



**MONTGOMERY COUNTY PLANNING DEPARTMENT**  
THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

MCPB  
Item No.4A  
9-25-08

~~September 8, 2008~~  
Revised September 17, 2008

**MEMORANDUM**

TO: Montgomery County Planning Board

VIA: Larry Cole, Highway Coordinator *LC*  
Transportation Planning

Dan Hardy, Acting Chief *DKH*  
Transportation Planning

FROM: Ki H. Kim, Planner/Coordinator *KHK*  
Transportation Planning

SUBJECT: DPWT Docket No. AB-715  
Abandonment of a Portion of Lincoln Street  
Bethesda

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**RECOMMENDATION**

Staff recommends that the Planning Board transmit comments supporting approval of the subject abandonment to the Montgomery County Department of Transportation with the following conditions.

1. The Special Exception application (Case No. S-274-D) for the Suburban Hospital expansion is approved and includes a condition that the on-site sidewalk network be made available for public use.
2. The proposed abandonment becomes effective simultaneously with the complete record plat for the proposed Hospital preliminary plan that consolidates all parcels fronting Lincoln Street between Old Georgetown Road and Grant Street.

**DISCUSSION**

This proposed abandonment is for the dedicated right-of-way of Lincoln Street, lying between Old Georgetown Road and Grant Street as shown on the general location map (Attachment "A") and the detailed drawing (Attachment "B"). This abandonment is requested by the Suburban Hospital in connection with the Hospital's proposed expansion. The hospital's proposed expansion

is applied through the Special Exception process (Case No. S-274-D). A copy of the applicant's letter requesting this abandonment is attached (Attachment "C"). The area of Lincoln Street proposed for abandonment is approximately 700 feet long with a 50-foot wide right-of-way along the applicant's property.

Staff's review of the subject abandonment application indicates that with approval of the Special Exception application granting the Hospital's proposed expansion and a subsequent preliminary plan consolidating all parcels fronting Lincoln Street, the right-of-way being abandoned is not necessary for present or future public use and no adjacent lots would be landlocked as a result of the proposed abandonment.

### **Basis for Abandonment**

Section 49-63 (c) of the Montgomery County Code identifies criteria that the County Council should use in determining whether a right-of-way should be abandoned or closed. These criteria include:

- 1) A right-of-way may be closed if "the right-of-way is no longer necessary for present public use or anticipated future use in the foreseeable future"
- 2) The abandonment or closing is "necessary to protect the health, safety, and welfare of the residents near the right-of-way to be abandoned or closed." In assessing these issues, the Council may consider:
  - a) An adopted land use plan
  - b) Safe and efficient pedestrian and vehicular traffic and flows, together with alternatives, in the immediate neighborhood, for local and through traffic, and
  - c) Changes in fact and circumstances since the original dedication of the right-of-way.

The staff basis for abandonment is that the right-of-way is no longer necessary for present public use or anticipated future use in the foreseeable future. In making this finding, staff concludes that:

- Alternative routes provide both sufficient capacity and a more appropriate functional classification for motor vehicle traffic not associated with the hospital, and
- The benefit of network connectivity is greatest for pedestrian circulation and this need can adequately be met by connecting the hospital's on-site sidewalk and pathway network to the adjacent street system and requiring public access to the on-site sidewalk network as a condition of hospital expansion, and
- Although retention of the Lincoln Street right-of-way might be desirable, it is not necessary. The staff consideration of need in this case must reflect a sense of the overall public benefit provided by the hospital expansion.

The last two conclusions form the basis for staff condition #1, that the abandonment only take effect if the special exception for the hospital is granted. Each of the three arguments is discussed in greater detail below.

### Vehicular capacity

The applicant prepared a traffic study in April, 2008 and submitted as a part of the subject abandonment application package in July, 2008. The traffic study was prepared to present the results of a transportation evaluation of the proposed abandonment of the portion of Lincoln Street in conjunction with Suburban Hospital's proposed expansion. Based on the traffic study, the study intersections and roadway links presently operate within the Bethesda/Chevy Chase congestion standard at all times of day during typical weekdays and Saturdays and these acceptable traffic conditions at the study intersections would continue in the foreseeable future with abandonment of the Lincoln Street right-of-way. The effect of the roadway abandonment would shift local trips, decreasing traffic on some streets and resulting in up to 170 additional vehicles per day on portions of Southwick and McKinley Streets. The existing and projected roadway Average Daily Traffic (ADT) link volumes are lower than 8,100 vehicles per day on Greentree Road, a primary residential street, and lower than 1,300 vehicles per day for all other local streets in the network. The peak hour intersection Critical Lane Volumes (CLV) are lower than 600 for all intersections in the study area west of Old Georgetown Road, representing acceptable levels of service. Both the daily traffic volumes and peak hour intersection analyses indicate that the abandonment will not cause a vehicular capacity concern.

The portion of Lincoln Street proposed for abandonment was dedicated for public use as a part of the Huntington Terrace Subdivision in 1910. Lincoln Street is one of several residential streets that connect a predominately single-family residential development in the west to Old Georgetown Road. Based on the traffic study submitted by the applicant in connection with the subject abandonment application, the dominant user of the Lincoln Street ROW is the Hospital traffic (81 to 85 percent of all weekday trips were Hospital-related based on two weekday traffic counts). The study distributed the through traffic on this block of Lincoln Street to the five other east-west, parallel streets that extend from Old Georgetown Road to Garfield Street as alternative routes to Lincoln Street.

Lincoln Street is not classified in the Bethesda/Chevy Chase Master Plan. Unclassified roads provide access to fronting land uses but are generally not intended for through traffic.

### Pedestrian connectivity

The portion of Lincoln Street proposed for abandonment currently provides a pedestrian connection between Grant Street and Old Georgetown Road. Pedestrian connectivity is an important function in a walkable community such as Bethesda/Chevy Chase. The prevailing block lengths in the area are generally 300 feet to 700 feet in length. Block lengths of 400 to 600 feet in length generally promote pedestrian connectivity and longer blocks discourage walking. The distance along Grant Street from Southwick to McKinley Street is approximately 1,100 feet; Lincoln Street intersects Grant Street approximately midway between Grant and McKinley Streets. Staff finds that abandoning Lincoln Street would adversely alter the walkability of the community and convenient access to transit buses along Old Georgetown Road unless pedestrian connectivity in the vicinity of the hospital is maintained via alternative means.

Staff has worked with the applicant to define an appropriate pedestrian system that can serve pedestrian connectivity needs. With the proposed abandonment, the Hospital proposes to reconstruct the street network along the periphery of the hospital and to provide pedestrian paths through the campus that will be available for public use. The proposed network of bike and pedestrian routes on campus will retain and may enhance pedestrian connectivity in the area.

#### Comparison of Need and Desirability of Right-of-way

Staff finds that the retention of the Lincoln Street right-of-way is not needed for future public use and can be abandoned as part of the proposed hospital expansion. Staff recognizes that the right-of-way abandonment proposal presents a change to the community that is opposed by some constituents who argue on the basis of need. We find a distinction between the need and the desire to retain the right-of-way.

The applicant has testified that the Lincoln Street right-of-way is needed for the hospital expansion proposal to be feasible. We recognize that retention of the Lincoln Street right-of-way may be desirable but that a greater public benefit may be recognized through its abandonment by expanding health care coverage. In this regard, staff views Lincoln Street as similar to the network of local streets and alleys in the Silver Spring CBD that were abandoned to facilitate the construction of the Discovery Communications headquarters and the Downtown Silver Spring development. The attainment of other public benefits cannot outweigh the transportation system *needs* of the general public, but they can outweigh transportation system *desires*. We support the proposed abandonment conditioned upon hospital expansion and the provision of alternative on-site pedestrian connections.

#### Landlocked parcels

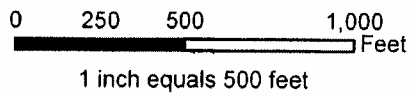
Section 49-63 (d) of the Montgomery County Code indicates that a right-of-way which is the sole means of access to any property must not be abandoned or closed. It is noted that there are currently ten (10) single-family houses on individual lots along the subject portion Lincoln Street and these lots are proposed to be incorporated into the Hospital expansion site plan. The applicant must submit a preliminary plan and complete record plat to consolidate all these parcels so that no lots would be landlocked as a result of the proposed abandonment. This is the basis for staff condition #2.

Staff concludes that the right-of-way being abandoned is not necessary for present public use or anticipated for public use in the foreseeable future with the proposed expansion of the Hospital. We therefore recommend approval of the subject abandonment with conditions as described in this memorandum.

Attachments

KK:tc

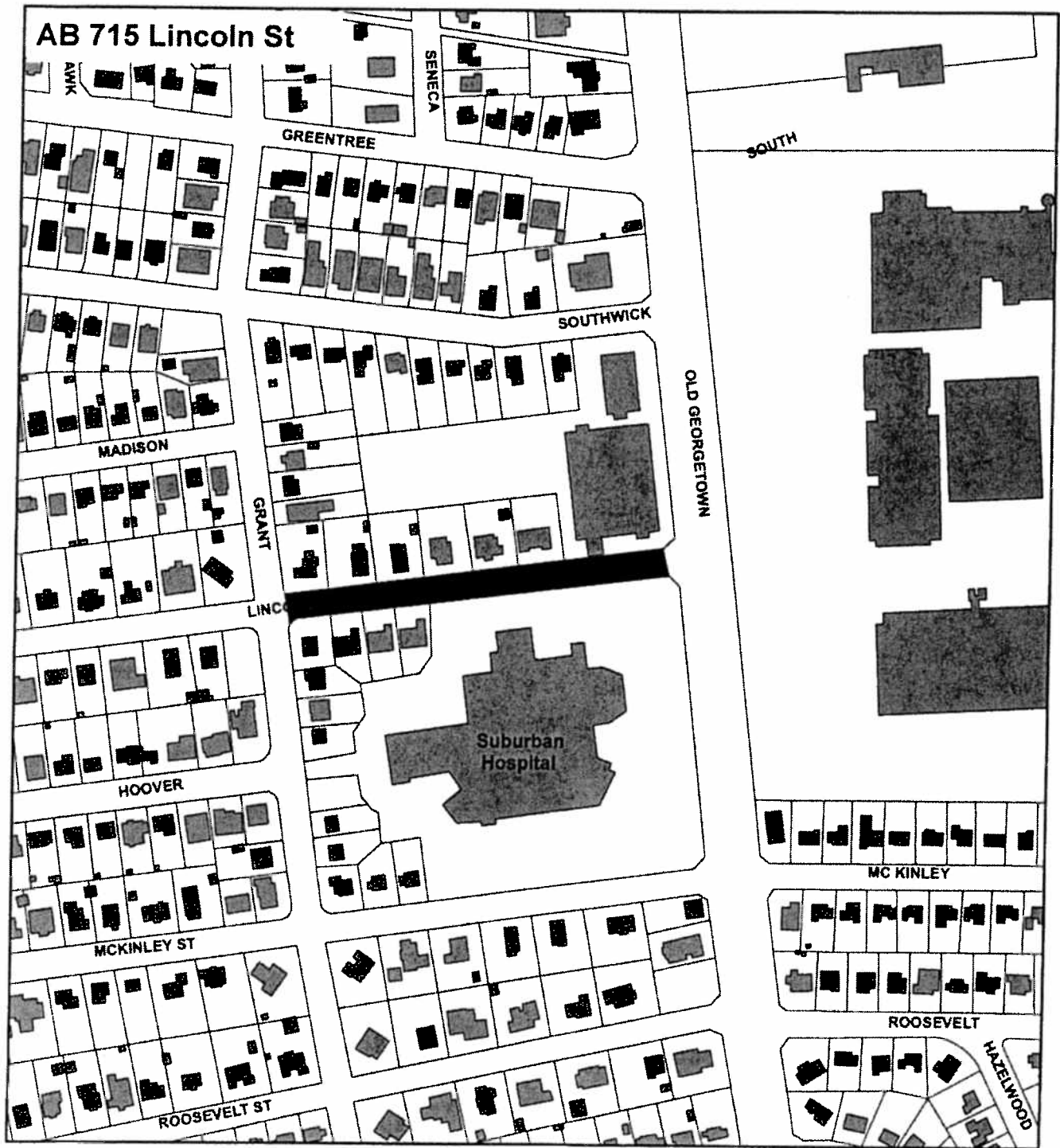
ATTACHMENT A



- AB - 715 Lincoln St
- Buildings
- Parcels



ATTACHMENT B



0 125 250 500  
Feet  
1 inch equals 250 feet

- AB - 715 Lincoln St
- Buildings
- Parcels



**LINOWES**  
**AND BLOCHER LLP**  
ATTORNEYS AT LAW

ATTACHMENT C

April 21, 2008

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The Honorable Isiah Leggett  
County Executive  
Montgomery County, Maryland  
101 Monroe Street  
Rockville, Maryland 20850

Re: Petition for Abandonment of a Portion of Lincoln Street, Bethesda, Maryland (the  
"Petition")

Dear Mr. Leggett:

Petitioner, Suburban Hospital, Inc. (the "Hospital"), pursuant to Section 49-62, *et seq.*, of the Montgomery County Code, 2004, as amended (the "Code"), requests the abandonment of 36,126 square feet of the right-of-way known as Lincoln Street, lying between Old Georgetown Road and Grant Street in Bethesda, Maryland (the "Abandonment"). The portion of Lincoln Street requested to be abandoned is shown on the Abandonment Plan attached hereto and made a part hereof as Exhibit "A" (the "Abandonment Area"). The Abandonment Area is also shown in yellow on the tax map attached as Exhibit "B".

Section 49-63(c) of the Code enables the County Council to abandon a right-of-way, including a public road, upon a finding that "the right-of-way is no longer necessary for present public use or anticipated public use in the foreseeable future" or "the abandonment . . . is necessary to protect the health, safety and welfare of the residents in the neighborhood of the right-of-way." As described more fully below and in the attached materials, the Abandonment requested by this Petition meets both of these criteria, although only one criterion need be satisfied for the abandonment of a right-of-way under Section 49-63.

**BACKGROUND**

The Abandonment Area is part of Lincoln Street, which was initially dedicated by a subdivision plat recorded at Plat Book 2, Plat No. 131 on February 15, 1910, a copy of which is attached hereto as Exhibit "C". The subject portion of Lincoln Street is classified

The Honorable Isiah Leggett  
April 21, 2008  
Page 2

as a secondary residential street and is one of several roads that intersect Old Georgetown Road and extend west into a predominately single-family residential development. The National Institutes of Health, which has restricted access, is located to the east of the Abandonment Area, across Old Georgetown Road. See Vicinity Map, attached as Exhibit "D".

The Hospital, which lies in the R-60 zone, operates by grant of a special exception. The property owned by the Hospital contains approximately 14 acres of land on both sides of the Abandonment Area. The Hospital's main building and a surface parking area are located on the south side of the Abandonment Area, and an administrative office building and structured parking facility are the principal hospital uses on the north side. The Hospital owns all but one of the properties abutting the Abandonment Area, the exception being Lot 12, Block 8, which the Hospital has a contract to purchase. A plan identifying the properties owned by the Hospital in the vicinity, including Lot 12, Block 8, is attached hereto as Exhibit "E" (the "Property").

The Hospital commenced operations on the Property in 1943, and has been serving the healthcare needs of the community ever since. As the community has grown and matured, the Hospital, a non-profit charitable organization, has continually been called upon to keep pace with patient healthcare needs. The Hospital's continued success in meeting this challenge is at the heart of sustaining the area's high quality of life. As an acute-care hospital, the Hospital offers inpatient and outpatient care, featuring all major services except obstetrics. Importantly, the Hospital serves as Montgomery County's only designated regional trauma center,<sup>1</sup> one of only nine such facilities in the state of Maryland.

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<sup>1</sup> Designated trauma centers are responsible and certified in their ability to provide advanced medical and surgical services 24 hours a day; this includes specialized trauma resuscitation care and available operating rooms and surgical teams for trauma patients around the clock. This designation means that, within an assigned geographic region, regardless of the location of an incident and the proximity of another hospital, if the Emergency Medical System determines in the field that the patient is a trauma, the patient is directed to a trauma center such as Suburban Hospital (with exceptions for children, burn victims, and severe head injuries). Suburban Hospital may also accept trauma patients from other jurisdictions when another trauma center is at capacity.



The Honorable Isiah Leggett

April 21, 2008

Page 3

In addition to serving as Montgomery County's only designated trauma center, because of its strategic location, facilities and services, the Hospital has formed a partnership with the National Naval Medical Center, the National Institutes of Health Clinical Center ("NIHCC") and the National Library of Medicine to create a sustainable infrastructure for efficient and effective local and regional disaster medical response. This partnership, known as the Bethesda Hospitals Emergency Preparedness Partnership, is focused on accommodating as many patients as possible in an emergency situation, through systems such as the transfer of patients from the Hospital to NIHCC and National Naval Medical to accommodate more trauma services at the Hospital, cross-privileging of doctors to allow them to deliver care in a partnered facility, if necessary, and sharing of limited critical supplies between hospitals. Acclaimed for its innovative approach, this partnership has contributed to the Hospital's recognition as just one of five "most highly prepared" trauma centers in the nation. In addition, the Hospital is certified as a Primary Stroke Center by The Joint Commission on Accreditation of Healthcare Organizations and the Maryland Institute for Emergency Medicine Systems Services and has developed a highly effective stroke center, including a 24-hour stroke team, of national recognition.

Recognized as a leader in clinical services, the Hospital has developed five core centers of specialized care – Cardiac, Emergency/Trauma, Cancer, Neurosciences (inclusive of stroke), and Orthopedics. Many of the Hospital's services are complemented by clinical partnerships with NIH and Johns Hopkins Medicine. Other services include a strong behavioral health and addiction treatment program offering inpatient and outpatient treatment and programs for adolescents and adults, the NIH-Suburban MRI Center, a center for sleep disorders, state-of-the-art diagnostic pathology and radiology departments, prevention and wellness programs, and a free physician referral service.

Annually, the Hospital admits over 14,000 inpatients and provides care to over 40,000 emergency patients. Additionally, the Hospital performs approximately 7,000 same-day surgeries a year where patients are admitted and released on the same day. Hospital admissions have grown consistently over the past decade; since 1997 admissions have grown 32%, from 10,736 in 1997 to 14,204 in 2007, and emergency department visits have increased approximately 44% during the same period, from 28,940 in 1997 to 41,575 in 2007.

The Honorable Isiah Leggett

April 21, 2008

Page 4

To maintain high-quality service to its patients, the Hospital must continually assess and adapt to the changing healthcare demands and landscape. Currently, the Hospital's ability to adapt to such changes is severely impaired by space limitations. For example, the existing structural grid<sup>2</sup> at the Hospital will not support technology-intensive spaces. New technology requires that operating rooms be significantly larger than those built years ago, and they likewise need to contain improved infrastructure, such as HVAC and electrical and communications systems, that require additional floor-to-ceiling heights. Additionally, based on current state and national healthcare standards and safety requirements, the Hospital's existing space is significantly undersized, *i.e.*, the Emergency Department by approximately 110%, operating rooms by 60% and inpatient rooms by 50%. Overall, based on current healthcare standards and safety requirements, the Hospital facility needs to expand by at least one-third just to serve existing patient demand (volumes).<sup>3</sup>

Compounding these existing space limitations, area population and the demand for the Hospital's services is projected to grow substantially. In the next 10 years, Montgomery County's population is expected to grow by 9%. During this timeframe, population in the Hospital's primary service area is expected to grow by approximately 4% and its secondary service area by approximately 8%. A map of these service areas is attached as Attachment "A". Additionally, the primary service area is facing demographic changes that significantly impact the demand for healthcare, in particular, the growth of the over-65 population, which has been found to utilize four times more healthcare services than those under the age of 65. The population over 65 in the Hospital's primary service area is projected to grow by approximately 9.4% in the next ten years. By 2017, approximately 17% of the Hospital's primary service area will be 65 years old or older, as opposed to the remainder of the County, where only approximately 12% of the population will be 65 or older. Such growth and aging of the population alone is expected to translate into an increase in inpatient admissions at the Hospital of approximately 12% over the next ten

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<sup>2</sup> Includes generally column spacing, floor-to-ceiling heights, etc.

<sup>3</sup> In addition to the services provided on the Hospital's Old Georgetown Road Campus, the Hospital has a long-standing practice of offering administrative services and patient services that do not require an acute-care setting off-campus. Over the past 20 years, the Hospital has relocated programs and services in off-site locations, including clinical, physician and administrative services, in an effort to relieve overcrowding and make space available on Campus for services that must stay at the main hospital.

The Honorable Isiah Leggett

April 21, 2008

Page 5

years. This growing demand, combined with other factors impacting acute care services, will severely compound the space shortage the Hospital is already experiencing.

To address these issues, the Hospital has filed an Application for Modification of its existing Special Exception (Case No. S-274-D) with the Montgomery County Board of Appeals (the "Modification"). The Modification proposes to upgrade the Hospital's facility and campus through the implementation of a number of improvements, including construction of a new hospital addition ("Addition") and parking structure, to better serve the healthcare needs of the community.<sup>4</sup> The proposed improvements are shown on the Special Exception Site Plan attached as Exhibit "F" (the "Site Plan"). Specifically, the Modification will enable the Hospital to (1) modernize operating rooms and related surgical facilities; (2) provide more private patient rooms to address and improve infection control, patient care, privacy and family participation; (3) enhance patient care through additions and changes to its facilities to accommodate medical advances in technology, changes in healthcare practices and evolving code regulations; (4) satisfy its responsibilities as a designated trauma facility; (5) improve access to the emergency/trauma center; (6) provide adequate parking for patients, visitors, employees and physicians; (7) maintain and attract well qualified physicians and other healthcare employees to the Hospital staff who provide high-quality care; (8) provide on-Campus office space for physician services to provide patients and other physicians with direct access to such physicians and hospital services and technology; (9) improve pedestrian and vehicular safety; (10) enhance operational efficiencies of the Hospital through improvements to internal and on-site circulation systems, loading dock areas, building systems, departmental adjacencies, etc.; and (11) create a campus environment incorporating attractive landscaped buffers, open spaces, plazas, gardens and walkways to be used and enjoyed by Hospital staff, patients, visitors and surrounding residents.

The Hospital Modification is necessary to protect the health, safety and welfare of the residents of the neighborhood of the right-of-way, located within the primary service area of the Hospital, as discussed above. Conversely, the Abandonment Area is no longer

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<sup>4</sup> This goal not only serves a critical public purpose, but is consistent with a Maryland Hospital Association study, in which 92% of Montgomery County respondents agreed that a first-class hospital is a key measure of the quality of life in a community.

The Honorable Isiah Leggett  
April 21, 2008  
Page 6

necessary for present public use or anticipated public use in the foreseeable future. Essential to the approval of the Modification, and hence the protection of the health, safety, and welfare of the residents, is the abandonment of the Abandonment Area to unify the Hospital's Property and create the area necessary for construction of the Addition.

**THE PETITION FOR ABANDONMENT**<sup>5</sup>

**I. The Right-of-Way is No Longer Necessary for Present Public Use or Anticipated Public Use in the Foreseeable Future**

Section 49-63(c)(1) of the Code permits the County Council to abandon a right-of-way if it finds that the right-of-way is no longer necessary for present public use or anticipated public use in the foreseeable future. As more fully discussed in the Abandonment Study prepared by Wells & Associates, a copy of which is attached as Exhibit "G" ("Abandonment Study"), the residential areas to the west of the Hospital are served by a network of interconnected streets that provide access to Old Georgetown Road to the east, Huntington Parkway to the south, Garfield Street and beyond to the west and Greentree Road to the north. Five other east-west parallel streets exist in the vicinity as alternatives to Lincoln Street to yield east/west access between predominately residential areas to the west and Old Georgetown Road to the east. While a number of these streets, such as McKinley Street, Roosevelt Street and Greentree Road extend west beyond Garfield Street, Lincoln Street terminates at Garfield. See Vicinity Map (Exhibit "D").

Analysis of the use of the Abandonment Area by Wells & Associates indicates that only a small percentage of vehicles unrelated to the Hospital use this area. Given the number of alternative routes in close proximity to the Abandonment Area for these vehicles, Wells & Associates concludes that the Abandonment Area is not necessary for present or anticipated public use. See Abandonment Study (Exhibit "G"). Furthermore, Wells & Associates examined the impact that the displaced traffic would have on these alternative routes and

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<sup>5</sup> Section 49-63(d) of the Code states that a right-of-way which is the sole means of access to any property may not be abandoned or closed. As noted above, the Hospital owns, or has a contract to purchase, every lot adjoining the right-of-way and intends to consolidate its properties into one record lot. Therefore, no property will be denied access as a result of the Abandonment.

The Honorable Isiah Leggett  
April 21, 2008  
Page 7

concludes that each would continue to operate safely and efficiently with the moderately increased levels of traffic.

Additionally, all public utilities that currently exist in the Abandonment Area, as shown on the Existing Utilities Plan attached as Exhibit "H", will be maintained or relocated, as appropriate, as shown on the Proposed Utility Plan attached as Exhibit "I", without disruption of service to any neighboring properties. Therefore, the Abandonment Area is also not necessary for the use of public utilities.

**II. The Abandonment is Necessary to Protect the Health, Safety and Welfare of the Residents Near the Right-of-Way to be Abandoned.**

The Hospital is pursuing the Abandonment in connection with its Modification, which attempts to address an existing critical space shortage at the Hospital and the need to upgrade its facilities to comply with current health standards. The Abandonment is an essential component of the proposed improvements, as it will allow the Hospital to consolidate and use the land it owns on both sides of Lincoln Street to make the improvements at the location with the dimensions necessary for construction and proper operations.

As shown on the Site Plan, the proposed Addition would occupy a significant portion of the Abandonment Area. The placement of the Addition in this location is driven by guidelines and standards affecting the development of a new surgery suite, which will occupy the first floor of the Addition. The Hospital currently has 15 licensed operating rooms located on different wings of the Hospital. Built over the past five decades, the operating rooms lack consistent and appropriate configuration and are substantially undersized to accommodate current surgical practice standards. Additionally, the very limited existing floor slab to floor slab area in the current facility does not provide the necessary ceiling space to accommodate equipment and mechanical system requirements. Having undersized, poorly configured, and scattered surgical support functions, such as pre-procedure and recovery space, on separate wings creates inefficiencies which negatively impact patient flow and staff and physician effectiveness. The inconsistent configurations of the existing operating rooms further limit efficiency and the delivery of services. Many of the operating rooms are too small or the wrong shape to support the staff and/or modern equipment required for specialized surgery, limiting the Hospital's ability to maximize operating room utilization.

The Honorable Isiah Leggett  
April 21, 2008  
Page 8

The Modification addresses these issues by relocating all 15 operating rooms to the first floor of the proposed Addition, in accordance with current healthcare standards, including compliance with the 2006 Guidelines for Design and Construction of Healthcare Facilities (the "Guidelines"), which are adopted by Maryland and nationally recognized as establishing the benchmarks for healthcare facilities. In accordance with the Guidelines, the Modification proposes placement of all surgical functions, including operating rooms, post-anesthesia recovery rooms, pre-operative rooms, and related facilities on the same level of the Addition and in close proximity to one another. The upgrading of the Hospital's 15 existing operating rooms and provision of the necessary surgical functions on the same level and in close proximity, as required, results in the need for a contiguous single floor of approximately 65,000 square feet. It is a further need for the surgical function floor area comprising this footprint to be in close proximity to the emergency department, where a number of surgical cases originate. These factors, in combination with other code restrictions such as maintaining fire access on all sides of the proposed structure, severely restrict where the Addition can be located on the Property. As shown on the Site Plan, the Addition is proposed to the north of the existing hospital and across the Abandonment Area, which is the only area that will accommodate the requisite footprint while providing adjacencies to existing facilities as required for Hospital operation and conformance with the applicable Guidelines and code restrictions.

Therefore, abandonment of the Abandonment Area will allow the Hospital to create properly sized and configured space for updated operating rooms with adequate space to meet current codes and accommodate necessary technology, while also providing other necessary facilities on different levels. Such facilities consist of additional private patient rooms to meet current health standards and patient demands and address infection control, and physician office space to attract and maintain well qualified physicians and enhance patient access to physicians. These improvements are necessary to protect the health, safety and welfare of the Hospital's neighbors by ensuring the continued provision of high-quality healthcare to the community, which is a recognized public purpose. *See Finan v. Mayor and City Council of Cumberland*, 154 Md. 563, 141 A.269 (1928) ("that the use of public funds in the erection or maintenance of a general hospital...would be use for a proper public purpose, there can be little if any doubt.")

The Honorable Isiah Leggett  
April 21, 2008  
Page 9

**A. In Assessing Health, Safety, and Welfare Issues, the Council May Consider Any Adopted Land Use Plan Applicable to the Neighborhood.**

Section 49-63(c)(2)(A) of the Code provides that, in assessing health, safety, and welfare issues, the Council may consider any adopted land use plan applicable to the neighborhood. The Property is subject to the Bethesda-Chevy Chase Master Plan, approved and adopted in April 1990 (the "Master Plan"), which provides specific recommendations for the Old Georgetown Road corridor, where the Hospital lies. The Abandonment, and the health, safety and welfare objectives that it achieves, is consistent with the Master Plan's vision.

Before addressing the specifics of the particular area where the Hospital is located, the Master Plan contains general language supportive of the Hospital's Petition. As a recommendation for the planning area at large, the Master Plan encourages the creation of "guidelines for locating special exceptions that discourage concentrations of office-related special exceptions *but support those related to child, elder, and health services, and other community-serving needs.*" See Master Plan, p. 3 (emphasis added). This recognizes health services as a fundamental component of a well planned area. The Master Plan later extends its recognition of the primacy of community-serving uses, despite the highly developed nature of the corridor, by noting "[t]he best way to achieve the Plan's goals for Old Georgetown Road is to discourage *further* special exceptions...*except for community serving uses.*" *Id.*, p. 59 (emphasis added). In this same section, the Master Plan states, the "Plan recommends the preservation of the residential character...from further encroachment by special exception uses, *except those that are community serving.*" *Id.* The Master Plan, therefore, implicitly recognizes and supports the existence and anticipated continuance of the Hospital as a special exception. Such recognition would, as an essential consequence, entail the necessary future modification of the Hospital to ensure its survival and continuance as an acute care facility able to meet modern, high standards of healthcare delivery. That is exactly what the Abandonment will facilitate.

The Master Plan also anticipates "further" special exceptions that support "community serving" uses. See Master Plan, p. 60. Such uses clearly include healthcare. The Addition, which will occupy a significant portion of the Abandonment Area, will house state-of-the-art surgical units, physician office space, and patient rooms. These improvements will enable physicians and nurses to continue their delivery of superior healthcare to the community and will address compliance with current healthcare standards and patient

The Honorable Isiah Leggett  
April 21, 2008  
Page 10

needs. These important improvements to the Hospital's use are designed to serve the overall health and well being of the community by enabling the Hospital to more fully and efficiently meet the community's medical needs.

Additionally, as proposed in the Modification, the consolidation of the Hospital's Campus via the Abandonment will permit the creation of attractive green space buffers and appropriate entryways to the new facilities, including open spaces, gardens, sidewalks, landscaping, and other amenities. These enhancements are in keeping with the recommendations of the Master Plan that include recommendations to "regreen and screen" along Old Georgetown Road and to increase "screening and buffering" between special exception uses and adjacent properties. Master Plan, p. 61. This "buffering" effect is "strongly encouraged" by the Master Plan, which recognizes that "trees play an important role" and "the concept of a tree-lined boulevard is critical" to the creation of the "desired ambiance" along Old Georgetown Road. *Id.* Finally, the proposed green space linkages along the perimeter and throughout the Campus proposed in the Modification are very much consistent with the design and landscape guidelines supported by the Master Plan. *Id.*

**B. In Assessing Health, Safety, and Welfare Issues, the Council May Consider Safe and Efficient Pedestrian and Vehicular Traffic Patterns and Flows, Together with Alternatives, in the Immediate Neighborhood for Local and Through Traffic.**

Section 49-63(c)(2)(B) of the Code provides that, when assessing health, safety and welfare issues, the County Council may consider safe and efficient pedestrian and vehicular traffic patterns and flows, together with alternatives, in the immediate neighborhood for local and through traffic. The Abandonment will protect health, safety and welfare by improving many vehicular and pedestrian safety issues users of the hospital and residents of the neighborhood presently experience as a result of the divided Campus. The current disjointed nature of the Hospital Campus, with services on both sides of Lincoln Street, and the parking structure separated from the main hospital entrance by a right-of-way, presents a potential hazard to patrons, physicians, staff and visitors. Currently, neighborhood pedestrian and vehicular traffic, hospital pedestrian and vehicular traffic, and emergency vehicles all co-mingle at the Hospital's main entrance on Lincoln Street, creating numerous conflicts.



The Honorable Isiah Leggett  
April 21, 2008  
Page 11

As shown on the Site Plan (Exhibit "F"), the Abandonment will resolve these conflicts by separating out neighborhood traffic and allowing the existing easternmost portion of Lincoln Street to become the Hospital's main entrance, flowing into an on-site circulation system that appropriately separates pedestrians and vehicles, as well as separating emergency vehicles from non-emergency vehicles. This improvement will also concentrate the vast majority of Hospital traffic along the portion of the Property nearest Old Georgetown Road, away from, and appropriately buffered from, the adjacent neighborhood. Additionally, the Abandonment will allow for the creation of an appropriate Hospital Campus, with perimeter sidewalks at points along McKinley Street, Grant Street, and Southwick Street, where sidewalk connections currently do not exist, as well as an extensive on-site pedestrian circulation system, accented by plazas, gardens, and green spaces, that will enhance both on-site pedestrian circulation, as well as circulation through the adjacent community.

As for neighborhood traffic displaced by the Abandonment, as more fully explained in the Abandonment Study, safe and efficient alternatives exist for those non-hospital related vehicles that would be displaced with the closure of the Abandonment Area, including alternative east/west routes (McKinley Street, Southwick Street and Greentree Road) immediately to the north and south of the Abandonment Area.

**C. In Assessing Health, Safety, and Welfare Issues, the Council May Consider Changes in Fact and Circumstances Since the Original Dedication of the Right-of-Way.**

Section 49-63(c)(2)(B) of the Code provides that, when assessing health, safety and welfare issues, the County Council may consider changes in fact and circumstances since the original dedication of the right-of-way. As noted above, the Abandonment Area was originally dedicated in 1910. Since that time, the Hospital has come into existence and become the principal user of the subject portion of Lincoln Street. *See* Abandonment Study (Exhibit "G"). To accommodate the Hospital's responsibility to provide high-quality healthcare to the community and satisfy its responsibilities as a designated trauma center, and as more fully described above, it has now become necessary to abandon the Abandonment Area. Therefore, facts and circumstances have significantly changed since the original dedication to warrant the Abandonment.

The Honorable Isiah Leggett  
April 21, 2008  
Page 12

## CONCLUSION

As demonstrated above and in the enclosed materials, both of the two standards specified in Section 49-63(c) of the Code for granting of the Abandonment are met with this Petition, either one of which, standing alone, would be sufficient to justify closure of the Abandonment Area.<sup>6</sup> As shown in the Abandonment Study, the Abandonment Area is not necessary for present or anticipated public use. On the contrary, the Abandonment is necessary for the public purpose of protecting the health, safety and welfare of the residents near the Abandonment Area, as well as the community as a whole. The Abandonment will allow the proposed Modification to proceed. The Modification is necessary for the Hospital to provide needed healthcare to the community in a manner that addresses compliance with current healthcare standards and patient needs. Further, the Modification will enhance safe pedestrian and vehicular circulation in and around the Hospital. Those vehicles displaced through the abandonment of the Abandonment Area have proximate, adequate, safe and efficient alternative means of traversing the neighborhood to arrive in the same location.

Associated with this Petition, attached as Exhibit "K" please find a complete list of adjoining and confronting property owners. Also enclosed is a check in the amount of \$2,500.00 representing the filing fee for this Petition.

We look forward to discussing the requested abandonment in greater detail at the public hearing and will be available at that time to answer any questions. In the meantime, however, if you have any questions, or would like any additional information, please do not hesitate to contact us. Thank you for your consideration.

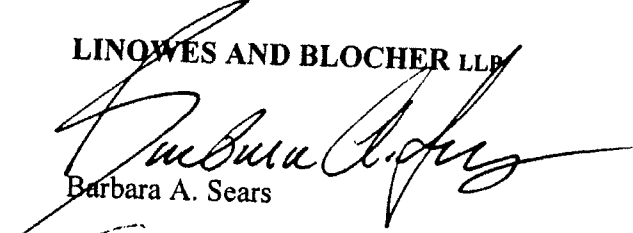
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<sup>6</sup> A copy of the Post-Abandonment Conditions Plan, showing the allocation of the Abandonment Area once abandoned, is attached as Exhibit "J". As shown on this plan, the majority of the Abandonment Area will revert to the properties on the north side of the Abandonment Area (Block 8), from which properties the original dedication of the Abandonment Area was made. See Plat No. 131 (Exhibit "C").

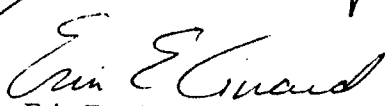
The Honorable Isiah Leggett  
April 21, 2008  
Page 13

Very truly yours,

**LINOWES AND BLOCHER LLP**



Barbara A. Sears



Erin E. Girard

Enclosures

cc: Mr. Michael Cassedy  
Mr. Brian Gagnolati  
Mr. Gene Corapi  
Ms. Leslie Ford Weber  
Ms. Margaret Fitzwilliam