee. The Mason Tenders' District Council is comprised of more than 15,000 members in six local unions of the Eastern Region of the Laborers' International Union of North America. These locals represent men and women working throughout the five boroughs and Long Island as building construction laborers, mason tenders, plasterer's helpers, demolition workers, recycling plant employees, high school teachers and asbestos and hazardous material abatement laborers.

In my 16 years of advocacy for good construction projects, I have rarely seen one that gives back so much to the community as the proposed Rudin/St. Vincent's redevelopment. This project offers a great amount of benefit to the surrounding area: a critical care unit, a park, and an elementary school—all while reducing bulk, at the same time generating 1,700 sorely needed jobs.

I understand the community's concerns and desires, and honestly, am not at odds with their way of thinking. The problem is the opposition is positioning the question at hand as a full service hospital versus the proposed project. I think a full-service hospital would be best for the community. It's just not feasible.

There are some important facts to remember regarding this proposed project. First, St. Vincent's declared bankruptcy in 2010. Rudin Management purchased the property in 2011, a year later. Some opponents have been implying that Rudin purchased St. Vincent's and shut it down in order to redevelop the site. This is not the case. The fact of the matter is that at the time of its bankruptcy filing, St. Vincent's had liabilities totaling at least \$1 billion. The

reason I say “at least a billion” is because that’s the highest amount a debtor can enter on the form. This included more than \$180 million owed to the Pension Benefit Guaranty Corporation, which insures that retired St. Vincent’s employees actually get the pensions they worked for, and \$113 million owed to the medical malpractice trust monitor.

As far as constructing a full-service hospital—as was St. Vincent’s—on the site, constructing and equipping a full service hospital costs approximately \$2 million per bed, setting the price for such a facility at \$900 million to \$1 billion. In these hard economic times, with a NYS projected budget gap of \$2 billion and a NYC projected gap of \$1.2 billion, construction of a full-service hospital is just not possible. And remember, St. Vincent’s went *bankrupt*. There is no evidence that a new hospital would be sustainable without massive and ongoing public subsidies.

Further, opponents complain about the lack of hospital beds in the area. This argument is based on arbitrary lines and designed to create fear in the community. This is not the same as saying if the only hospital in Montauk closed the next hospital beds are in Manhattan. Manhattan is an island 1-mile wide and 13-miles long, containing 9,371 hospital beds. Beth Israel Hospital, for example, is just 10 blocks from the St. Vincent’s site.

The proposed Rudin project actually returns a medical facility to the area, in the form of a critical care center, where patients could be stabilized (if necessary) for transport to one of the other full service hospitals located nearby.

To be sure, there is a healthcare crisis in the United States today. My members’ healthcare coverage costs \$7.75 per hour, more than \$16,000 a year—if they’re lucky enough to ever work a full year. But the roots of this crisis lie in Washington. As for now, I say do not throw the baby out with the bathwater in search of a cure for the American healthcare crisis.

Many diverse groups, from developers and residents to preservationists and labor organizations, worked long and hard to bring this proposal to this point, and the progress reflects an enormous amount of dialogue and compromise from all sides. These compromises bring a healthcare facility, a school and a park to the community. Do not let anger at the fact that a venerable institution like St. Vincent’s went into a bankruptcy unrelated to the proposed project cloud your judgment.

The Mason Tenders' District Council urges you to do what's best for this community at any point in the foreseeable future by green-lighting these final public approvals to give Rudin Management the right to make this impressive plan a reality.

Thank you.

Respectfully submitted,
Michael J. McGuire
March 06, 2012

For the
Records

Evette Stark Katz
126 West 11th St.
New York NY 10011
212-627-8923

To Speaker Christine Quinn; and the Subcommittee on Zoning and Franchises, Chaired by Mark S. Weprin, neighbors and guests,

My name is Evette Stark Katz and I have lived down the Street from St. Vincent's for over 25 years. Both my 21 twin son's today are alive today because of St. Vincent's and my Aunt died in St. Vincent's. It seemed whenever there was a medical emergency, life or death in my house, it took place after midnight and more like 4:00 am. I am personally, as many in the community are still grieving the loss of this hospital and all the caring people who worked there.

I am asking you to vote no the Rudin request to rezone the St. Vincent's Hospital luxury conversion plan and the adaptation of the 160 year location for the construction of 450 Luxury Condos, 5 luxury townhouses, a 12th St. 158 unit Garage with wrap around retail on 7th Avenue and West 12th St.

Zoning considerations granted to institutions which serve as a legitimate public purpose facilities should not be handed off to private developers when that institution ceases to exist. In 1979 zoning was changed for the public good. It was changed for more Hospital and healing space. The developer should not be entitled to develop on that over zoned site to make \$1.5 Billion dollars while selling out the community. St. Vincent's that touched generations of people on the West Side, but all over the city and world. Deny this plan. We need a full service trauma 1 hospital back not Condo's. Further this is a residential community. This makes no sense and there is an alternative here to down zone this back to where it was originally.

1) If Saint Vincent's Hospital had been run more effectively, there would still be a full-service hospital and emergency room serving The West Side and NO ONE would be crying out to demolish the hospital and turn it into luxury apartments and an Urgent Care Center.

2) Just because one group of people made serious mistakes running the hospital DOES NOT mean that a hospital is not needed for this area, it simply means that more effective financially prudent people are needed to run the Hospital and Emergency room.

3) A change in hospital management, not the abandonment of a hospital is what is needed and not the substitution description "Hospital" that has been allowed by the Dept of Health Commission under the leadership of **Dr. Nirav R. Shah to satisfy the Sister's of Charity Mission statement so that the Rudin's can build here. The Rudin's needed the phrase or terminology "Hospital" to be allowed to build here. Ha!**

Evette Stark Katz
126 West 11th St.
New York NY 10011
212-627-8923

A 2 Bed 23 hour "Doc in the Box" Urgent Care on Steroids, maxed out imaging center with 1 Ambulance ready willing and able to serve 1.2 million people on the West Side with no emergency surgery life saving teams of expertise is not a hospital.

"This is an experiment" doctors were quoted sitting on the Health Commission. This is not a hospital and cannot replace over 90 medical services lost to this West Side Community from 59th St. to Battery Park and Luxury Condo's will not stop the targeted threat of terrorism on the lower west side too!!! There still is no mass preparedness and mass casualty response. A new brochure was written and there is no references made to hospitals. It is Bizarre.

We are not mice to be experimented on. We are people who need care and need to feel safe in our community in an emergency situation. Seniors and small children and babies especially have been abandoned in the community. There is no Pediatric Emergency Care no emergency care for children and babies...my kids would be dead without the Pediatric emergency care received at St. Vincents. We need beds and we need 350 beds retrofitted at O'tool not the scam that is satisfying a mission statement with no accountability for this scam to succeed. This is a private non union facility. No one is watching. No Hospital No Cond's.

Look, when the Yankees had bad years, George Steinbrenner did NOT say "New York has The Mets. (well we hope so but as of yesterday with the Maydoff fraud- Fred Wilpon and Saul Katz, have a tough road ahead) New York does not need another baseball team. New York has too many baseball stadium seats. I am disbanding the Yankees and selling Yankee Stadium to a luxury condo developer to help the people of The Bronx and increase tax revenue for the State and City." No, the Boss simply got rid of the old managers and brought in a new manager. (Joe Torre).

We need new management or a new thought process and a Hospital with real services and beds. We do not need up zoned 4 years of construction Condo's.

Also it is really urgent to leave the infrastructure alone in the triangle park. It is priceless and cannot be duplicated under the present population and safety guidelines. The Infrastructure needs to be preserved and not be filled in at all. We need a Trauma 1 Hospital and the sub floors and tanks are critical to having it materialize again in the community in the triangle park. Rudin Management does not want this infrastructure preserved because no \$29 Million Dollar Condo owner wants to hear ambulances 24 /7 outside their luxury apartment.

Additionally, no concessions that can be made by the Rudin Management Corp. to change the absolute need for Trauma 1 Care in this community. We should not be divided and conquered or forced to split our alliances about the need for a full service hospital.

Making any donation to PS 41 (my children's grade school too) will not lower class size (we need new schools- only new schools will solve this problem- not \$ for the garden on the roof!-or new curtains for the stage in the auditorium!). A token plaque or statue to memorialize St. Vincent's for our friends and family who died of AIDS and other medical diseases cannot divide us to replace the need for strong life saving Hospital in our community. A donation of Rudin **Crumbs cannot continue to divide this community over AIDS and Education. We need it all. We need it all!!!!**

We have less health care now on the lower west side of Manhattan since the Triangle Shirt Waist Factory fire in 1911. 1911!!!! Do you all think the West Side population has shrunk or perhaps we all have less emergencies on the West Side and don't get sick as much as the support of 7,000+ beds on the East Side?

I do think that Christine Quinn's betrayal to the West Side Community and the Village Chelsea Hell's Kitchen areas is the key to the loss of our hospital battle. It is betrayal. If she had stood with us, and her fellow elected, she would have won and all of you would have won too, even if it was hard, the package of all the Manhattan elected with the community, would have made a victory! *What would have happened if Christin Quinn did not abandon here district? She could have used her considerable clout and skills and made it possible to fight for the community's hospital. She is a formidable force when she chooses to be.....* This is the question, it's not an attack. This is the question. Bad choices have been made here..really poor choices.

St. Vincent's buildings for the construction of luxury housing cannot be up zoned and the plan should not move forward without a Full Service 350 bed Hospital re fitted into the O'Toole Building. The community must have a hospital and only that. All infrastructure needs to be protected as well and there can be no compromise for education or an AIDS memorial park. (which also counts my Aunt Anna Stark who died in St. Vincent's without AIDS too. We need it all. All or nothing. No Hospital No Condo's. There is no benevolence at all in the Rudin Management Plan. There is only dollar signs, traffic to never get cross town in an emergency, poor air and light, asbestos, dust, finally poor health as a result of 4 years of construction and death for the West Side. People are dieing to get cross town only to see 7-12 hour waits for a bed to be checked in. Deny this Plan. Every minute matters. We need A Trauma 1 Hospital.

Evette Stark Katz
126 West 11th St
NY NY 10011
212-627-8923

For the
Records

Evette J. Stark

From: Evette J. Stark [evettejstark@live.com]
Sent: Tuesday, March 06, 2012 3:05 AM
To: 'Albert Vann'; 'Daniel R Garodnick'; 'James Vacca'; 'Jessica S Lappin'; 'Joel Rivera'; 'Larry B Seabrook'; 'Leroy G. Comrie Jr.'; 'Mark S Weprin'; 'Robert Jackson'; 'Vincent M Ignizio'; speakerquinn@council.nyc.ny.us; 'Evette J. Stark'
Cc: 'Assemblymember Richard Gottfried'; 'Bill de Blasio'; 'Congressman Jerrold Nadler'; 'Deborah Glick'; Governor.Cuomo@ny.gov; 'Scott Stringer'; 'Senator Kirsten Gillibrand'; senator@schumer.senate.gov; 'Thomas Duane'; 'Mayor Bloomberg'; 'aberman'; aburden@planning.nyc.gov; 'Congressman Jerrold Nadler'; 'Evette J. Stark'; 'jayne hertko'; jim.fouratt@gmail.com; timothynyc4@aim.com
Subject: Testimony on the Rudin Application Re: St. Vincent's Hospital: For Meeting of March 6th, 2012, 9:30 AM

To: Mayor Bloomberg, Speaker Christine Quinn; and the Subcommittee on Zoning and Franchises, Chaired by Mark S. Weprin and all the Democratic Congress people listed, Senators, the Borough President some neighbors and friends too.

I am coming to testify on March 6th 2012 at 9:30 a.m. as I have come to speak out against the **Rudin Plan** before to rezone the St. Vincent's hospital campus for the demolition /adaptation of the hospital buildings, for the construction of 450 luxury condos, with a 158 space parking garage on West 12th Street, 5 luxury townhouses, along with retail zoning that does not belong in a residentially zoned community at all wrapping around the block on West 12th Street off 7th Avenue.

I ask that you vote NO to Deny this Rudin request until the Community has a Trauma 1 Hospital back! We need a Hospital not Condo's on the West Side of Manhattan. Period. The O'Toole Building can be retro fitted, LIJ/North Shore can add two floors please and create a full service Hospital; not some 2 Bed excuse in a mission statement which has been interpreted misrepresented, and allowed by the DOH to be labeled as a Hospital to allow the Rudin Empire to potentially earn \$1.5 Billion in Condo profit and more by collecting on ground floor retail forever while we fade away and die on the West Side of Manhattan. We continue to have no real expertise and emergency surgery rooms for heart, head, burn or pediatric trauma, and psychiatric trauma to.

Please deny this rezoned Rudin Plan request and revert the zoning back to where it came from in 1979 and deny this plan totally, Or approve it only **ONLY with a full Service Trauma 1 Hospital at O'Toole with approximately 300 to 350 beds please.** Also it is really urgent to leave the infrastructure alone in the triangle park. It is priceless and cannot be duplicated under the present population and safety guidelines. The Infrastructure needs to be preserved and not be filled in at all. We need a Trauma 1 Hospital and the sub floors and tanks are critical to having it materialize again in the community in the triangle park. Rudin Management does not want this infrastructure preserved because no \$29 Million Dollar Condo owner wants to hear ambulances 24 /7 outside their luxury apartment.

There are no concessions that can be made by the Rudin Management Corp. to change the absolute need for Trauma 1 Care in this community. We should not be divided and conquered or forced to be split about the need for a full service hospital. Making any donation to PS 41 (my children's grade school too) will not lower class size (we need new schools- only new schools will solve this problem- not \$ for the garden on the roof!-or new curtains for the stage in the auditorium!). A token plaque or statue to memorialize St. Vincent's for our friends and family who died of AIDS and other medical diseases cannot divide us to replace the need for strong life saving Hospital in our community. A

donation of Rudin **Crumbs cannot continue to divide this community over AIDS and Education. We need it all.**

We have less health care now on the lower west side of Manhattan since the Triangle Shirt Waist Factory fire in 1911. 1911!!!! Do you all think the West Side population has shrunk or perhaps we all have less emergencies on the West Side and don't get sick as much as the support of 7,000+ beds on the East Side? Or, is this just about friends watching each other's backs in the small ultra rich world of power play real estate?

The token sign of gratitude from Rudin and some other business and real estate ownership, is expected. Making donations to many political candidate races for positions in NYC/State, government', or to fund pet programs you all have vested interests in for profit and non for profit? I wonder? If this is the case you all have blood on your hands.

You know, CBRE never was transparent about who exactly received a prospectus on this massive valuable 850,000+ Square Foot West Village property other than Rudin who had been brilliantly presented in the media as a knight on a White horse! Good job Travis Terry. There was no offering put out by CBRE.

Additionally, I asked over 300 real estate people at a function where Steve Witkoff sat on a panel if anyone had made an offer on the 850,000 Square Foot site. You could have heard a pin drop and Witkoff was the only person who spoke up and just defended his friend Rudin and his family...so, no one made an offer in a room full of high level New York City real estate brokers, investors and experts. Further, no one told me during sushi that they knew or heard of anyone else making an offer. So, lucky for Bill Rudin and CBRE that the Bankruptcy Court Judge Cecilia Morris, would not allow FOIL which was requested by the Greenwich Village community under Attorney Yetta Kurland to investigate what happened. Ha the joke is still on all of us. We needed a FOIL on CBRE too.

Cecilia Morris the Judge from *Poughkeepsie NY Dutchess County* (who is so concerned about the community and people n Greenwich Village) further allowed Rudin to donate a \$200 million dollar O'Toole building to North Shore LIJ since her focus was only "making sure the creditors came first and were paid." So A \$200 Million dollar building was donated to a private health care organization LIJ/ North Shore, which will be probably be written off by Bill Rudin on his taxes as a donation...nice. Nothing there in cash for the creditors? Was this protecting the creditors? What? I still don't get this at all. Her decision for no allowance of FOIL to investigate or hold any of the consultants and management at St. Vincent's accountable, basically fast forwarded Rudin's acquisition and left no room for further research to make sure we had another health care provider come to Greenwich Village and enter this infrastructure ready for a full service hospital.

Where is the list of companies that was approached here?.....by CBRE? -- or who exactly did they market to and with what plan they developed? Where is it? It was never printed or talked about. Also in the courtroom our strong community friend and advocate Cecilia Morris the devil, further made sure to approve the Rudin purchase and indicate in the records it does not matter if LIJ/North Shore succeeds or fails, "the purchase is not contingent upon their success- the health care's performance"— she stated this in the records to reflect her Bankruptcy power decision-making skill at protecting the creditors. Therefore this experimental absurd fraud facility is not being held accountable to succeed either. It is private and non union... so LIJ and NorthShore, get to watch themselves. Oh Joy! So who's back did this Judge watch? - Not the community's back, and not the creditors back either. She watched Bill Rudin's back and recently got a promotion for this.

I had requested a prospectus from CBRE – and never got one on the St. Vincent hospital campus and had a client interested for \$59M on the Staff- house building on 15th -16th St. on 6th Avenue that Offer Yardeni had acquired in a bidding process where 27 companies made offers, and ironic I knew of 8 of the bidders since I had contacted some of them who were involved during this process but, not on the 850,000 square foot St. Vincent's Rudin plan though.– Stonehenge Partners backed by a Canadian REIT and Mr. Yardeni, are

adding 2 stories to the existing structure and massive ground floor retail redevelopment—but they are respecting the zoning for this part of Chelsea). No one talked about the bidding or offers made on the 850,000 sq.ft. site.

Additionally the former Health Commissioner Richard Daines, who is dead and was previously responsible for shooting down Mt. Sinai's bid for St. Vincent's Hospital had a conflict of interest to support Continuum Group his previous employer. He should have recused himself. I personally knew about a check being cut at Mt. Sinai, and the Mayor or Rudin via Richard Daines made about 5 phone calls to Mt. Sinai which killed the deal. No investigation took place and all of the employees, doctors, ambulance drivers, support staff, security etc. were absolutely led to believe this would happen. Had this happened all permits and applications made by Rudin would have been void. This Mt. Sinai deal was killed for real estate development. Period. Someone got to Mt. Sinai to kill the deal. They were ready to move forward and did all their due diligence and the financials. No Hospital, then No Condo's!!!

Instead 3,500 employees, trained employees with expertise in many medical and support fields were inevitably let go; Pink slipped. They were devastated! We the community were devastated like a death in the family!!! I cried with nurses and ambulance drivers. We were in a daze. There is nothing worse than death and divorce in the scheme of personal life related tragedies Right? This beloved, and appreciated, life saving community Hospital was allowed to die. Horrible.

I think many of the politicians need to be pink slipped; but not for the miss management and corruption, criminal misappropriation of Federal (Veteran Programs), State and City money, that still has not been investigated or about St. Vincents' Board of Directors with all the consultants who got paid twice, or who charged Golf outings, or lost Caymen Island off shore Money. I think you all need to go because you did not defend this 160 year old hospital and band together to keep this vital institution in our neighborhood. You are all at risk too heath wise, especially living in the targeted terrorist downtown community.

Basically your office representatives along with Amanda Burden and Nirav R. Shah, M.D. and respective experts who sat on their committees did not do their jobs. Most of our Political representatives also did not fight for this hospital or another hospital to go into the existing infrastructure which is priceless. Building a hospital ground up is significantly more money then using the infrastructure that has existed for over 160 years. The same infrastructure Mt. Sinai wanted to enter, redevelop, own and operate.

The public, well, we showed up and were brilliant in our arguments to not support this plan. We continue to show up. I am just one of the hundreds and hundreds of people who have spoken out against this Rudin Plan. Few are for this urgent care plan and upzoned condo development, unless on Bill Rudin's payroll or a strange little man who lives in one of the Rudin buildings who lives on 5th Avenue is in favor of Urgent Care ,and a paid group of Union Construction people who Mr Rudin has show up since he owns and operates 20+ office and residential buildings in the city and they work or have worked for him now or in the past. The only other major supporter is Mayor Ed Koch who also lives in a Rudin building...funny pattern here. So union construction shows up in their orange tee shirts and talk about jobs being created. The are probably going to be there too on March 6th and save seats to lock out the Public, a nice strategy supported by the PR and Lobby strategy support team. Nice.

No one mentions the 3,500 jobs lost or the 50+ businesses gone. So all of you politicians addressed here and your office staff are supposed to represent the 99% voting public. This has not been the case...and some of you all have been dysfunctional by saying one thing and behaving differently. Pink Slips need to go out here.

The council member of the St. Vincent's Hospital district, AND simultaneously the SPEAKER OF THE NYC COUNCIL, failed to stand up for the people of her district, herself, and our health care. Further

Christine Quinn has made it impossible for any of you to be able to carry the issue further up the political ladder to the government level. As we learned over time, we could not get heard, as soon as she turned away from the fight and caved into the Urgent Care experimental excuse to be better than nothing with LIJ/North Shore. The rest of the elected, addressed above in this note, knew they couldn't go any further. Sad. This is really Sad.

I do think that Christine Quinn's betrayal to the West Side Community and the Village Chelsea Hell's Kitchen areas is the key to the loss of our hospital battle. It is betrayal. If she had stood with us, and her fellow elected, she would have won and all of you would have won too, even if it was hard, the package of all the Manhattan elected with the community, would have made a victory! *What would have happened if Ms. Quinn had used her considerable clout and skills and made it possible to fight for the community's hospital. She certainly is formidable when she chooses to be.....* This is the question, it's not an attack. This is the question. Bad choices have been made here..really poor choices.

This massive Sq. Ft. property has been purchased for basically nothing by Rudin Management in September 2011. Well maybe that is not entirely true. A lot has been spent by Bill Rudin on PR teams to keep the real community story out of main stream media, Lawyers too, "Super Lawyer" Melanie Meyers and the expert zoning team of Fried, Frank, Harris, Shriver & Jacobson LLP, Capalino & Company sophisticated Lobbyists

http://www.nyc.gov/lobbyistsearch/search?client=BlueCrest+Capital+Management+%28New+York%29+LP&op=&pg_c=43 with a history list here of those special workers being hired on projects for all very wealthy real estate owners who make sure they get their way.

All of this money is being spent by Bill Rudin to win, and the good fight fought because there is a \$1.5 Billion payday here to be gained by a private for profit Family Corporate Empire.

This plan and change in zoning cannot and should not be granted for any additional square footage for Rudin Management "for profit" business from a community space up zoned in 1979 for the good of the community healthcare and public wellness. DENY THIS PLAN. Zoning was changed for this purpose only. It was not and should not be changed for a "hospital allowance" description deemed by the Dept of Health to label LIJ/North Shore a 2 Bed 23 hour "Doc in the Box" Urgent Care on Steroids, maxed out imaging center with 1 Ambulance ready willing and able to serve 1.2 million people on the West Side with no emergency surgery life saving expertise. This is an experiment quoted by doctors sitting on the Health Commission under Dr. Nirav R. Shah. This is not a hospital and cannot replace over 90 services to this West Side Community!!! *We are not mice to be experimented on. We are people who need care and need to feel safe in our community in an emergency situation. Seniors and small children and babies especially have been abandoned in the community.*

Also this is urgent. Infrastructure that simply cannot be duplicated needs to remain in place where it has belonged for over 160 years! This plan is negligent, harmful to the citizens of New York City, especially the ever expanding lower West Side, visitors, students, and families with small children and babies. This is criminal and you all need to stop killing people and be held accountable here. No Hospital! No Condo's! Deny this plane unanimously. People are dying. People will die being exposed to the construction and the environmental light and air decay and illness to follow.

The FDNY of New York City was asked for records since July 2011 and these responses and hospital delivery times were promised to Tom Duane and they have never materialized. They came to present at the CB-2 transportation committee. What is the door to door delivery times three years ago and over the last two years for comparison? This information needs to be delivered to the public and to the Councilmember's here. There are 7-12 hour waits in emergency rooms, and up to 24 hours for a

bed! I know this, as I have spoken with people in the community petitioning Eric Schneiderman, Amanda Burden and more for weeks and months in the area. I have heard all the stories. We are really living in a 3rd world country. What has the Berger, Healy Dept. and Mayor allowed to happen in New York City. This is not just a Village West Side problem it is systemic all over with our neighbors in Queens, Brooklyn, the Bronx , and Staten Island too.

I have said in my 14 page testimony to Dr. Nirav R. Shah, M.D., M.P.H. during the Dept. of Health Commission hearings. "I know who you are and your addresses" to all the committee members. Volunteers or not or having a political city, state federal title or not, – the decision made today is a matter of life and death and how you proceed in your roles today reflects how you personally value health care for the public within the realm of your given understanding of the issues and expertise. Many of the councilmember's I have been told do tend to choose to side with the councilmember in the district Christine Quinn (who has also accepted Mayoral Campaign funding contributions from 7 members of the Rudin family), because you think they have more expertise and an understanding of the facts of this facility closing and zoning. Not true here. Everyone has watched hospitals close one after the other. All I know is that this Plan has been green lit and pushed through at warp speed to be voted on for approval. The Rudin Plan, is not acceptable without a Trauma 1 Full Service Hospital.. Accountability will remain in place here in the court of public opinion.

St. Vincent's buildings for the construction of luxury housing cannot be up zoned and the plan should not move forward without a Full Service 350 bed Hospital re fitted into the O'Toole Building. The community must have a hospital and only that. All infrastructure needs to be protected as well and there can be no compromise for education or an AIDS memorial park. (which also counts my Aunt Anna Stark who died in St. Vincent's without AIDS too. We need it all. All or nothing. No Hospital No Condo's. There is no benevolence at all in the Rudin Management Plan. There is only dollar signs and death for the West Side.

Very truly yours,

Evette J. Stark-Katz

Sr. Director of Investment Sales & Acquisitions

evettejstark@live.com: skype: evette.katz

Sanford Cohen Realty

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Affiliations:

REBNY; CCIM; Bronx-Manhattan North Association of Realtors; Member of International Council of Shopping Centers;

CISV International Building Global Friendship

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PROTECT THE VILLAGE HISTORIC DISTRICT

(A Project of Open Space Institute)
511 Sixth Ave, New York, NY 10011

Testimony of Trevor R. Stewart
Chair, Protect the Village Historic District (PVHD)
On the Rudin West Village Development
Submitted at the Hearing of the City Council Subcommittee
on Zoning and Franchises on March 6, 2012

I am Trevor Stewart, chairman of Protect the Village Historic District. PVHD is an organization of about 1000 neighbors and others living in Greenwich Village. Our goal is to ensure that historic Greenwich Village remains one of the reasons New York is a great city, and I am sure that is consistent with this committee's goals.

To put it bluntly, we are appalled by the process thus far. The Borough President and the City Planning Commission have simply caved in to the Rudins and have recommended that you give them pretty much everything they have asked for. Cynics might say that the fix is in and that the City Council now has political cover to reward an influential property developer and campaign contributor. I am hoping instead that the City Council will do the right thing and stand up for the community.

As you consider this application, please keep in mind that Community Board 2 voted 40 to 1 to recommend denial of the application. Their objections were reasonable and carefully considered. Their process was thorough and thoughtful, and involved countless public meetings. I was at virtually all of them and I know that CB2 spoke for the community.

The upzoning that Rudin seeks for the site is absurd. St. Vincent's was permitted its extreme bulk because of its unique community function. Rudin's high rise luxury condo development serves no public purpose. Making a zoning exception for them would be an abuse of protective zoning laws. Approving the zoning changes, especially the proposed text change, would create a precedent that other developers will be quick to exploit. Please don't do it.

CB2's recommendations also include denying a condo parking garage on 12th Street. There are already three parking garages on that block. A fourth is unprecedented and would make the block between 6th and 7th Avenues the most heavily garaged in downtown Manhattan. If there has to be a parking garage, then the entrance should not be on 12th Street. Please insist on an appropriate modification.

CB2 asked that the Reiss building on 12th Street be retained and re-used to reduce the impact of what will be a huge and lengthy construction project. There is no good reason that can't be done. Please insist on it.

On the positive side, Rudin is to be commended on the plans for the Triangle Park. Rick Parisi's design is outstanding. Further, we strongly support the idea of an AIDS memorial and a commemoration of the 160 years that St. Vincent's served our community. We ask, however, that such elements be restrained in size, integrated with the proposed green community park, and developed via a public process overseen by the community board.

In summary, we look to you and the City Council and especially to Speaker Quinn, who represents our district, to stand up for the interests of historic Greenwich Village.

Thank you for your consideration.

* * *

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WE NEED A FULL SERVICE HOSPITAL TO REPLACE ST. VINCENTS.

IT IS UNCONSCIENCIONABLE, IMMORAL AND PROBABLY ILLEGAL THAT ST VINCENTS WAS ALLOWED TO CLOSE

THERE IS CERTAINLY PLENTY OF BLAME TO GO AROUND FOR THE DEMISE OF ST. VINCENTS

THE MISGUIDED CATHOLIC CHURCH,

INCOMPETENT HOSPITAL ADMINISTRATORS,

POOR DECISION MAKING SKILLS OF THE BOARD,

THE IRRESPONSABLE NEW YORK STATE HEALTH DEPARTMENT

BUT MOST IMPORTANTLY THE ELECTED OFFICIALS WHOSE SILENCE AND LACK OF SUPPORT DESTROYED THOUSANDS OF PEOPLE'S LIVES

AND WITH NO FULL SERVICE HOSPITAL MORE LIVES WILL BE DESTROYED

IT APPEARS AS IF THERE WAS NO CONCERN FOR THE PEOPLE WHO ELECTED YOU FOR TWO TERMS

NOW YOU HAVE A VOICE, PLEASE USE IT AND SHOW US THAT YOU ARE CONCERNED ABOUT THE WELL BEING OF YOUR CONSTITUENTS.

THE DECISION THAT YOU MAKE IS A MATTER OF LIFE
OR DEATH

ASK YOURSELF THIS QUESTION, DO I WANT TO SAVE
PEOPLE'S LIVES?

IF YOUR ANSWER IS YES, THEN YOU MUST VOTE
AGAINST THE RUDIN LAND GRAB

VOTE TO SAVE LIVES

WE NEED A FULL SERVICE HOSPITAL!!

Testimony

NYC COUNCIL PUBLIC HEARING/RUDIN REZONING APPLICATION

TUESDAY MARCH 6TH 2012; 250 BROADWAY 16TH FL

SPEAKER QUINN AND LAND USE COMMITTEE MEMBERS

I AM MAURICE ZUCKER, A 20 YEAR RESIDENT/OWNER/BOARD MEMBER OF 175 WEST 12TH STREET CONDOMINIUM.

WE, ON WEST 12TH STREET ARE PARTICULARLY CONCERNED WITH 3 ASPECTS OF THE UNMODIFIED RUDIN PLAN. THE DEMOLITION OF THE REISS PAVILLION; THE ADDITION OF A 4TH GARAGE TO OUR BLOCK; AND THE INTRODUCTION OF RETAIL STORE FRONTS ONTO THE BLOCK.

UNLIKE MOST OF RUDIN'S PLAN TO ADAPTIVELY REUSE THE EXISTING ST VINCENT'S BUILDINGS, THE PLAN CALLS FOR THE DEMOLITION OF THE REISS BUILDING, 144 WEST 12TH. WE'VE ALREADY LEARNED THE HARD WAY FROM THE YEAR LONG RENOVATION OF THE PAYNE-MARTIN BLDG, 130 WEST 12TH, THAT THERE IS NO SUCH THING AS A NOISELESS. DUST-FREE RENOVATION. DEMOLITION WILL MEAN INCREASED, EAR-SPLITTING NOISE LEVELS ALONG WITH INCREASED DUST, DIRT AND RODENTS, MAKING OUR BLOCK AN ENVIRONMENTAL HEALTH SAFETY HAZARD. IN SHORT, RENOVATE, DON'T DETONATE!

THE PLANNED GARAGE WILL MAKE WEST 12TH STREET BETWEEN 6TH AND 7TH AVENUES THE PARKING HUB OF THE VILLAGE. WE ALREADY HAVE 3 GARAGES WITH A COMBINED CAPACITY OF 181 VEHICLES. THE PLANNED GARAGE WILL INCREASE THAT # BY 152, BRING THE TOTAL CAPACITY TO 333. THE RESULT: TRAFFIC JAMS, POTENTIALLY STALLING AMBULANCES TRANSFERRING PATIENTS FROM THE PLANNED URGENT CARE CENTER TO EAST

SIDE HOSPITALS. THE GARAGE ENTRANCE SHOULD BE MOVED TO THE CORNER OF 7TH AVE. AND 11TH ST WHICH SERVED ST. VINCENT'S AS AN EMERGENCY ENTRANCE FOR DECADES!

FINALLY, THE INTRODUCTION OF RETAIL STORES AND WINDOW DISPLAYS WILL COMMERCIALIZE A PREVIOUSLY RESIDENTIAL BLOC.

COUNCIL MEMBERS, PLEASE HELP US TO PRESERVE BOTH OUR SAFETY AND QUALITY OF LIFE BY MODIFYING THIS BASICALLY UNACCEPTABLE DEVELOPMENT PLAN.

THANK YOU!

Testimony of Richard J. Davis before the
New York City Council Subcommittee
on Zoning and Franchises, March 6, 2012
regarding the St. Vincent's Development

I am a 21 year resident of West 12th Street and live directly across from the St. Vincent's Hospital Campus. While I also have served as a public member of the Community Board's Omnibus Committee, I am submitting this testimony in my individual capacity to raise certain issues relating both to specific aspects of the St. Vincent's proposal and to the failure of the EIS to comply with legal requirements.

As we come to the end of the ULURP process, it is clear that there are certain things that, however desirable, realistically may not be possible. Thus, there is no question that my first choice is for there to be a full-service hospital at this site. Unfortunately, I am aware of no realistic proposal to operate such a facility. Similarly, while a residential project is the best available use for the St. Vincent's site, it would be better if it was something other than still another luxury condominium development in the Village. Again, unfortunately, no one came forward in the bankruptcy auction process with such a proposal and, it appears that, while some modest affordable housing component might be possible, a generally high-end condominium appears to be all that is economically realistic.

But, if no full-service hospital and luxury condominiums have turned out to be necessary, certain things plainly are not. I would like to focus on three of the choices the Applicant made which unnecessarily damage the surrounding neighborhood, but cannot be described as being necessary to the economic viability of the project – the placement of a garage entrance in the middle of 12th Street between 6th and 7th Avenues, a block the EIS recognizes as having a “strong

residential character”, the unnecessary demolition of the Reiss building on 12th Street and the insertion for the first time of retail on 12th Street.

1. The Garage – As a preliminary matter, while I understand the realities of why the Applicant wants a garage, the EIS establishes that this development does not require a garage (and certainly does not justify the request to increase its size) – there are enough available parking spots at all times in the study area even if the project has no garage.¹

Moreover:

- a. The EIS in a variety of places equates the garage entrance and its 22 foot curb cut with other garages on the block, describing it, for example, as “in keeping with other accessory parking garages that are found in the immediate area such as the garages in the residential buildings at 175 and 101 West 12 Street.”. This is false. These other 12th Street garages, as is common, are in large apartment buildings located on Avenues with entrances located approximately 100 feet from the corner. This proposed garage entrance in the middle of a residential block is very different and not at all common on a residential block. Also, even putting aside the retail being added to 12th Street, a 22 foot curb cut for a garage in the middle of the block, would have a very different – and very negative – impact on the residential nature of the streetscape.
- b. The “concession” by the applicant described in the Borough President’s November 25th letter providing for an “audio/visual” warning system with lights and sounds as cars enter and depart the garage only adds to the

¹City Planning tries to get around the EIS by improperly referring to the number of available spots within a block of the project rather than within the study area.

commercial and disruptive nature of this entrance, and makes locating the entrance in the middle of a residential block more inappropriate. Indeed, what would be particularly inappropriate is any garage signage visible on the street since this is not supposed to be a public garage.

- c. In its traffic analysis, the EIS fails to analyze the fact that allowing four² garages on this block would be unprecedented. Indeed, we are aware of no single residential block below 14th Street which would be burdened with so many garages.
- d. The requested special permit to increase the size of the garage should be denied. The Applicant has articulated a maximum number of units, but has not identified the number of units it actually will be constructing. In these circumstances, and given the adequacy of parking in the study area and the commitment that only residents of these buildings will use the garage, an increase in the size of the garage is not necessary.

The Applicant's response is that the garage entrance cannot be any place else. They reject the corner of 11th Street and Seventh Avenue (even though 11th Street already has a curb cut) because of the school on the block, but the school is across the street and nearly a block east of a possible garage entrance on this street, and 11th Street is an east to west street. They then reject Seventh Avenue as a location for the entrance because, they say, Avenue garage entrances are not allowed. This assertion, however, ignores that fact that as their lawyer acknowledged during the Community Board hearings, exceptions are made to this policy, and that the proposed Seventh Avenue location has had extensive curb cuts used for ambulances for decades. In the

² At various places in the EIS it indicates there are two existing garages on this 12th Street block, ignoring the accessory garage in the corner building on 6th Avenue – 100 West 12th Street.

end, however, as discussed, the middle of 12th Street is also an inappropriate location, and if there is no appropriate location for a garage entrance that is the Applicant's problem and should not be the reason to add another undesirable feature to the project, particularly, since as discussed above, no garage actually is required.

2. Retail – There is no visible retail on 12th Street and there does not have to be for the project to proceed. Rather, to maintain the residential character of the block, all the existing windows should be retained, not enlarged, so they remain the same size as other windows in the Smith-Raskob buildings. And, no retail signage or window displays should be allowed in any of the windows on the side streets. The “concession” to the Borough President and modifications by City Planning on this issue do not adequately address these issues.
3. Reiss – Reiss should be renovated not demolished. The Applicant's answer to this argument is that Landmarks has approved the new Reiss replacement building. This is no answer, particularly since Landmarks did not even consider ULURP issues, including the issue of appropriate mitigation for the extraordinary demolition/construction burdens being placed on this neighborhood and its design.

The reality is that this neighborhood – which is in the middle of a historic district and contains two nearby schools and thousands of residents – is about to be exposed to more than 3-1/2 years of intense demolition and construction. In these circumstances, mitigation of the risks and burdens of the construction process should be mandated to the greatest extent possible.

Demolishing rather than renovating Reiss means the neighborhood will be exposed to 15-19 months of the dirtiest, most noisy work which also will create the most rodent dangers, the most vibration risk to the structural integrity of nearby buildings, including 170 year old townhouses, the most need for street closings and the most danger, including from the use of

cranes. This work (according to responses of the Applicant to Community Board questions) includes, after the added time for asbestos cleaning:

- a. Four months for demolition
- b. Two to six months for excavation and foundation work, which seems a low estimate
- c. Nine months for constructing the outer shell for the replacement building, including steel work, brick work and more.

And, this entire burden is being added to a community facing 3-1/2 years of intense construction when the replacement building is the same size as Reiss and is widely viewed as being poorly designed in a way to clash with, rather than conform to, surrounding buildings. In these circumstances, as part of required mitigation Reiss should not be demolished.³

An answer we have heard is that some of these changes – moving the garage entrance and not demolishing Reiss – cannot be made because alternatives were not studied in the EIS process. Any failure to study these options, however, was the result of the deliberate decision by the Applicant not to do so in what can only be described as a blatant attempt to circumvent the authority of the City Council. What happened here in the land-use process is:

1. The consultant performing the EIS was hired by the Applicant who apparently was then extensively involved in the work of the consultant;
2. The EIS explicitly recognizes that in the scoping process there were requests that two alternative locations of the garage and retaining Reiss be studied;
3. The Applicant, according to the EIS, then said these alternatives, along with others, did not meet its goals and objectives;
4. The Applicant retained consultant then decided not to study these alternatives; and

³ The EIS analyzes none of these factors. Instead it simply inserts a self-serving and incomplete statement of the Applicant's construction manager which fails to address many of these issues.

5. The Applicant now says because these alternatives were not studied the Council cannot consider them.

This deliberate decision not to study alternatives that do not affect the fundamental character of the proposed project is fatal to the sufficiency of the EIS, and makes it subject to legal attack. It also makes this process look more like a shell game than a real land-use process. While the failure to study alternative garage entrances can be addressed by having no garage, to the extent the failure to study retaining Reiss precludes the Council from considering this alternative, the only option for the Council is to reject this zoning request so that a legally sustainable EIS can be undertaken. While personally I do not desire the kind of delay which would result, the blame for that delay falls squarely on the Applicant and its consultant who improperly chose not to study legitimate alternatives.

Thank you.

PETITION TO MEMBERS OF THE NEW YORK CITY COUNCIL

CONCERNED RESIDENTS OF THE WEST VILLAGE WANT YOU, OUR REPRESENTATIVES, TO REQUIRE THE FOLLOWING CHANGES TO THE RUDIN ORGANIZATION PLAN FOR DEVELOPMENT OF FORMER ST. VINCENT'S CAMPUS:

- DO NOT DEMOLISH THE REISS BUILDING; INSTEAD RENOVATE REISS
- DO NOT BUILD A NEW GARAGE AND BUILDING ON THE REISS FOOTPRINT
- DO NOT ALLOW RETAIL DEVELOPMENT AND SIGNAGE ONTO WEST 12TH STREET

THESE CHANGES DO NOT IMPEDE THE DEVELOPMENT OF THE PROPERTY - BUT NOT REQUIRING THESE CHANGES PUTS OUR HEALTH AND SAFETY AT RISK; AND WILL FUNDAMENTALLY CHANGE THE NATURE OF OUR NEIGHBORHOOD.

WE CALL FOR THE CITY COUNCIL TO BE RESPONSIVE TO OUR COMMUNITY!

<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Nina A. David	101 W 12th St NYC 10011	Nina A. David
Ellen Friedman	"	Ellen Friedman
Kosi Tseumi	"	
Kevin McAlarney	101	Kevin McAlarney
KATHY DELANEY	101 W 12th NYC 10011	Kathy Delaney
Matt Taylor	101 W 12th NYC 10011	Matt Taylor
Danielle Miller	"	Danielle Miller
Charles DeBellis	"	Charles DeBellis
Elise Stern	107 Foy Glover Ave NY NY 11901	Elise Stern
GUSTAVE ENUNO		
Paul Pansa	161 W 12th	Paul Pansa
Cherise Manacella	101 W. 12th	Cherise Manacella
Bruce Replegle	101 W. 12th TR	Bruce Replegle

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Ann Mte Poblete	101 W 12th St. #12K	Ann Mte Poblete
	NYC NY 10011	
Bruno Junt	101 W. 12 St	Bruno Junt
	NY NY 10011	
Kyle Brich	101 W. 12 St. #9K	Kyle Brich
Catherine Lu	101 W 12th St 10V	Catherine Lu
Gerard Kab	101 W 12th St 6Y #12	Gerard Kab
Onyiah Walkowitz	101 W 12th St. 24 10011	Onyiah Walkowitz
W. J. Smith	101 W 12th St	W. J. Smith
Allen Salem	"	Allen Salem
	101 W 12th St 11V	
ANDREA LAZAR	101 W. 12th St. #7	ANDREA LAZAR
Ju Mita	101 W. 12th St 16K	Ju Mita
Arusha	101 W 12th St. 17Y	Arusha

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
EVAN MATHESON	101 WEST 12 TH ST.	<i>Evan Matheson</i>
Margaret Wolf	11	<i>Margaret Wolf</i>
FRANK + NATALIE ROSENBERG	101 W. 12	<i>Frank Rosenberg</i>
ETAI ME PASS	101 W 12 ST	<i>Jan</i>
JOE COSTANTINI	101 W 12 ST. N.Y. N.Y.	
Efrem Sigel	101 W. 12 th ST	<i>Efrem Sigel</i>
Tedanne Sigel	101 W 12 ST.	<i>Tedanne Sigel</i>
ku Taylor	101 W. 12 ST	<i>ku Taylor</i>
W. M. Taylor	101 W 12 ST	
Famela Wolf	11	<i>Famela Wolf</i>
Milly Oberst	135 W. 12 th St. #1 NYC	<i>Milly Oberst</i>
MICHAEL HALL	101 W. 12 ST	<i>Michael Hall</i>
Mai-Anh Tran	101 W 12TH	
Vita Rosenberg	101 W. 12 St.	<i>Vita Rosenberg</i>
SANDRA OLIVER	101 W 12 th St	<i>Sandra Oliver</i>
Betty Lurberfeld	101 W 12 th St.	<i>Betty Lurberfeld</i>
SHARON POIT	101 W 12 ST	<i>Sharon Poit</i>


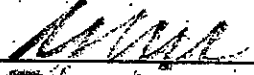
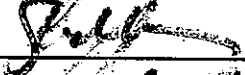





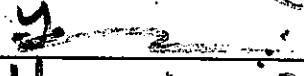
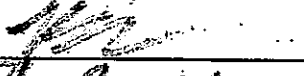
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WE CALL FOR THE CITY COUNCIL TO BE RESPONSIVE TO OUR COMMUNITY!

<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
NOVA PATRICK	101 W 12th St	
Behita Rudman	101 W 12 ST	
San Ledbetter	101 W. 12 St.	
Max Friedman	101 W 12 ST	
Laura Dromm	101 W 12th St	
Philly Goldstein	"	
David Jesline	"	
Monica Boscia	101 W 12	MONICA BOSCIA
Alicia Savola	"	
Todd Liker	"	
Howard Bloddy	"	HOWARD BLODDY
Michael Spivak	"	MICHAEL SPIVAK
Robert Green	"	
Barbara Glasser	101 W. 12th	BARBARA GLASSER

PETITION TO MEMBERS OF THE NEW YORK CITY COUNCIL

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
JOE PERSLEY	101 W. 12 th	[Signature]
Ray Vallejo	101 W. 12 th	Ray Vallejo
Southern Sun	101 W. 12 th St	[Signature]
Brian Kanarek	101 W 12 th St	[Signature]
SUSAN Slope	101 W. 12 th St.	[Signature]
Teresa Leonard	101 W 12 th St.	[Signature]
[Signature]	"	[Signature]
JAMES W. KAS	101 W 12 th	[Signature]
[Signature]	101 W 12	[Signature]
Mina Weiss	101 W. 12 th St.	[Signature]
BOB PSON	" "	[Signature]
Carline	" "	Carline Gabrielli
John Miele	" "	John Miele
John Trepak	" " 65	[Signature]

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NAME

ADDRESS

SIGNATURE

Jane Weyers	101 W 12th St	[Signature]
Elisabet Hammer	101 W. 12th St	[Signature]
Janet Wootten	101 W 12th St 9Y	Janet Wootten
Burton Steiner	101 W 12th St 19K	[Signature]
H. Sieren	101 W 12th St.	address
S. Broudy	101 W. 12th St.	S. Broudy
J. [unclear]	101 W 12th St	[Signature]
G. Garcia	101 W 12th St	[Signature]
I. Johnson	101 W. 12th St.	[Signature]
A. Bunge	101 W 12th St	[Signature]
S. Hung	101 W 12th St	[Signature]
D. [unclear]	101 W. 12th St	[Signature]
J. Langol	101 W. 12th St	[Signature]
J. Marino	101 W. 12th St	[Signature]

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Charles Brainerd	101 W 12 th	Charles Brainerd
Juda Brainerd	NYC 10011 101 W 12 th	Juda Brainerd
Jimmie Miller	101 W 12 th	Jimmie Miller
Noel Slater	101 W 12 th	Noel Slater
Michael Johnson	101 W 12 th	Michael Johnson
K. H. R. Smith	101 W 12 th	K. H. R. Smith
Richard Sadovsk	101 W 12 th	Richard Sadovsk
Claudia Vick	101 W 12 th	Claudia Vick
Kate Talbot	101 W 12 th PLHS	Kate Talbot
ERIC TALBOTT	"	Eric Talbot
Catlyn Jackson	101 W 12 th St.	Catlyn Jackson
Debbie Mincer	101 W 12 th St.	Debbie Mincer
Ruby W. Glaser	101 W 12 th	Ruby W. Glaser
Ted Heller	101 W 12 th St.	Ted Heller

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ELIZABETH FORBES	101 W. 12 TH STREET	Elizabeth Forbes
JIM ROSS	101 W 12 TH ST.	Jim Ross
Ron K... ..	101 W. 12 th	Ron K...
Rachel Tang	101 W. 12 ST	Rachel Tang
Ellie Beck	101 W 12 th St	Ellie Beck
Kathryn Fulmer	101 W 12th St.	Kathryn Fulmer
JANET HENNER	101 W 12 St	Janet Henner
NEUSSA GORDON	101 W 12 ST	Neussa Gordon
T Green	101 W 12	T Green
John Tang	101 W 12	John Tang
JAMES FAREANIS	101 W 12	James Fareanis
EV. ERMIDIS	101 W 12 ST	Ev. Ermidis
BRUCE SALKIN	101 W 12 ST.	Bruce Salkin
C.L. BECKER	" " "	C.L. Becker

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
PAMELA SELENSKY	101 W. 12 TH ST. N.Y. 10011	Pamela J. Selensky
VICKI MARGOLIS	101 W. 12 th ST. NY. 10011	Vicki Margolis
VIKRAM MEHTA	101 W. 12 th ST, 10011	Vikram Mehta
William O'Donoghue	101 W 12 th	William O'Donoghue
ALAN ROTHENBERG	101 W 12 th ST. N.Y. 10011	ALAN ROTHENBERG
William O'Donoghue	101 W 12 th 10011	William O'Donoghue
Robert J. Fish	101 W 12 th 10011	Robert J. Fish
Richard S. ...	101 W 12 th 150 10011	Richard S. ...
ELAINA FRANCONO	101 W 12 #16K 10011	Elaina Francono
Mary Jane Coibon	101 W. 12 St #11-2	Mary Jane Coibon
Betsy Frank	101 W. 12 St 85	Betsy Frank
Joy Mich	101 W 12 44	Joy Mich
Lawrence Bergner	101 W. 12 96	Lawrence Bergner
SBS	101 West 12 150	SBS

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Samyra Ojeda	101 W 12 th St 7C	[Signature]
Patricia Escobar	" " " 10-U	Patricia R Escobar
Connie Pong	" " " 11A	[Signature]
Florence Weiss	101 W. 12 th St. 5W	Florence Weiss
Joseph Ponomarev	101 W. 12 th St	[Signature]
Pamela Grawe	101 W. 12 th #44	Pamela Grawe
Noch Teperberg	101 W. 12 th St #21L	[Signature]
J. Kim	101 W. 12 th	[Signature]
William Boer	145 W 10	[Signature]
Paulina Chen	101 W. 12 th ST ADT 3E	[Signature]
Dora Franke	101 West 12 th #21H	[Signature]
Caroline Antonacci	101 W. 12 th #3R NY NY	Caroline Antonacci
Judy Juana	101 W. 12 th 100110 Dora	[Signature]
Frank SANCINO	101 W. 12 th St #3N	[Signature]

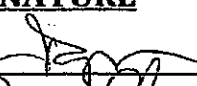
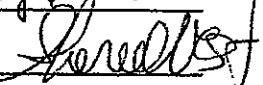
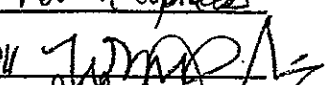
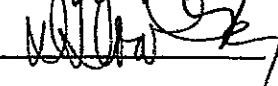
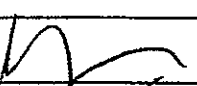
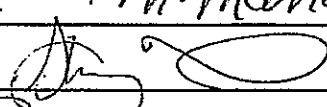
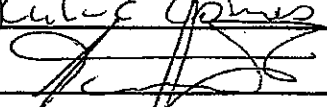
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<u>PRINT NAME</u>	<u>PRINT ADDRESS</u>	<u>SIGNATURE</u>
Rosemary Paparo	137 W 12 NY NY	
Sheree West	137 W 12 th St. NYC 10011	
Robert Lapidés	139 W. 12, NYC 10011	Robert Lapidés
William Dauphine	137 W. 12 th St. #11 NYC 10011	
Diane Dowling	137 W 12 th NY 10011	
East Village	25 W 12 St 12	
Koac Lapidés	139 W 12 th St	
Kate Fitzsimons	131 W. 12 th NY 10011	
DAVIDE ZANNOI	137 W 12 St	
Holly Lance	137 W. 12 th	Holly Lance
Marlene Mancini	137 W 12	M. Mancini
Stacy Ruggarillo	137 W 12 th	
Rick Esteves	137 W 12 th	Rick Esteves
Theodore Tsamados	137 W 12 th	

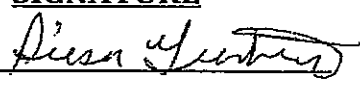
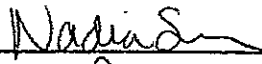
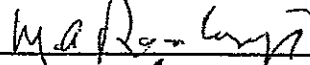
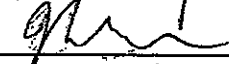
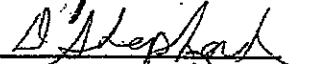

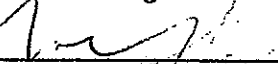


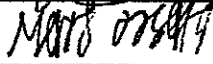
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<u>PRINT NAME</u>	<u>PRINT ADDRESS</u>	<u>SIGNATURE</u>
SUSAN GEARHART	149 W 12 TH ST	
Nadia Simon	149 W. 12th St. #6-6	
MARY ANN RANLINGS	149 W. 12 TH ST. 3-3	
Jennifer Pade	149 W. 12th St #5-4	
DOROTHY SHEPHERD	149 W 12 th #6-3	
NICHOLAS RUSSELL	149 W. 12th St #5-11	
Nancy Josepher	149 W. 12th St #2-1	
Merrill Josepher	" "	
Charles Mario	" "	
Merrill Josepher	149 W 12th St #2-1	

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
LAURENCE	175 W. 12 th St - 19E	[Signature]
Michael Gordon	1 Orange Ave. N.Y.C.	[Signature]
Jay Weiner	175 W. 12 th Street, #12-G	[Signature]
Olivia Shao	175 W. 12 th St.	[Signature]
Philippa Shao	175 W 12. St	[Signature]
CAROLINE PARRINO	175 W 12 th St	[Signature]
MARTIN JAJAN	175 W 12 th St	[Signature]
GARY DIEFFENBACH	175 W. 12 th , #15F 10011	[Signature]
Nora Gaber	175 W 12 th St 9B	[Signature]
Ken Berch	175 W 12 th St - 10L	[Signature]
Bonnie Stobuck	68 W 10 St.	[Signature]

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
REBECCA WEST	175 W 12th St 5H	Rebecca West
Susan Paston	175 W 12th St - 19D	Susan Paston
NEIL HERSCH	175 W 12 St 8E	Neil Hersch
LAURA OWESKY	175 W 12th St. 12A.	N.Y.C. 10011
Joy Jones	175 W 12th Street	NYC 10011
David Alani	175 W 12 Street	David Alani
Victoria Petricak	175 W 12th St.	N.Y. 10011
Erica Shillingford	175 W. 12th St.	NY 10011
Zach Shillingford	175 W. 12th St.	NY 10011
Robert Mennantz	175 W. 12th St.	NY 10011
Gale Lichter	175 W 12th St 14M	NY NY 10011
J. Kurt Rosen	175 W 12	NY NY 10011
Carmen Aylan Raab	175 W. 12 St	NY NY 10011

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Bill & Suzanne Giove	175 West 12 th 18C	[Signature]
Kenneth Kinghorn	175 W 12th St - 17J	[Signature]
Sheila Browning	175 W 12th St. 18F	[Signature]
Ryan Tofil	175 West 12th #3C	[Signature]
Marcela Goglio	175 W 12 th #39	[Signature]
JANE KORUBLUTH	175 W 12TH ST #4C	[Signature]
ARLENE CHAPMAN	175 W 12th #4C NYC	[Signature]
Emily Kochanowicz	175 W 12th #14H	[Signature]
Sue Jean Kim	175 W. 12th St 8L	[Signature]
Kathleen Cordes	175 W. 12th St 7K	[Signature]
[Signature]	175 WEST 12TH ST. (SENIOR GOVERMAN)	[Signature]
Charles J. Browning	175 W. 12th St. 19F	[Signature]
Ruth Habersohn	175 W. 12th St - 10T	[Signature]
CRAIG RAJA	175 W 12 ST 15F	[Signature]

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
MAURICE ZUCKER	175 W. 12 ST. #10-G	Maurice Zucker
LAWRENCE S. BIRNS	175 W 12 ST 10-G	Lawrence Birns
Angela Panopoulos	175 W 12 ST #16M	Angela Panopoulos
Mandy [unclear]	175 W 12 ST	Mandy [unclear]
Armed [unclear]	175 W. 12 ST 19A	Armed [unclear]
KATE WEISS	175 W. 12 ST 8 J	Kate Weiss
S. WEINBERG	175 W 12 th ST, 18 B	S. Weinberg
RAQUEL STARACE	175 W. 12 ST. #3D	Raquel Starace
GLORIA STARACE	175 W. 12 ST. 3E	Gloria Starace
Peter Bonner	175 W. 12 th ST. #7E	Peter Bonner
Maal Evans	175 W 12 ST #6K	Maal Evans
MARIANNE LEE	175 W 12 th ST 3A	Marianne Lee
MATTHEW MONZON	175 W. 12 th 5B	Matthew Monzon
Pat Trucco	"	Pat Trucco
KATHRYN PETRAS	175 W. 12 - 4J	Kathryn Petras
MONICA BURTON	175 W 12 th 11D	Monica Burton

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Ruby Serafino	101 W 12 th St	[Signature]
Rebecca Rebane	101 W. 12 th	[Signature]
Stphanie Fehere	101 W. 12 th	[Signature]
Julia Halperin	101 W 12 th	[Signature]
Catherine Timpok	101 W. 12 th	[Signature]
Robert Margolis	101 W. 12 th St	[Signature]
D. Slater	101 W. 12	[Signature]
DENNIS FELDMAN	23. E 10 th ST	[Signature]
Mary Yung	101 W. 12	[Signature]
ALEX MICHAELS	101 W. 12 th St.	[Signature]
Andrew Federico	101 W 12 th	[Signature]
Chivley Stresser	101 W 12 th	[Signature]
Janet Conroy	101 W 12 th	[Signature]
Maura Gorman	12.4	[Signature]

PETITION TO MEMBERS OF THE NEW YORK CITY COUNCIL

CONCERNED RESIDENTS OF THE WEST VILLAGE WANT YOU, OUR REPRESENTATIVES, TO REQUIRE THE FOLLOWING CHANGES TO THE RUDIN ORGANIZATION PLAN FOR DEVELOPMENT OF FORMER ST. VINCENT'S CAMPUS:

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WE CALL FOR THE CITY COUNCIL TO BE RESPONSIVE TO OUR COMMUNITY!

<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Armand Cucunull	101 W 12 th St 1	[Signature]
S. Schoenfeld	101 W. 12 th St 10E	[Signature]
R. Vallejo	101 W. 12 th St 210	[Signature]
Myra K...	101 W 12 th St 46	[Signature]
KAY BENNET	101 W 12 th St 10E	[Signature]
DANIELA PIMENTA	101 W 12	[Signature]
Shere Bryant	101 W 12 th St	[Signature]
[Signature]	101 W. 12 th St	[Signature]
Kathy Wallace	101 W. 12 th St	[Signature]
Anne Bellec	101 W. 12 th St 57	[Signature]
Rob Magill	101 W. 12 th St 7V	[Signature]
KAREN BOSS	101 W. 12 th St 14-0	[Signature]
David Nerenberg	" " " "	[Signature]
Jennifer [Signature]	101 W 12 th St	[Signature]

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Janet Heaver	101 W. 12 th St #150	Janet Heaver
John Sansone	101 W 12 ST, 21A	John Sansone
Stu Tilly	101 W 12 150	Stu Tilly
Allison Miller	101 W. 12 th St SN	Allison
Ruth Gursky	101 W. 12 St # 11N	Ruth Gursky
Michele Sansone	101 W 12 th St #21B	Michele Sansone
Natali DeBellis	101 W 12 th St # 9V	Natali DeBellis
Will Hooper	101 W. 12 th #19M	Will Hooper
Stella	101 W 12	Stella
Anthony Pettino	101 W. 12 th St 8A	Anthony Pettino
Dr. Kay	101 W. 12 th St 8K	Dr. Kay
Felicia Paine	101 W 12 th St 17	Felicia Paine
Paola Smeraldi	101 W. 12 th 17N	Paola Smeraldi
Amy Frischi	101 W. 12 th St. 9V	Amy Frischi

COUNCIL

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Hedy Hauptman	100 W. 12 St.	Hedy Hauptman
Daniel M. Fox	100 W. 12 ST	D M Fox
J. Eric Talbot	100 W. 12 th	J. ERIC TALBOT
Devin Talbot	100 West 12 St	Devin Talbot
Lucan Wacter	100 W. 12 th St.	Lucan Wacter
Jude S. Barucha	100 W 12 th ST	Jude S. BARUCHA
Kate Vitale	100 W. 12 th St	Kate Vitale
AUDA ROSAS	100 W 12 th ST	Auda Rosas
ELAINÉ CRIMMINS	100 W 12 ST	Elaine C Crimm
Patricia S. Rudden	100 W 12 St.	Patricia Rudden
Deborah Allen	100 W 12 St.	Deborah Allen
Kevin Dougherty	100 W 12 street	Kevin Dougherty
Robert Gorzegno	100 W 12 Street	Robert Gorzegno
Abbie Karic	100 W 12 th Street	Abbie Karic
Allen Chuang	100 W 12 th St	Allen Chuang

this petition must be in the hands of the City Council BEFORE their vote on March 6.

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NAME

ADDRESS

SIGNATURE

CHARISSA SGOURAS

100 W 12TH ST NYC 10011

Charissa Sgouras

Anna Divney

" "

Anna Divney

John Gregory 100 W 12

John Gregory

Carol Shapiro

100 W. 12 ST

C. Shapiro

Megan Johnson

100 W. 12TH

Megan Johnson

Michael Divney

100 W 12TH ST.

Michael Divney

William ^{William} Devitt

100 W 12TH ST.

William Devitt

Joann Schellenbach

100 W 12TH ST

Joann Schellenbach

Louiza Gullen

100 W. 12TH ST

Louiza Gullen

Joseph E Reenan Jr

100 W. 12 ST 69

Joseph E Reenan Jr

JAMES WARD

140 W. 10TH ST

James Ward

Claire Schaffer

100 W. 12TH ST. SW

Claire Schaffer

Maul F Watson

100 W 12TH ST 4M

Maul F Watson

M. Kettner

"

M. Kettner

Ardele Murphy

100 W 12TH ST

Ardele Murphy

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
Robert Lapides	139 W. 12	Robert Lapides
Andrew Berman	232 E 11	Andrew Berman
BARBARA ZUCHER	125 W 12	Barbara Zucher
Mark W6	111 W 11	TRACY YOUK
Thomas Larose	145 W 12 th	Thomas Larose
Jennifer Funkenberg	145 W 12 th St	Jennifer Funkenberg
Jean Klein	W 12	Jean Klein
Suzanne Sahi	126 W 11 St	Suzanne Sahi
Osier Lemowski	120 W 12 th St.	Osier Lemowski
Phil More	159 W 12 th	Phil More
Mark Lemowski	120 W 12 th St.	Mark Lemowski
John Keesee	155 W 12 th	John Keesee

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
M. Sperling	100 W. 12	M. Sperling
E. Bauer	100 W. 12 th Street	E. Bauer
F. Ganshinan	100 W. 12 th St #10	F. Ganshinan
C Shapiro	100 W. 12 th St - 6C	C Shapiro
N. Funk	100 W. 12 th St 5M	Nanette Funk
R Ayala	100 W 12 th St D/M	R Ayala
K. Mitch	100 W 12 th	Kathryn A. Mitch
J. Sweeney	100 W 12 th	Jessie Sweeney
D. Rossi	100 W. 12 th	D. Rossi
Stephen Eisen	100 W. 12 th St 5K	Stephen Eisen
Lucy Komisar	100 West 12 St.	Lucy Komisar
Victoria Mathews	100 W. 12 th St.	Victoria Mathews
Daniel M Fox	100 W 12 th St	Daniel M Fox
G. Annunzio	100 W 12 th St	G. Annunzio
ELAINE CRIMMINS	100 W 12 th St	Elaine Crimm

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<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
BRIGIT BRODWIN	171 W. 12 th St	Brigit Brodwin
ALICE BAIRD	171 West 12 th St	Alice Baird
Kathy & Lou Cuevas	171 West 12 th St	Louis Cuevas
Matthew Avises	171 West 12 th St	Matthew Avises
Harold Evans	171 W. 12	Harold Evans
Jean Evans	171 W. 12	Jean Evans
RICHARD COOPER	171 W. 12	Richard Cooper
Jean V. Evans	171 W 12	Jean Evans
Mimi	"	Susan Hirsch
Peter	"	PETER PETRE
LOREL BIEL	171 W 12 th St	Lorel Biel
Ann Banks	"	Ann Banks
Man Wozniak	171 W 12 th St	Man Wozniak
Alan Hagan	171 W 12 th St	Alan Hagan
Robert McHenry	171 West 12 th St	Robert McHenry
Kathryn Cordes	171 West 12 th St	Kathryn Cordes
Amy & Lou Lahana	171 W 12 th St	Amy & Lou Lahana



GREENWICH VILLAGE CHAMBER OF COMMERCE
CHAMBER OF COMMERCE

March 2, 2012

Christine C. Quinn
Speaker, New York City Council
250 Broadway
Suite 1856
New York, New York 10007

Dear Speaker Quinn,

The closing of Saint Vincent Medical Center has had a devastating effect on the local economy and has been detrimental to the small businesses surrounding the hospital. More than 30 businesses have shut their doors since the closing and many of those that remain are struggling. That is why, after reviewing the proposal and carefully weighing the alternatives, the Greenwich Village-Chelsea Chamber of Commerce (GVCCC) is strongly supportive of the North Shore-LIJ Health System and Rudin Management plan for St. Vincent's.

The plan to invest more than \$110 million to transform Saint Vincent's O'Toole Building into a comprehensive, free-standing emergency department will provide important medical care and bring a powerful economic engine back to our community.

We, like others in the community, hoped that Saint Vincent Medical Center would be replaced with a full-service hospital and emergency department. However, a year after its closing the challenges of funding and operating such a full-service hospital have proven insurmountable.

The proposed solution will address a very significant aspect of the west side's healthcare needs, which have been underserved in the wake of Saint Vincent's closure. With a state-of-the-art, free-standing emergency department, residents, workers, and visitors will not need to travel out of our neighborhood to access emergency and other critical healthcare services.

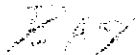
The proposed emergency department would be designed to accommodate 30,000 emergency patients annually. The building would also house a Comprehensive Care Center (CCC), which includes CT, MRI, digital x-ray, ultrasound, and other critical services. Fully operational, the combined emergency department and CCC will serve as many as 80,000 patients each year.

Additionally, the plan will bring 1,000 quality construction jobs and 400 full-time permanent jobs to the area. These jobs are essential to driving down our city's unemployment rate and help return lost foot traffic to the area. Workers, patients, and visitors will utilize local services, shop at our stores, and dine in our restaurants.

After a year on life support, the area surrounding the old Saint Vincent Medical Center will not survive much longer. If we do not act now, we will lose more small businesses, continue to limit access to health care for our residents, and squander an opportunity to create quality jobs.

I encourage you to contact your local elected officials and Manhattan Community Board 2 to let them know you support this plan.

Sincerely,



Tom Gray
Executive Director GVCCC
www.villagechelsea.com

Remarks, City Council Hearing

Michael Seltzer

March 6, 2012

Good morning. Thank you, City Council President Quinn, and other members of the City Council for this opportunity to address you all today. My name is Michael Seltzer, and I am a member of the faculty of Baruch College's School of Public Affairs.

I am a resident of the West Village of more than twenty years, currently living one block from the St. Vincent's campus at 175 west 13th street and, and a member of the steering committee of the AIDS Memorial Park.

Today, I speak on behalf of many of my neighbors as well as myself in support of the inclusion of a meaningful tribute to the West Village's role in response to the AIDS pandemic in the slated park on the site of the St. Vincent triangle (which is bordered by 12th street, Greenwich Avenue, and Seventh Avenue).

There are very few sites in our neighborhood that have been through so many lives as this precious parcel of land. The site was home of a movie theater, a neighborhood Rose Garden, and for the last several decades, a patch of an unattended garden with no public access.

This month, the City Council has an opportunity to do right by the Greenwich Village community for generations to come. As in most of our sister 400+ neighborhoods in our city, there is a dearth of open green space. At the same time, each year, more fragments of our history as a city disappear. While a park provides residents with much-needed oases for relaxation, passive and active recreation, and companionship, what knits a community together is less tangible.

As a native, I have spent my life dispelling the notion held by many out-of-towners that we New Yorkers are aloof, inhospitable and un-neighborly.

Those in this room know well that is not the case. Each City Council district in our beloved city hosts scores of block and civic associations that serve as testimony to the opposite. We New Yorkers take care of our neighbors. In most cases, our actions are ordinary, but some times, our acts are extraordinary in comparison to those same places that consider themselves as models of neighborliness.

That has been the story of Greenwich Village ever since the earliest days thirty years ago of what we now call the AIDS/HIV pandemic.

In other cities, schools banned children diagnosed with AIDS, landlords refused to rent office space to nonprofit organizations providing badly needed care to the patients, while some even blamed those living with one of the most horrific diseases of our time as deserving of their fate.

That is not what happened in Greenwich Village.

Residents of all ages, religions, gay and straight, and walks of life banded together guided by compassion and love, and acted.

Our churches and synagogues opened their doors to those living among us with AIDS/HIV. St. John's in the Village Episcopal Church provided office space to the People with AIDS Coalition, and has an AIDS Ministry to this day.

St. Vincent's Hospital AIDS ward became the destination for individuals across the city. Existing human service organizations, such as Village Care, rose to the occasion and designed special programs.

Numerous AIDS-related organizations came into existence to provide care and support to first the hundreds, then, the thousands, and then, the tens of thousands of people who bore the diagnosis of AIDS. Activists successfully pressed for speeding up the approval of clinical trials for new promising drug treatments that now benefit people living with diseases besides AIDS.

This story lastly is of hundreds of individuals like Sister Patrice of the Sisters of Charity. Sister Patrice conducted the first bereavement groups for survivors in the city at St. Vincent's. And she went for training to the Gay Men's Health Crisis to equip her to aid those whose lives were torn apart by the torrent of personal loss that was so common in those early years.

And most remarkably, the stories of people like Michael Callen, Vito Russo and so many other men and women who were both living with AIDS and on the frontlines of every skirmish and battle for the rights of people living with AIDS everywhere.

We stand before you today to both honor these individuals and organizations, and to share their stories with those who did not experience the scourge firsthand and future generations yet to come. Of equal importance is to serve as a reminder that AIDS still exists in our midst today, and that we cannot yet abandon our efforts.

And finally, to hold up Greenwich Village as a model for how communities every where can choose light over heat, reason over ignorance, and action over indifference when faced with future threats to the well-being and health of their neighbors.

We seek the City Council's support to ensure that New York City will have a special place to serve these purposes.

Thank you again for this opportunity.

Written testimony against the rezoning
from William Hawley, 39 Jane St. New York,
NY 10014: PHA

If the city council truly cared about
the needs of the community, it would reject
this proposal. The health care needs of
so many people can not be subverted to the
greed of a single developer.

William Hawley

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: ELIZABETH SABO

Address: 163 W 10 ST 10014

I represent: MYSELF

Address: 163 W 10 ST

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rashon Gray

Address: 201 Bank St

I represent: me

Address: 201 Bank St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Rezoning of St. Vincent's site

Date: _____

(PLEASE PRINT)

Name: William Hawley

Address: 39 June St. Pt A New York NY 10014

I represent: myself

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Irene Venditti

Address: 152 7 Ave South

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3-6-2012

(PLEASE PRINT)

Name: MAURICE ZUCKER

Address: 175 WEST 12th ST. #10-G

I represent: NYC 10011 175 WEST 12th ST.

Address: condominium

THE COUNCIL
THE CITY OF NEW YORK

In opposition to the Comprehensive One Unit

Appearance Card



I intend to appear and speak on Int. No. _____ Res. No. _____

in opposition to the Ruidisland goals
 in favor in opposition

Date: MARCH 6 12

(PLEASE PRINT)

Name: EMILY WOOD

Address: 20 West 16th Street

I represent: The West 15th / West 16th St. Block Assoc.

Address: (same address) and the Lower Chelsea Alliance

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3-6-12

(PLEASE PRINT)

Name: SAMUEL KEGHLIAN

Address: 330 W 28 ST, NY NY 10001

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: JEREMAS SALDANA

Address: 25 W 18 ST NY NY

I represent: 32 BS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: ELIZABETH ADAM

Address: 31 West 12th ST

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JIM FOURATI

Address: 227 WAVELENGTH PL

I represent: SENIORS TAKE ACTION

Address: 227 WAVELENGTH PL

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Richard J. Davis

Address: 155 West 12 St

I represent: Neighbors

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: March 6, 2012

(PLEASE PRINT)

Name: Jayne Hertko

Address: 21 Grove St.

I represent: THE COMMUNITY

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

Name: DIANNA SACCHARIS ULMAN (PLEASE PRINT)

Address: 159 West 12 Street

I represent: W 12th Street

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

Name: _____ (PLEASE PRINT)

Name: Pamela LaBonne
Address: 299 W. 12th St. Apt. 6C
New York, NY 10014-1819
I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: MARCH 6 2012

Name: ELIZABETH RYAN (PLEASE PRINT)

Address: 225 West 12th St. Apt 6-C

I represent: MYSELF

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 560563 Res. No. _____

in favor in opposition

Date: 3/6/12

Name: PAUL D. NEWELL (PLEASE PRINT)

Address: 13 DIVISION ST #2, NY, NY 10002

I represent: COALITION FOR A NEW VILLAGE HOSPITAL

Address: 350 BROADWAY #701 NY, NY 10013

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

St Vincent's

I intend to appear and speak on Int. No. 560563 Res. No. _____

in favor in opposition

Date: 3/6/2012

Rudin

Name: Kate Stark (PLEASE PRINT)

Address: 126 West 11th St

I represent: Mulren Coalition West Side Hospital

Address: Hands off St Vincent's

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 560-513

in favor in opposition

Date: March 6, 2012

Name: CHRISTOPHER HAYES (PLEASE PRINT)

Address: 200 West 16 St

I represent: GREENWICH VILLAGE NEIGHBORS

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

ST VINCENT

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: MAR 6 2012 9 30

Name: (PLEASE PRINT) CYNTHIA CRANE STORAY

Address: 114 FULTON ST 10038

I represent: MULRY-ANGLE/W. 11 ST. BLK ASSN

Address: 1126-W 11 #32 10011

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. Rudin Res. No. St Vincent

in favor in opposition

Date: _____

Name: (PLEASE PRINT) CORA CHAW

Address: 36 7th Avenue

I represent: MYSELF

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

2

I intend to appear and speak on Int. No. 11560-563 Res. No. _____

in favor in opposition

Date: 3/6/12

Name: (PLEASE PRINT) MARY EZZEL

Address: 335 W. 12th St., Apt. 2B NY, NY 10011

I represent: ~~SENIOR~~ COALITION FOR ^{NEW} VILLAGE HOSPITAL

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 560-563 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: EILEEN DUNN

Address: 250 West 96ST

I represent: Coalition for a New Village Hospital

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 560-563 Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: DAVID KAUFMAN, MD

Address: 88 Washington Place

I represent: Coalition for New Village Hosp.

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/2012

(PLEASE PRINT)

Name: TREVOR STEWART

Address: 175 WEST 13 ST

I represent: PROTECT THE VILLAGE HISTORIC DISTRICT

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Al Butzel

Address: 247 W 34th St NYC 10001

I represent: PUHD

Address: Essex St NYC 10001

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: COREY JOHNSON

Address: 270 W. 15th St. 2A

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: March 6, 2012

(PLEASE PRINT)

Name: George CAPSIS

Address: 19 Charles St.

I represent: West Village Neighbors

Address: 19 Charles St. N.Y.

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Carol Demech

Address: 418 W 17th St 2E

I represent: St Vincents

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Terrence Demech

Address: 418 W 17th St #6 10021

I represent: Dem Adults for May

Address: 511 6th Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Marquerite Martin

Address: 59 W 12th St

I represent: West 12th St. Block Association

Address: 59 W 12th St 10011

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Selfzer

Address: 175 West 13th St, NY

I represent: AIDS Memorial Park

Address: n.a.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Caroline Benveniste

Address: 125 W. 12th St

I represent: self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1320 West 13th St Res. No. Rudin

in favor in opposition

Date: March 6

(PLEASE PRINT)

Name: Naomi Winkler

Address: 1320 West 13th St

I represent: myself; West 10th St 13th St block PVHP

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: March 6

(PLEASE PRINT)

Name: Dan Point

Address: 37 W. 17th St

I represent: Greenwich Village - Chelsea Chamber of Commerce

Address: 37 W. 17th St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Andrew Berman

Address: 232 E 11th 10003

I represent: Greenwich Village Society for

Address: Historic Preservation

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: ROSEMARY PAPARO

Address: 137 W 12 ST NYC

I represent: SELF

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)
Name: ~~AD~~ HOLOWITZ
Address: 2 FIFTH AVE NY NY
I represent: WASH SQ LOW
Address: FIFTH AVE APT 5N

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

FORMER
CM

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)
Name: CAROL GREITZER
Address: 59 W 12
I represent: FORMER COUNCIL MEMBER ←
Address: W 12 ST BRK QASN

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)
Name: ERIC SAWYER
Address: 369 W 120th Street #1
I represent: ACT UP Housing works + UNITE US
Address: W 13th St / 400 E 42 St

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. St Vincent / Rudin Res. No. Rudin
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: DIANE NICHOLS

Address: 155 W 20

I represent: Coalition for a New Village Hospital

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. Rudin / Big Res. No. _____
 in favor in opposition

Date: 3.6.17

(PLEASE PRINT)

Name: Janet Weinberg

Address: 315 W 23 St

I represent: SMHC

Address: 446 W 23 St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. Rudin / St Vincent's Res. No. St Vincent's
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Randall Bourscheidt

Address: 127 West 70th St, NYC 10023

I represent: AD&S Memorial Park Coalition

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. Rudin/S.V. Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Christopher Tepper

Address: 496 13th St.

I represent: AIDS Memorial Park Coalition

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 559-563

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Yetta Kurland

Address: 350 Broadway

I represent: Coalition for New Village Hospital

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Eileen Dunn

Address: 300 Broadway

I represent: Coalition for New Village Hosp

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Panel 1

Appearance Card

559-563

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: David Kaufman

Address: 350 Broadway

I represent: Coalition for New Village Hospital

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Panel 1

Appearance Card

559-563

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Tom Allon

Address: 350 Broadway

I represent: Coalition for New Village Hospital

Address: Same

**THE COUNCIL
THE CITY OF NEW YORK**

Panel 2

Appearance Card

559-563

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Alan Gerson

Address: Coalition for a New Village Hospital

I represent: 350 Bow

Address: _____

Panel 2

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

559-563

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Paul Newell

Address: 350 Broadway

I represent: Coalition for New Village Hospital

Address: _____

Panel 2

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

559-563

I intend to appear and speak on Int. No. _____ Res. No. 559-563

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: George Caprio

Address: 350 Broadway

I represent: Coalition for New Village Hospital

Address: _____

Panel 2

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 559-563

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Katie Robbins

Address: Coalition

I represent: 370 Broadway

Address: _____

THE COUNCIL St. Vincent /
THE CITY OF NEW YORK Rudin

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 3/4 5/12

(PLEASE PRINT)

Name: Dawn Loran

Address: 117-21 219th St Cambria Heights, NY 11411

I represent: District Council 9 Painters

Address: 45 W 14th St

THE COUNCIL St. Vincent /
THE CITY OF NEW YORK Rudin

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JAMES P CONWAY

Address: _____

I represent: IVOE Local 14

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

[]

I intend to appear and speak on Int. No. ST VINCENT'S Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JOHN SKINNER

Address: 1322 THIRD AVE

I represent: LOCAL 46 PRESIDENT

Address: 1322 THIRD AVE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

560-563

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6 March 2012

(PLEASE PRINT)

Name: ~~MARY~~ MARGARET HUNTER

Address: 121 BANK ST

I represent: Local 79 + Respect

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: MIKE MCGUIRE

Address: _____

I represent: Laborers Union

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Bustam Schoenholt

Address: 1 Man St #2E Bklyn NY 11201

I represent: Spring Street Natural

Address: 62 Spring Street NYC 10012

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

559-563

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Kate Smith

Address: 201 Vanck St, Ste 609

I represent: Congressman Serold Nader

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Michael P. Slattery

Address: _____

I represent: REBNY

Address: 570 Lexington Ave

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. LU-567 Res. No. _____

in favor in opposition

Date: 03/06/2012

(PLEASE PRINT)

Name: JOHN COLASANTI

Address: 186 DEVEST

I represent: RESIDENTS OF DEVOE

Address: 186 DEVEST GRAHAM + HUMBOLDT

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK *St Vincent's*

Appearance Card

560-563

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: March 6, 2012

(PLEASE PRINT)

Name: Brad Hoylmas - Chair, CB2

Address: 30 Fifth Ave 15th

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

566

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Matthew Viragh

Address: 136 Metropolitan Ave.

I represent: Nitchawk Brooklyn LLC

Address: same (Nitchawk Cinema)

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

W 567

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 6 MARCH 2012

(PLEASE PRINT)

Name: FRITZ JOHNSON

Address: 37 JAMES STREET, 3RD FLOOR, NYC

I represent: KHIM'S CAFE

Address: 324 GRAHAM AVENUE

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 563

in favor in opposition

Date: 3/6/10

(PLEASE PRINT)

Name: ARTHUR SCHWARTZ

Address: 209 W. 113rd ST

I represent: Advocates For Justice

Address: 225 Broadway #1902, NY 10007

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/6/12

(PLEASE PRINT)

Name: Robert Callahan

Address: 136 Waverly Rd Scarsdale NY 10583

I represent: Smithfield Associates LLC

Address: 9-19 9th Ave NY NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Robert Callahan

Address: 136 Waverly Rd Scarsdale NY 10583

I represent: P.O. 53rd Street Inc

Address: 7 E 53rd St NY NY 10027

Please complete this card and return to the Sergeant-at-Arms

①

THE COUNCIL THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. 0559-2012 Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: William Rudin
Address: Rudin Management 345 Park
I represent: Applicant / Rudin West Village LLC
Address: Rudin Management 345 Park

②

THE COUNCIL THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. 0559-2012 Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Daniel Kaplan
Address: Extowel Architects / 72 W 18th
I represent: RUV LLC
Address: Rudin Management 345 Park

③

THE COUNCIL THE CITY OF NEW YORK

Appearance Card



I intend to appear and speak on Int. No. 0559-2012 Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Rick Parisi
Address: MFPF Landscape / 30 W 11th Street
I represent: RUV LLC
Address: Rudin Management 345 Park

4

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. 0559-2012 Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: MELANIE MEYER

Address: ONE NEW YORK PLAZA / FRIED FRANK

I represent: RWV LLC

Address: 345 PARK AVENUE

5

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. U0559-2012 Res. No. _____
 in favor in opposition

Date: March 6, 2012

(PLEASE PRINT)

Name: Bill Baccaglioni

Address: 590 Avenue of the Americas

I represent: New York Foundling

Address: _____

6

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card



I intend to appear and speak on Int. No. U0559-2012 Res. No. _____
 in favor in opposition

Date: March 6, 2012

(PLEASE PRINT)

Name: Lora Cahon

Address: 137th Street

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 059-2012 Res. No. _____

in favor in opposition

Date: March 6, 2012

(PLEASE PRINT)

Name: Mike Slattery

Address: _____

I represent: REBUY

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/7/12

(PLEASE PRINT)

Name: REBUY Sarah Malloy - Good / Robert Atterbury

Address: _____

I represent: Assembly member Glick; Senator Duane

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: March 6, 2012

(PLEASE PRINT)

Name: A Timothy Linceford

Address: 74 Charles Street Apt 2A

I represent: myself

Address: _____

Please complete this card and return to the Sergeant-at-Arms