The Foundation For Historical Louisiana

The Foundation for Historical Louisiana

P.O. Box 908 • Baton Rouge, Louisiana 70821
(225) 387-2464 • Fax (225) 343-3989
www.fhl.org
Preserving the Cultural and Architectural Heritage of Louisiana

February 26, 2009

Governor Bobby Jindal
P.O. Box 94004
Baton Rouge, LA 70804

Dear Governor Jindal,

On January 22, 2009, the House Appropriations Committee held a hearing on the reuse of Charity Hospital in New Orleans as a state-of-the-art medical center. At that hearing, the Foundation for Historical Louisiana as well as representatives from RMJM Hillier presented information from studies requested by the legislature showing that reusing Charity is the quickest and most cost-effective way to bring quality health care back to New Orleans. Additionally, reusing Charity would enable LSU and Veterans Affairs to build their respective facilities, while substantially limiting the seizure of private property by the city and state from business and homeowners who have been rebuilding in the surrounding neighborhood.

We recently learned that you received some follow-up material in a letter from Jerry Jones, Assistant Commissioner of Administration, dated February 11, 2009, which we believe inaccurately represents some of the figures and information concerning the rehabilitation of Charity Hospital. We are confident we have already addressed most of these issues in previous responses, including a 51-page document dated December 22, 2008, as well as in the attached response to Representative Jim Fannin and the House Appropriations Committee.

Jones challenges – and misrepresents—our cost estimates using the argument that our studies did not include the outpatient (ambulatory care) program. Our charge by the legislature in HCR 89 was to study Charity Hospital only. Since Charity Hospital was one million square feet – roughly equal to the inpatient program in the LSU Strategic Masterplan, we test-fitted that part of the program only. The many vacant properties adjacent to Charity (over 1.5 millions square feet) will most certainly accommodate the 500,000 square feet of outpatient facilities in the program, either as a new addition or as renovations.

We know that the state could save 34 percent of the project cost (which includes construction, soft costs, furniture, equipment, etc.) by gutting and rebuilding Charity Hospital instead of building a new hospital of equal size. That is an apples-to-apples approach. We can certainly assume that similar efficiencies would apply to the re-use of many of the surrounding existing buildings if used for ambulatory care and other services.

That said, this "he said, she said" approach through dueling correspondence is hardly the best way for you to understand and evaluate this critical project. Rather, we urge the legislature to call for an unbiased, independent analysis of the cost of the new hospital versus the cost to gut and rebuild Charity Hospital. We are confident the facts will speak for themselves.

Can we truly embark on what is likely the largest project in the city's history without a full understanding of all the financial implications? Both approaches should be evaluated by truly independent, knowledgeable experts, with the first questions being: When could each be completed, and at what true price tag?

We would recommend that such a cost-benefit study include an evaluation of the possible benefits of getting a hospital on-line years sooner, and what that would mean for jobs, for economic development and for jump-starting the bioscience corridor. Furthermore, what does returning the full teaching hospital to full operation in three years mean economically and for the healthcare of our state? Finally, what is the impact of the approaches on the private hospitals in New Orleans, but more importantly, the taxpayers throughout Louisiana?

We would appreciate your support in calling for an independent analysis of this important issue. Please feel free to contact me at 225-445-3800 with any questions or to discuss any aspect of this issue.

Sincerely,

Sandra Stokes
Executive Vice Chair

Encl: Letter to Representative Fannin
Hillier Response to FPC Comments
Cost Comparison
NTCIC Equity Estimate
Cost Comparison with Tax Credits
First Class Medical Center Images

cc: Governor Bobby Jindal
Commissioner Angele Davis
The Honorable Jay Dardenne
The Honorable John Kennedy
Members of the Louisiana Senate
Members of the Louisiana House of Representatives
Dr. John V. Lombardi, President, LSU System
Dr. Fred Cerise, Vice President, LSU System
Mr. Alan Levine, DHH
Mr. Jerry Jones, Assistant Commissioner of Administration
Mr. Alfred Spears, Office of the Clerk
Mr. Paul Rainwater, Executive Director, Louisiana Recovery Authority
Mr. Mark Moses, Senior Manager, Facility Planning and Control
Mr. Kenneth Odinet, State Representative Emeritus
Mr. James P. Roy, Chairman, LSU Board of Supervisors
Mr. R. Blake Chatelain, Chairman-Elect, LSU Board of Supervisors
Mr. Walter Gallas, National Trust for Historic Preservation

January 27, 2009

The Honorable Jim Fannin, Chairman
House Committee on Appropriations
320 6th Street
Jonesboro, LA 71251

Dear Representative Fannin:

The Foundation for Historical Louisiana is most grateful to you and the entire House Appropriations Committee for holding the January 22 hearing on the Charity Hospital Feasibility Study. The lack of open discussion of this alternative in other forums has been deafening. We applaud your willingness to hear the full analysis of these two major alternatives to providing a first-class teaching hospital in New Orleans.

We agree with LSU that the expeditious return of healthcare and a first class teaching hospital are desperately needed in New Orleans. The Foundation for Historical Louisiana (FHL) and RMJM Hillier Architects stand behind the fact that Charity Hospital can be gutted and fitted out as a new state-of-the-art medical teaching hospital at less cost, in less time, and without expropriation and destruction of an entire historic neighborhood.

Attached are responses from RMJM Hillier to assertions made by Facility Planning and Control. We would like to be clear that HCR 89 charged the Foundation for Historical Louisiana to assess Big Charity Hospital only. In order to present fair numbers at all times, we made our comparisons for the rebuild of Charity versus new construction of equal square footage, i.e. 1,000,000 sq ft. Otherwise, we would have used LSU's stated price tag of $1.2 billion in our comparisons. It was not in our charge to design the entire complex, nor did we have access to the surrounding buildings. We are aware that these surrounding vacant structures have over 1.5 million square feet that could be used for ancillary services such as ambulatory care, parking, etc. Similar savings in both time and money would no doubt extend to these buildings as well.

We continue to be concerned that adverse conditions remain unchecked in the Charity Hospital building. Although a contract of $1,940,800 for "Phase 1 Repairs" to secure and ventilate the building was in progress, we understand that due to an electrical problem, all work on the building - including the removal of pooling water, has ceased The $1,600,000 asset protection contract to replace the roofs has not even begun, three and a half years after the storm. What can be done to ensure that the State acts as a proper steward of this building, which is in its care, before further deterioration occurs?

Furthermore, while at the hearing in Baton Rouge, we repeatedly heard that shared services with the VA Hospital would save $400,000,000 over 25 years. During the same time that the Appropriations Committee was meeting in Baton Rouge, the design plans for LSU / VA were being presented in New Orleans at the federal Section 106 meeting. The designs presented showed no shared services or synergy. The two hospitals are not even sharing parking facilities. In contrast, our plan focuses on the use of shared support services buildings and promotes synergy among ALL of the various medical centers in the area.

Finally, FHL again requests an independent cost / benefit analysis to include not only construction costs and financing, but the financial consequences of getting jobs, research, a full academic teaching hospital, related economic development and the bioscience corridor on line years faster than would occur if the current LSU plan were implemented.

Thank you again for your attention in this matter. I would be pleased to discuss this with you at your convenience. Please feel free to contact me at 225-445-3800.

Sincerely,

Sandra Stokes
Executive Vice Chair

cc: Members of the House Appropriations Committee
Louisiana Congressional Delegation

Enclosures: RMJM Response to FP&C Comments
Cost Comparison
First Class Regional Medical Center Images

RMJM | Philadelphia
The Widener Building
Suite 1500
One South Penn Square
Philadelphia, PA 19107-3502

T 215 636 9999
F 215 636 9989
www.rmjm.com

MEMORANDUM

TO: Sandra Stokes, FHL
FROM: Steve McDaniel, RMJM
REF: Response to FP&C testimony on Jan. 22, 2009
DATE: Jan. 27, 2009

On January 22, 2009, the Appropriations Committee held a hearing at the Louisiana State Capitol in Baton Rouge to learn more about the two options for returning healthcare to New Orleans. One option, presented by FHL / RMJM, is to gut and build a new facility inside the Charity Hospital exterior walls. The other option is to build a new hospital. At the hearing, LSU Administration and Facilities Planning and Control commented on our cost estimates, questioned the viability of the exterior walls and structure, seemed to misunderstand our program of square footages, and suggested that only a new hospital campus would create a vibrant Academic Medical Center.

Here are our responses, as discussed in our rebuttal at the hearing:

1. Cost Estimates

HCR 89 asked the Foundation for Historical Louisiana to commission a study of Charity Hospital only. Our numbers, shown on the attached Cost Comparison sheet, show the costs of the hospital only, and do not include ambulatory care, parking, or any of the other program elements listed in FP&C's slide 2.

In order to create an apples-to-apples comparison, we have estimated the cost of the rehabilitation of Charity versus the cost of a new hospital of equal square footage (one million square feet). Please note that FP&C's number for construction of the new hospital, $344,365,960, taken from their slide 4, is quite close to our number of $387,695,954 for the new hospital. These are within 11% of each other, which indicates considerable agreement. The main difference is we have added contingency and escalation costs.

We stand by our numbers: $484,000,000 to gut and rebuild Charity, including contingency and escalation, and $620,000,000 to build new, including contingency, escalation, and land cost. The difference is a 22% savings in construction costs alone.

2. Schedule

It was stated during the meeting that 6 months was too short a period for design. The 6 months is for the design of the exterior restoration. The design of the interiors would start at the same time as the exterior design, and continue while exterior repairs take place. The timeline would not be linear, but rather a concurrent phased approach.

Additional factors that expedite the schedule of the renovation option include:
- No land acquisition or site clearing are required.
- The foundation, structure and exterior cladding are already in place.

3. Exterior Walls

We have a different view of the exterior walls of Charity Hospital than the one presented by FP&C. They claimed in their presentation that we would need to replace all of the limestone because the anchors are rusted. We hired one of the top testing companies to conduct a thorough analysis of the

existing conditions of the stone. The testing included thermal imaging and selective probes. These methods are the most advanced technology available for understanding this type of construction.

The analysis indicated there are no façade anchors. The varying stone thicknesses (between 4"- 10" thick) key the stonework into the back up masonry, negating the need for metal anchors. Because of this assembly, the exterior walls are constructed to last much longer than what would be possible in a brand new building which usually have a 30 year lifespan. We are confident that these very substantial limestone walls can be effectively repaired to last much longer than that. Based on this, our report describes the necessary repairs and our cost estimate includes that work.

4. Structure & Foundation

During the meeting, FP&C stated that the foundation of Charity Hospital may not be sound and therefore it may not possible to locate mechanical equipment on the fourth floor.

Given that the piles support all 20 floors, and do not show signs of differential settlement since construction, we do not anticipate that the increased load at the 4th floor will have a significant impact on the piles. Our study takes into account the additional loads by recommending reinforcements of the floor structure. These reinforcements are included in the estimate.

5. Program Differences.

In slide 3, labeled "Program Deviations" FP&C listed some areas where our design for the renovation of Charity has less square footage than the design for the new hospital (called Master Plan.) This is incorrect. Our design was based on the one million square foot inpatient component of the new hospital program only. The new hospital inpatient program is also one million square feet. The ambulatory care component (clinics) were not a part of the study, but could be located in an existing or new adjacent building, similar to what is shown in the new hospital master plan. Additional differences in program are insignificant.

In one example, slide 3 indicates that our design for a renovated Charity has 7,000 square feet for Materials Management, while the new hospital design has 7,392 square feet for that function. It is normal to encounter minor variations from the program at this early stage of design. Another example is that we have designed 446 patient rooms while FP&C has designed only 424 patient rooms. So, for some functions the new hospital has more square footage, while in the case of patient rooms, the renovation concept has more. These differences are not significant at this point, and would be adjusted during the design phase. Since both cost estimates are based on 1,000,000 square feet of first class hospital space, the comparison we have done is valid and useful.

6. First Class Academic Medical Centers

During the presentation, it was stated that Louisiana was losing patients and talent to other regional medical centers and that entirely new facilities were necessary to compete and become a first class regional medical center for Louisiana. We have looked at the top regional academic medical centers in the country and could find no examples of facilities that had entirely new campuses. Attached are aerial photos of several of these campuses including University of Alabama at Birmingham Medical Center, Houston Medical Center and John Hopkins among others. All of them consist of a combination of older and newer buildings, and the majority of their campuses include renovated buildings.

These institutions are all urban, the medical schools and hospitals are in walking distance from each other, and they have much more in common with our study than what is proposed in the new hospital master plan, which is more suburban, rural and vehicle based. These institutions demonstrate that top medical talent, patients and research dollars go to facilities that take advantage of their existing resources, are respectful of surrounding neighborhoods and make planning and strategic decisions that are sustainable and affordable.

Cost Comparison

	Charity Hospital Re-use 1,000,000 SF			New Hospital on New Site 1,000,000 SF		
TRADE COST		$	305,009,649		$	349,753,000
GENERAL CONDITIONS	5.00%	$	15,250,482	5.00%	$	17,487,650
Subtotal		$	320,260,132		$	367,240,650
GC OVERHEAD & FEE	3.50%	$	11,209,105	3.50%	$	12,853,423
Subtotal		$	331,469,236		$	380,094,073
BOND / INSURANCE	2.00%	$	6,629,385	2.00%	$	7,601,881
SUB TOTAL : CONSTRUCTION COST		$	338,098,621		$	387,695,954
DESIGN CONTINGENCY	15.00%	$	50,714,793	15.00%	$	58,154,393
Subtotal		$	388,813,414		$	445,850,347
ESCALATION	13.13%	$	51,031,761	20.00%	$	89,170,069
Subtotal		$	439,845,175		$	535,020,417
CONSTRUCTION CONTINGENCY	10.00%	$	43,984,517	5.00%	$	26,751,021
SUB TOTAL: CONSTRUCTION COST		$	483,829,692		$	561,771,438
LAND ACQUISITION (Note 4)		$	-		$	58,320,000
TOTAL CONSTRUCTION COST		$	483,829,692		$	620,091,438
TOTAL CONSTRUCTION COST ROUNDED		$	484,000,000		$	620,000,000
TOTAL CONSTRUCTION COST PER SF		$	484		$	620

Notes:

1- Construction Cost Estimate by V. J. Associates
2 - Construction cost includes labor and materials, contractor general conditions, overhead and profit, bond and insurance, design and construction contingencies, and cost escalation
3 - Construction cost of new hospital includes building only, it does does not include new site preparation work (demolition, new sitewide utilities) or any other non-building specific work.
4 - Land acquisition costs based on MCLNO Master Plan - Adams 2007 - Cash Flow Forecast - Escalated 8% to 2008

NATIONAL TRUST **COMMUNITY INVESTMENT** CORPORATION

A subsidiary of NATIONAL TRUST FOR HISTORIC PRESERVATION®

CHARITY HOSPITAL

Estimated Tax Credit Equity

Estimated Construction Costs	**$484,000,000**	
Federal Historic Tax Credits		
Historic Tax Credits		$102,272,000
Historic Tax Credit Price		$1.1000
Federal Historic Tax Credit Equity		**$112,499,200**
State Historic Tax Credits		
State Historic Tax Credits		$5,000,000
State Historic Tax Credit Price		$0.70
State Historic Tax Credit Equity		**$3,500,000**
New Market Tax Credits		
New Markets Tax Credits		$15,600,000
New Markets Tax Credit Price		$0.7600
New Markets Tax Credit Equity		**$11,856,000**
Tax Credit Equity to Project		**$127,855,200**

Assumptions:
85% of total project costs considered to be QRE-eligible
A single CDE allocation of 40MM in New Market Tax Credits
State historic credits limited to $5,000,000

National Trust Community Investment Corporation
1785 Massachusetts Avenue, NW • Washington, DC 20036
202.588.6000 • Fax: 202.588.6436 • www.ntcicfunds.com

Project Cost Comparison Including Tax Credits

Charity Retrofit (1M Sq. Ft)		New Construction (1M Sq. Ft.)	
Construction Cost	$484,000,000	Construction Cost Minus Land Cost ($620M - $58M)	$562,000,000
Project Cost (Construction Cost + 40%)	$678,000,000	Project Cost (Construction Cost + 40%)	$787,000,000
Land Cost	$0	Estimated Land Cost	$58,000,000
Tax Credit Equity	-128,000,000	Tax Credit Equity	-12,000,000
TOTAL PROJECT COST	**$550,000,000**	**TOTAL PROJECT COST**	**$833,000,000**

Savings of $283 Million

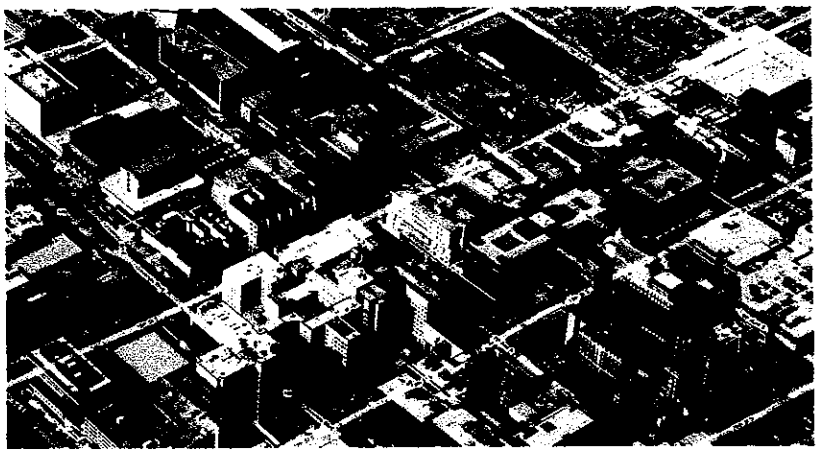
34% Savings of Project Cost

First Class Regional Medical Centers

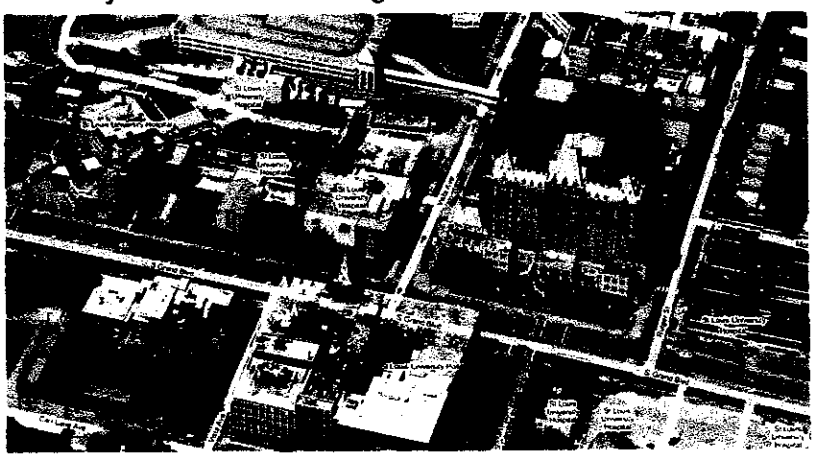
Johns Hopkins Medical Center, Baltimore, Md.

University of Pittsburgh Medical Center, Pittsburgh, Pa.

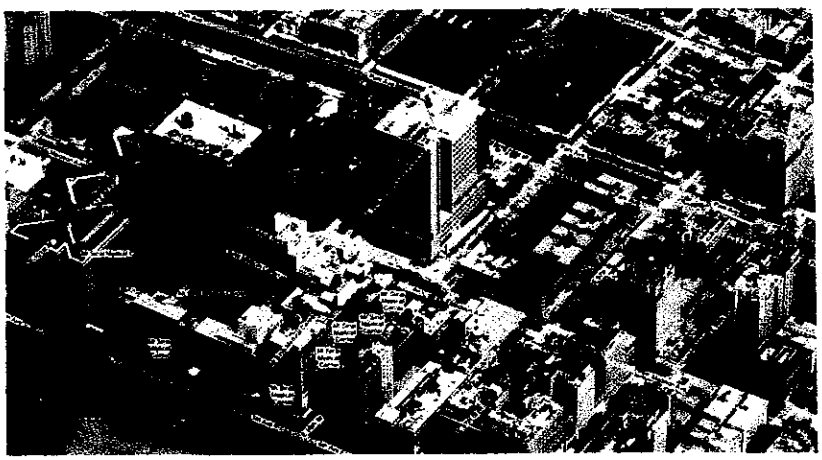
Atlanta Medical Center, Atlanta, GA



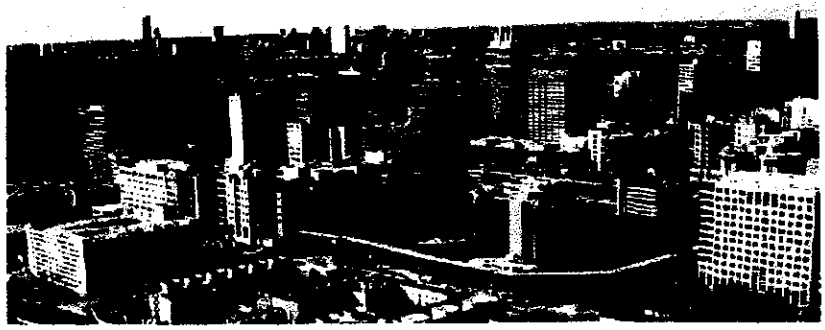
University of Alabama at Birmingham Medical Center



St. Louis Medical Center



Mt. Sinai Medical Center, New York, NY



Texas Medical Center

rmjm

Architects & Planners

The Widener Building
Suite 1500
One South Penn Square
Philadelphia, Pennsylvania
19107

T 215 636 9999
F 215 636 9989
E philadelphia@rmjm.com

November 16, 2009

Commission on Streamlining Government
c/o Jerry Guillot
P. O. Box 44481
Baton Rouge, LA 70804

Re: Charity Hospital Feasibility Study

Dear Sir or Madam:

Over the course of the last year, there have been several statements regarding the feasibility of reusing historic Charity Hospital from both supporters and opponents of the idea.

It is imperative, that at this critical juncture, we clarify some of the misconceptions and we also place some issues in the right perspective:

a. The historic structure was assessed by a team of nationally recognized experts in the field, namely Robert Silman Associates and GBG, along with our own in-house experts who specialize in the reuse of historic buildings and specifically early twentieth century construction, as in the case of Charity Hospital. The assessment was performed with the aid of state-of-the-art scientific instruments and technology that allow us to understand and very reliably develop the Scope of Work for the repair of the exterior building envelope. Dismissing scientific and systematic analysis in a peremptory way, as has been done to-date by those who oppose the reuse of Charity Hospital as a health care facility, does not necessarily make the findings of the RMJM Hillier team erroneous. In conclusion, the arguments against reusing Charity because there are issues associated with the exterior envelope of the building and/or its structure, are arbitrary and capricious and are not based on solid evidence. To this day, the RMJM Hillier study is the only report that has provided a scientific assessment that can guide the repair and reuse of the building in a sensible way.

b. Another misconception is that the layout of the building is not suitable for a state-of-the-art health care facility. Our plan indicated very clearly how the building can be used as a modern, state-of-the-art hospital, following the most stringent contemporary healthcare design principles, sound preservation techniques and sustainable technology.

   Functionally, Charity Hospital's floor plates conform to modern healthcare facilities standards, providing a podium to accommodate large and complex medical and surgical functions, which support the bed tower floors above. The existing floor to floor height at the 1st and 2nd floors are ideal for operating rooms and diagnostic facilities and all elements that make up a modern diagnostic and treatment podium. The building footprint and shape also complies with contemporary design standards of enhancing daylighting and providing views from all patient rooms.

   The RMJM Hillier building assessment resulted in a clear and compelling planning and design vision for an optimal, patient-centered, hospital experience. Again, dismissing this plan without sound planning and design reasoning, which has been the case up to this point, appears to be arbitrary.

c. The schedule for the project was questioned and was deemed unrealistic. On the contrary, our schedule and sequence of implementation proposed the following:

rmjm

Architects & Planners

- The project can be implemented with multiple design/construction packages.
- First would be selective demolition and removals, preparing the building for construction
- Second would be exterior building envelope and structural repairs
- Third would be infrastructure and base building systems
- Fourth would be interior/architectural construction

If the reuse of the building had been chosen as the appropriate option, by now the project would have been well under way in to construction, if not completed, without the delays that have already occured.

d. The project budget was heavily questioned. Again, the opponents have done so, with erroneous statements. Our assumptions were very clear. The building would be gutted and a completely new infrastructure and interior architecture would be constructed. In that respect, there is no difference between a cost estimate for new construction and the renovation of Charity. In addition, the exterior repair program was based on the rigorous analysis and scientific assessment that was conducted, an approach that appears to be unknown to the opponents of the reuse of the historic building.

e. Finally, the criticism that the study failed to address the ancillary needs of a modern hospital, as envisioned by LSU, raises the same questions from the supporters of the reuse of Charity. What planning and systematic study was conducted in the reuse of the structures that surround Charity as potential support facilities for the new complex? How was this option deemed not feasible prior to concluding that the only option is the leveling of a historic district and the construction of a new hospital complex? Frankly, it appears that the decision was already made without any systematic assessment, planning and urban design study on the potential of reusing Charity, the surrounding structures and the investment already in place of two medical institutions.

Old Charity could have been, and still can be, reused in a cost effective way, creating again a state-of-the art medical facility in New Orleans, without the loss of a National Historic District.

We thank you for considering our views.

Sincerely,

Dr. George C Skarmeas, AIA, AICP
Principal
Director of the Preservation Design Studio

Cc: Sandra Stokes (FHL)

215 Park Avenue South
4th Floor
New York, NY 10003-1603

t: 212.251.7000
f: 212.251.7111
www.perkinswill.com

PERKINS
+WILL

November 16, 2009

Ms. Sandra Stokes
The Foundation for Historical Louisiana
502 North Boulevard
Baton Rouge, LA 70802

Re: Feasibility of restoring and renovating Charity Hospital in New Orleans, LA

Dear Sandra,

We have been following the debate regarding the restoration of Charity Hospital and its pivotal role in providing high quality healthcare to the residents of New Orleans. We are particularly interested in the concept of restoring and renovating Charity Hospital, due to our interest in community healthcare resources and sustainable hospitals. For your information and, as a brief introduction, Perkins+Will is a 1600 person architecture and interiors practice with a focus on the design of healthcare facilities and sustainable architecture. Our credentials in this particular field of expertise are substantial, as we have worked for many of the nation's leading healthcare institutions, going back to 1935.

Let us introduce ourselves as individuals as well: Chris Bormann is a licensed architect with 22 years of experience, is a Principal of Perkins+Will, and is Healthcare Market Sector Leader for the firm's New York office. Robin Guenther is a licensed architect with 31 years of experience, is a Principal of Perkins +Will, and is a national leader in the field of Sustainable Healthcare.

We learned about the Charity Hospital Feasibility Study by RMJM- Hillier. Steve McDaniel was the Principal-in-Charge of the RMJM-Hillier team that prepared the Study. After the Study was completed, Mr. McDaniel joined Perkins+Will, and he has provided us with a thorough description of the details of the Executive Summary dated August 20, 2008 and the full Report dated September 15, 2008.

Having reviewed the complete Feasibility Study, Perkins+Will endorses the Report's recommendation for the restoration and renovation of this important healthcare facility, over its replacement, in order to provide critical healthcare services to New Orleans.

Building Envelope

Based on our review of the Study and its technical appendices, we agree that the exterior walls, windows, and roof can be effectively restored. It appears from the materials in the Study that Charity Hospital was well built and, when properly maintained, should provide many more years of service. The exterior limestone has sustained damage over the years, but the recommended

repairs can make the exterior wall system an equal or better wall assembly than would be designed, according to today's standards, for a new hospital building.

Recommendation to Rebuild within Existing Shell

We agree with the recommended approach, to gut the entire interior of the building, including complete removal of all interior partitions and ceilings, as well as all mechanical, electrical, and plumbing systems. This minimizes the impact of unknown conditions within existing construction, and allows budgeting and cost control to be very predictable. Only the historic lobby would remain, to be restored.

One of the fundamental reasons why this particular renovation makes sense is that the building is vacant, which means the interior can be gutted down to the structure and rebuilt from scratch, as if it were the fit-out of a new building. This approach is much less expensive than working in an occupied building, where phased renovation might necessitate reliance on swing space and temporary moves of clinical departments.

In terms of Sustainable Design, re-using the existing structure and repairing the exterior walls saves considerable resources and conserves energy that that would otherwise be required to build from scratch.

Cost of Construction

The Study contains an estimate comparing the cost of renovating Charity with the cost of building a brand new ground-up hospital. Based on our experience, we agree that the gut and renovation of Charity, as proposed in the Study, will be significantly less expensive than new construction. Taking advantage of tax credits available for historic buildings will further increase the savings in the renovation option, over the new construction option.

Floor Plates

The general configuration of the building floorplates and massing, as indicated in the Feasibility Study's diagrams, is workable for a new modern hospital. This traditional hospital building format, with wide floor plates on the lower levels forming a diagnostic platform and patient care units above, is a tested and workable arrangement. The building wings planned to house new inpatient units are similar to those in other urban hospitals that have been effectively renovated. These hospitals provide excellent state-of-the-art acute care and critical care patient settings and we believe Charity can do the same and be just as successful.

Interestingly enough, preliminary findings from Evidence Based Design suggest that increased access to daylight and views have positive impacts on patients and staff alike. Charity Hospital's narrow wings incorporate much of what we advocate regarding floorplate dimensions, because they provide excellent access to daylight and views.

Interior Architecture

The front door and entrance sequence to today's modern hospital are both symbolic and highly functional in terms of initiating the overall patient experience and introducing effective way-finding. Various functions need to be co-located at, or near, the hospital's front door, including reception, security, public facilities, retail, volunteer areas, and patient waiting, as well as miscellaneous storage and amenities.

The Study proposes enclosing and covering the existing fore-court immediately outside the hospital on Tulane Avenue, to create a new atrium. This offers an excellent opportunity to

accommodate these entry functions in a new lobby space. This new interior atrium also provides a new, updated face to Charity Hospital, while respecting the existing historic architecture.

Conclusion

We agree that the recommendations in the Feasibility Study are valid, logical, and consistent with best practices for planning new, modern hospitals.

In summary, Perkins+Will supports the concept that Charity Hospital can be effectively restored and renovated to become a modern, state-of-the-art, acute care hospital. While we did not duplicate the effort of the original study, we believe that re-using the existing Charity Hospital, instead of building an entirely new replacement hospital, is a viable and cost effective approach.

This solution would achieve the following:

- Save time in construction, to provide healthcare to the community sooner.
- Save money, to reduce the burden on financing sources.
- Protect an existing historic neighborhood from demolition.
- Preserve an important symbol and architectural landmark in the community.

We find ourselves in a time when Sustainable Design has, of necessity, become a very important concept, and many government agencies require conformance with its principles. In addition, we continue to lose historic buildings in our communities. In this particular moment, we see the re-use of Charity Hospital as an excellent opportunity for the State of Louisiana to take a leadership position on Sustainable Design, preservation, and community integration.

We hope that our review and endorsement of the Charity Hospital Feasibility Study are of value to you in your campaign to save Charity Hospital.

Sincerely,

Chris Bormann, AIA, LEED AP
Healthcare Principal
Perkins+Will

Robin Guenther, AIA, LEED AP
Healthcare Principal
Perkins+Will

E:\Charity ltr print Nov 2009.docx

November 16, 2009

Louisiana Commission on Streamlining Government
c/o Jerry Guilot
P.O. Box 44481
Baton Rouge, LA 70804

Dear Members of the Commission:

What are we planning to address the Human Capital needs for an expanded and new medical education and research institution?

Other universities in other states with major medical teaching programs such as Harvard University, University of Pennsylvania, Tufts University, University of Texas and New York University approach such an expansion program with parallel efforts to both endow senior chairs to attract leading medical/science educators, who in turn attract leading graduate students, while planning the bricks and mortar.

Moreover, these other same medical teaching universities have often recycled older buildings such as the Children's Hospital of Pennsylvania, CHOP, and originally 900,000+ sq. ft. while building a faculty which has made CHOP the # 1 hospital of its kind in the nation.

Today, it may take $5 million or more to endow one senior chair, and many will be required, for such. a facility as envisioned by LSU. Or we will build it without the level of teaching expertise to sustain the vision?

Human Capital is what makes a Medical Center state of the art. Please invest wisely.

Sincerely,

Robert Tannen
Urban Planner
2326 Esplanade Avenue
New Orleans, LA 70119

WEISER SECURITY
SERVICES, INC.
PO Box 51720 • New Orleans, LA 70151
504.949.7558 • Fax 504.943.3752

November 16, 2009

Government Streamlining Commission
State Of Louisiana
Bator Rouge, LA

Re: LSU Medical Center

Dear Members of the Commission:

I applaud your efforts to closely look at the possibility of exploring alternatives to building a new LSU Medical Complex in the Mid City historic district.

I for one believe this is one of the worst proposals ever submitted and am vigorously opposed to the idea.

I have vowed to fight Eminent Domain in order to continue to own and occupy my office building. I find appalling that I have never been contacted by any person associated with this process.
They claim to follow all of the procedures necessary to have the right to institute eminent domain but they have not.

1. I have yet to be contacted by anyone
2. There have been no appraisals of my property nor is 1 scheduled
3. I have not received any offers for the property.

I run a $100,000,000 company out of my building located at 1900 Canal Street. According to this absurd plan, my building will be bought, torn down and is slated for "future use". That makes a lot of sense; tear down a viable building, a building that employs people that generates income and taxes for a potential parking lot, or worse – vacant land.

This project is overblown, lacking any forethought under financed (if financing is available at all) and hugely disruptive. As I have said before, this project may start with the demolition of useful property only to end up a vast wasteland.

There is a better, more fiscally responsible way – REBUILD CHARITY!!!

Sincerely,

Michael L. Weiser
President and CEO
Weiser Security Services, Inc

Mr. Chairman, members of the committee:

My name is Mickey Weiser and I am the CEO of Weiser Security Services, Inc. located at 1900 Canal Street.

I own a multi-million dollar business and employ thousands of people.

I am speaking as one of the business owners in the area affected by the proposal to expropriate property to create a new LSU hospital and teaching facility.

Let me say that I support rebuilding Charity Hospital. It has the same economic impact and can be accomplished faster with far less resources.

I along with every other business owner was affected by hurricane Katrina. I was asked by people like you to come back; come back to Louisiana, come back to NO. I was upset by home grown companies that chose not to.

I could have operated my $100M business from anywhere, and would have been welcomed with open arms, but I chose to do the right thing, not necessarily the smart thing.

I rebuilt my building; a building I had previously gutted, renovated and only occupied for only 10 months before the storm. But this is the building and location I had meticulously chosen.

Then I get the news that LSU and the powers that be have decided to expropriate my building. I asked myself, why on earth did I come back here; this state clearly thinks I am disposable. The same politicians that urged me to return now hope I will leave quietly. If forced to move again, I WILL leave the city and probably the state. I am sick and tired of a state that fails to plan.

The bill before you is simply asking that LSU have a Business Plan in place to improve the odds that they can successfully raise the needed capital and retire the debt without additional state assistance or, god forbid, a bailout. Why should LSU or the state be concerned with this Bill? Don't you feel the need for a business plan? Did LSU not do one? Shouldn't everyone work together to develop the absolute best plan to avoid a $1.5 Billion catastrophic failure?

The fact is they are opposed to this Bill at this time because they have no plan; at lease not one that still keeps the State at risk. If they do, why won't they share it?

Now Dr. Lombardi is telling the legislature to get out of LSU's way. The way I see it is the legislature is our best chance for logic, reason and caution for a project this size.

Who builds property or opens a business without clear and present funding? That's business 101. I know; I took the course at LSU. That something every prospective business owner knows. This Bill should be a non issue for LSU.

Voting for this Bill means that you want to be fiscally responsible and believe that good government means planning, if not I guess you're willing to risk a multi-billion failure – probably the biggest potential failure in our state's history.

Now that plans are released, I see they are going to take my building so that my site can be slated for "future use".
I think it's a joke. When will this future use happen? 10, 20 years down the road? I need to move again for this; a half baked plan that takes twice the property needed??

My worst nightmare is that the $300 million already allocated for this project allows for the expropriation and demolition of this historic, Mid City neighborhood; then the funds to build are nowhere to be found in a state and economy already going down for the 3rd time; a perfect storm so to speak.

What we will then have, and for god knows how long, are a hole in the ground on infamous Canal Street where our history and culture used to be ————and still no hospital.

CLEMSON
UNIVERSITY

14 November 2009

FAX TRANSMISSION

Sandra Stokes, Executive Vice Chair
Foundation for Historical Louisiana
P.O. Box 908
Baton Rouge, LA 70821

RE: Save Charity Hospital and Lower Mid-City

Dear Ms. Stokes:

When I moved to New Orleans in 1985, I soon became aware of the importance of Charity Hospital in the civic life and cultural history of the city. As a specialist in the field of healthcare architecture, and as a citizen who resided and raised a family in New Orleans from 1985 to 2007, I came to appreciate Charity's architectural importance from many perspectives, not the least of which was its highly innovative architecture. At its dedication ceremony in 1938, President Franklin D. Roosevelt praised this new urban public hospital as a state of the art medical facility. The architecture of this art deco landmark had been directly influenced by the most progressive international advancements in hospital design and planning at the time, including the Hôpital Beaujon, in Clichy, near Paris, which opened in 1935. Beaujon was a groundbreaking, high-rise International Style nightingale hospital that also adroitly expressed the provisos of Florence Nightingale, who had had a profound influence on hospital architecture, internationally, in the period from 1860 to 1940.

Big Charity's variants on the classic Nightingale ward, plus its grand lobby, its out-building sentry structures that flank its central frontcourt on Tulane Avenue, its overall scale and civicness, were just a few of its attributes that contributed to its overall architectural significance.

The 1938 facility was the fourth Charity Hospital, dating from 1738. It ably withstood the test of time, despite years of benign neglect by its owners. From the mid 1980s on the current facility suffered from an extreme case of deferred maintenance. Accreditation issues dogged the institution over the past two decades—many of which would have been completely avoidable had adequate operational funds been allocated incrementally to rectify its cited facility-related shortcomings. A succession of band aid remedies were implemented but the end result was that its owners, in the years just prior to Hurricane

SCHOOL OF ARCHITECTURE
College of Architecture, Arts & Humanities 145 Lee Hall Box 340503 Clemson, SC 29634-0503
864.656.3896 FAX 864.656.1810

Katrina, had virtually given up, opting to pursue a total replacement facility in lieu of continuing to operate the 1938 hospital.

It appears that Hurricane Katrina in 2005 provided the LSU Health Sciences Center with what was, in its view, a perfect excuse to abandon Big Charity once and for all. It immediately adopted a flawed, non-transparent, highly questionable strategy of declaring the facility more than 51% destroyed by the hurricane. In reality, this durable, structurally sound landmark hospital, by most independent accounts, sustained no more than 30% damage as a direct consequence of the hurricane. This estimate was the basis for FEMA's reasonable offer of $150 million to LSU/HSC for repairs. FEMA was correct in its damage assessment and its figures appear to be based on sound analysis, then and now.

The RMJM Hillier report of 2008 presented an extremely sensible, practicable, cost effective, and well documented case for the total restoration of the Big Charity campus.

I have read this report very carefully in its entirety and I concur, without reservation, that by far the most prudent course of action at this time is to restore—not abandon—Big Charity.

Moreover, this progressive strategy will have spared from total destruction a venerable, historic neighborhood that has been cited by the National Trust for Historic Preservation as one of the most endangered neighborhoods in the entire nation at this time. In addition, dozens of local neighborhood and grassroots organizations have endorsed the full restoration of Big Charity and the retention of the historic lower Mid-City neighborhood that has been targeted for clear-cutting by the LSU/HSC in consort with the City of New Orleans.

Please contact me if I may be of any further help in the fight to save Big Charity, and the historic Lower Mid-City neighborhood that has been senselessly targeted for total destruction.

Sincerely:

Stephen Verderber, Arch.D., NCARB
Professor, School of Architecture
Adjunct Professor, Department of Public Health Sciences
Clemson University*

*Note: The views expressed in this letter are not necessarily those of the Clemson University administration or its governing Board of Administrators.

NATIONAL
TRUST
FOR
HISTORIC
PRESERVATION®

November 16, 2009

Louisiana Commission on Streamlining Government
c/o Jerry Guilot
P.O. Box 44481
Baton Rouge, LA 70804

Dear Members of the Commission:

The National Trust for Historic Preservation, an independent non-profit organization with 250,000 members and partners across the country, appreciates the opportunity to submit this letter to the Commission.

By way of background, the National Trust has participated in the recovery of New Orleans since our first reconnaissance trip with Angele Davis within weeks of Katrina's landfall. During these four years we have played a key advocacy role in obtaining $53,000,000 in federal preservation funds for granting by State Historic Preservation Offices in Louisiana, Mississippi, and Alabama including $17,800,00 of these for New Orleans; provided $46,000,000 in gross equity from the National Trust Community Investment Corporation; provided more than $1,000,000 in direct grants and technical assistance for rehabilitation with owners of more than 25 historic homes; provided $500,000 with American Express for a New Orleans community grant program; helped nearly 1,000 homeowners with emergency building assessments and technical assistance; and provided technical assistance with the State of Louisiana for six commercial district Main Street programs in New Orleans.

I summarize the above simply to make the point that the National Trust has spent four years on the ground working hard to advance the recovery in New Orleans and throughout the state, investing our own funds and advocating for greater federal assistance as well. In those four years, together with our partners Rebuilding Together and the Preservation Resource Center of New Orleans, we have renovated and rebuilt more than 250 historic homes in New Orleans, with another 20 homes underway. It is therefore understandable that we strongly oppose the planned demolition of 265 affordable homes in the Lower Mid-City neighborhood – the same number as all of the homes we have worked so hard to preserve in New Orleans during the past four years. We have even greater concerns that the 25 square blocks to be demolished includes up to 165 historic properties in the National Register-listed Mid-City Historic District. It was especially disturbing to learn just recently that the state now proposes to use 7 square blocks on the proposed LSU campus just for surface parking lots! This plan only highlights the wastefulness and needlessness of the proposed demolition. It is certainly hard to reconcile the goal of "streamlining" with a decision to spend tax dollars to destroy a neighborhood where the government has already invested tax dollars in restoring and rebuilding homes and schools.

1785 Massachusetts Avenue, NW Washington, DC 20036
P 202.588.6000 F 202.588.6038 E info@nthp.org www.PreservationNation.org

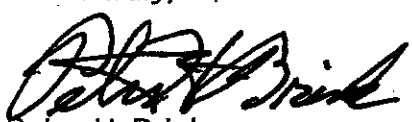
The proposed hospital plans are especially wasteful because they would pass over of the opportunity to create a 21st-century medical facility within the sturdy shell of the iconic Charity Hospital building. The advantages of reusing Charity Hospital have been documented in an exhaustive feasibility study by RMJM Hillier, an internationally respected firm in hospital design, construction, and renovation. These include a cost saving of 22% on one million square feet of space for gutting and renovating Charity Hospital, compared to the proposed new construction, as well as a time saving of more than two years by using the gut-renovation alternative. With application of historic rehab tax credits and New Market tax credits, this saving would increase to 34%. What has ensued are exchanges of written communications by LSU and the Governor's Office with alleged shortcomings of this study and rebuttals by RMJM. These have not resulted in the resolution of the issues.

I respectfully suggest that, if the Governor's Office and the Commission on Streamlining want to determine the most cost-efficient way to develop LSU facilities, the Commission should host a public forum, with full discussion and follow-up questions and responses, between the LSU/State facilities planners and RMJM representatives. This would enable resolution of the different opinions or at least provide the Commission with the opportunity to assess the accuracy of the cost and time-savings benefits of the Charity Hospital option as identified by RMJM. This is certainly not as comprehensive as a full cost-benefit analysis by an independent expert, but would both provide greater clarity on the respective costs and ensure all participants and the public that an objective process is being carried out in assessing the alternatives.

I compliment the Commission on undertaking its important mission and hope that it can provide the forum to ensure that the most cost-effective option for development of the proposed LSU facility is being pursued. In the process, we hope the Commission will recognize the sheer waste and avoidability of demolishing 25 square blocks of a neighborhood, 265 affordable homes, and 165 historic properties, in exchange for seven square blocks of surface parking and two hospitals designed for suburban sprawl.

With thanks for your consideration.

Yours truly,



Peter H. Brink
Senior Vice-President, Programs

Cc: Sandra Stokes, Foundation for Historical Louisiana

Perkins Eastman

ARCHITECTURE
CONSULTING
INTERIOR DESIGN
PLANNING
PROGRAMMING

Charity Hospital Re-Use: The Only Responsible Option

Re: *"Revitalized Charity will be key to city's recovery," your opinions, September 20.*

After thorough scrutiny of the 2008 RMJM Charity Hospital Feasibility Study, the case for renovating Charity Hospital for use as the new Academic Hospital is overwhelmingly obvious.

I base this statement on 40 years of health care architectural experience in designing major alterations for aging urban teaching hospitals. I am also a member of the National Code Revision Committee of the American Institute of Architects, a multidisciplinary group of health care professionals, architects, engineers, urban planners and government agencies that creates guidelines for all U.S. health care facilities.

The case for the adaptive re-use of Charity Hospital is based on fiscal, suitability and humane reasons. The existing building is a sound structure needing modest repairs to its core and shell, and is more than adequate to create a world class, state-of-the-art, health care facility. Because it stands empty, the interior can be demolished and rebuilt, saving several years of construction time. When you take into account property acquisition and relocation there is even more time saved. The costs for the land, core and shell of a new hospital building are typically estimated as 10 – 15% of the total construction cost. Why add such burdensome costs when Charity can be renovated instead and provide a facility capable of attracting world class talent?

The humane rationale is also blatantly obvious. Acquiring land for a new building requires the relocation of neighborhoods and businesses. The human trauma and financial burden of such relocation in Katrina's aftermath, as well as the many failed urban renewal projects across America over the past 60 years, present stunning evidence of the fallacy of such policies.

It is inconceivable that the State can ignore the responsible fiscal solution for University Hospital: renovating Charity Hospital.

Robert G. Larsen, FAIA, ACHA
Principal: Perkins Eastman Architects
Member: National "Health Guidelines Revision Committee" HGRC for 2001 and 2006 Guidelines
Chair: NYS Construction Standards Advisory Committee

NORTH AMERICA
ARLINGTON, VA
BOSTON, MA
CHARLOTTE, NC
CHICAGO, IL
NEW YORK, NY
OAKLAND, CA
PITTSBURGH, PA
STAMFORD, CT
TORONTO, ON
SOUTH AMERICA
GUAYAQUIL, ECU
ASIA
MUMBAI, IND
SHANGHAI, PRC
MIDDLE EAST
DUBAI, UAE

PERKINS EASTMAN ARCHITECTS, PC
115 FIFTH AVENUE
NEW YORK, NY 10003
T. 212.353.7200
F. 212.353.7676

WWW.PERKINSEASTMAN.COM

CHARITY HOSPITAL

The Louisiana Legislature charged the Foundation for Historical Louisiana to conduct an independent assessment of Charity Hospital in New Orleans. FHL retained RMJM Hillier, internationally-renowned architects in preservation and healthcare design, to conduct this extensive study with two main goals: structural soundness and potential reuse.

RMJM Hillier made the following findings in a recent report on Charity Hospital:

- The building is structurally sound--with its original design being architecturally exceptional and "ahead of its time." It is perfectly suited for renovation into a first rate, state-of-the-art medical and teaching facility.
- Renovation would be the most cost effective way to return quality healthcare to N.O. and are considerably less costly than the proposed new hospital. Reusing the Charity rich limestone shell is the most expedient way to return adequate healthcare to N. O.
- Charity can be renovated into a showcase facility in three years. The proposed new hospital would take, at very minimum, five years.
- The vacated and empty building, with interim medical services presently in place elsewhere, allows the opportunity for a faster and finally comprehensive renovation, without further disruption of medical services. This has never been the situation before.
- This approach allows for the preservation of nearby historic neighborhoods slated for demolition to make way for the proposed new hospital.
- Reusing vintage building stock is the ultimate "green" approach.
- Renovation of Charity Hospital would provide the most expedient means to "Shelter in Place" with a fully functioning Level One Trauma Center in case of a Category 5 Hurricane. The structure is ideally located, with the first floor 3 feet above flood plane, and adjacent access to I-10.
- The reuse of this iconic historic landmark would be a towering symbol of the rebirth of New Orleans.
- The National Trust for Historic Preservation placed Charity Hospital and the adjacent historic neighborhood on its "11 Most Endangered List" in May 2008 bringing nationwide attention to this landmark.

See the vivid details of Charity's Renovation in a brief video, along with the full report at:
www.FHL.org