

CALL TO ORDER

IN REGULAR SESSION Monday, June 4, 2012 at 6:00 P.M. in the Council Chambers of Town Hall, 323 West Michigan Avenue, Marshall, MI, the Marshall City Council was called to order by Mayor Dyer.

ROLL CALL

Roll was called:

Present: Council Members: Booton, Mayor Dyer, Mankerian, Metzger, Miller, Reed and Williams.

Also Present: City Manager Tarkiewicz.

Absent: None.

INVOCATION/PLEDGE OF ALLEGIANCE

Amber Fujita of Marshall Assembly of God gave the invocation and Mayor Dyer led the Pledge of Allegiance.

APPROVAL OF THE AGENDA

Moved Metzger, supported Mankerian, to approve the agenda with the addition of union negotiations to item 16. Closed Session. On a voice vote: **MOTION CARRIED.**

PUBLIC COMMENT ON AGENDA ITEMS

None.

CONSENT AGENDA

Moved Mankerian, supported Metzger, to approve the consent agenda:

- A. Schedule a public hearing for Monday, June 18, 2012 at 7:00 p.m. to hear public comment on the proposed addition of Free Standing Solid Fuel Burning Appliance, amendment to Chapter 92: Health and Sanitation: Nuisances of the Marshall City Code.
- B. Schedule a public hearing for Monday, June 18, 2012 to hear public comment on the revision to §134.30 Fireworks Ordinance of the Marshall City Code;
- C. Receive the FY 2013 Administrative Chain of Command Appointments;
- D. Approve minutes of the City Council Regular Session held on Monday, May 21, 2012;
- E. Approve city bills in the amount of \$242,715.13.

On a roll call vote – ayes: Booton, Mayor Dyer, Mankerian, Metzger, Miller, Reed, and Williams; nays: none. **MOTION CARRIED.**

PRESENTATIONS AND RECOGNITIONS

None.

INFORMATIONAL ITEMS

Event Report was provided for the World Rueben Eating Content.

PUBLIC HEARINGS & SUBSEQUENT COUNCIL ACTION

A. Hospital Campus Overlay District:

Mayor Dyer opened the public hearing to hear public comment on the proposed Hospital Campus Overlay District Ordinance.

Three special interest groups were granted a 15 minute presentation slot:

John Merucci, resident and president of the Marshall Neighborhood Association, feels the HCOD will remove some of the current zoning and encroach into the neighborhood and that granting the overlay would be the wrong course of action.

Sue Damron and Eldon Vincent of the Downtown Development Authority presented on the HCOD and presented some facts on the loss of property tax revenues and feel the process should be slowed down to address some of the long term issues.

Mark O'Connell, member of the Hospital Neighborhood Committee, spoke regarding the extensive amount of facts, history, and data that was examined by the committee to reach their final report and the compromises that were made by everyone.

Individual Comments:

Mark Stuart commented regarding the Oaklawn Development Agreement.

Joe Paulcheck commented regarding the accuracy of a letter that was published in the Marshall Chronicle to eliminate inaccuracies.

Sue Damron commented regarding some personal experiences with Oaklawn Hospital.

John Sherwood spoke of his own personal experiences with the hospital. He asked for his fellow Oaklawn coworkers to stand in the audience who are prepared to speak but instead, they have prepared written statements to offer as handouts to be respectful of the time. Council chose to receive the written

statements. (**Attachment A**). Mr. Sherwood also presented an article for the record from the Manhattan Institute's Center for Rethinking regarding Expanding a Hospital into Historic Territory (**Attachment B**).

Joe Cooper expressed his support and feels the issue has been dragged on long enough.

Jim Pardoe commented regarding the HNC process and the great community effort and feels that it is in the best interest of Marshall to approve the plan.

Faye Berry thanked everyone who worked hard on the plan and expressed her support.

Dan Stulberg expressed his support for the hospital and the historic district and believes both can work together.

Ed Boggess feels it is practical to divide the hospital operations and expand to land outside of town.

Marilyn Burke urged Council to listen to the people in town and for the hospital to be innovative.

Joann Foster urged the Council to vote no on the overlay and to leave the 200 block of High Street out of the overlay. A copy of her prepared statement was distributed (**Attachment C**)

Brian Munger feels his opinions were not heard at the HNC committee meetings.

Sarah Andrews expressed her support for the hospital.

Jim Codde supports the hospital, but his house is up for sale because of the hospital and feels they need to consider the people who live around it.

Carol Lehman stated regarding the overlay that compromise is necessary and change is essential.

Charlie Johnson feels that compromise is necessary and agrees with the Planning Commission's recommendations.

Glenda Jackson encouraged the Council to think of the people who live near the hospital and to vote with their hearts. She presented a written statement from another anonymous citizen (**Attachment D**).

Doug Jackson commented regarding the ordinance.

Phil Nager commented regarding the current situation with the Medicare and Medicaid industry.

Jeff Parker encouraged council to protect our history and that balance has not been reached between the hospital and our community.

Eldon Vincent commented regarding Jeff Parker's comments and urged Council to take them seriously.

Holly Harnden spoke regarding the HNC committee. (**Attachment E**).

Mayor Dyer read a prepared statement from Ken Jendryka, Chair of the HNC Committee. (**Attachment F**).

Other communications received by the Council are in **Attachment G**.

Mayor Dyer closed the public hearing.

Council Member Kathy Miller read a prepared statement into the record. (**Attachment H**)

OLD BUSINESS

None.

REPORTS AND RECOMMENDATIONS

A. Water, Wastewater, and DDA Parking Lot – Bond Sale Notice of Intent:

Moved Williams, supported Metzger, to approve the resolution initiating the forty-five day referendum period prior to the sale of the bonds for the Water, Wastewater, and DDA Parking Lot improvements. On a roll call vote – ayes: Mankerian, Metzger, Miller, Reed, Williams, Booton, and Mayor Dyer; nays: none. **MOTION CARRIED.**

**CITY OF MARSHALL, MICHIGAN
RESOLUTION #2012-17
City of Marshall
County of Calhoun, State of Michigan**

**NOTICE OF INTENT RESOLUTION
CAPITAL IMPROVEMENT BONDS**

A RESOLUTION TO PROVIDE FOR:

- Publication of a Notice of Intent to Issue Bonds and Right of Referendum for up to \$4,500,000 of Bonds for capital improvements to the City's water and sewer systems and parking lots.
- When the Notice is published in *The Marshall Advisor/Chronicle*, voters will have a 45-day referendum period during which they could petition for referendum.
- Statement of Intent to reimburse expenditures from bond proceeds required by Internal Revenue Code for tax-exempt debt.

PREAMBLE

WHEREAS, the City of Marshall, County of Calhoun, State of Michigan (the "City") determines it to be necessary for the public health, safety and welfare of the City and its residents to acquire and construct improvements and replacements to the City's (1) water system, including but not limited to replacement of a well house and water mains, service lines, meters, hydrants and valves, updates to control systems and improvements to the water treatment plant facility, together with any appurtenances and attachments thereto and any related necessary reconstruction of streets and sidewalks and any related site acquisition or improvements, and (2) sewage disposal system, including but not limited to replacement of lift stations, updates to the metering system, and updates to control systems and repairs and improvements to the wastewater treatment plant facility, together with any appurtenances and attachments thereto and any related site acquisition or improvements, and (3) parking lots, including but not limited to repaving and repairs (collectively, the "Capital Improvements"); and

WHEREAS, under the provisions of Section 517 of Act No. 34, Public Acts of Michigan, 2001, as amended ("Act 34") a City may issue municipal securities to pay the cost of any capital improvement items within the limitations provided by law; and

WHEREAS, the issuance by the City of bonds under Section 517 of Act 34 in an amount not to exceed Four Million Five Hundred Thousand Dollars (\$4,500,000) (the "Bonds") for the purpose of financing costs of acquisition and construction of the Capital Improvements appears to be the most practical means to that end; and

WHEREAS, the City intends to pay the principal of and interest on (a) the Bonds issued for water and sewer system improvements from water and sewer system revenues, and (b) the Bonds issued for parking lot improvements from Downtown Development Authority revenues; and

WHEREAS, Act 34 requires that the aggregate outstanding balance of municipal securities issued under Section 517 of Act 34 by a City shall not exceed 5% of the state equalized valuation of the property assessed in that City, and after the issuance of the Bonds the outstanding balance of all municipal securities issued under Section 517 of Act 34 by the City will not exceed this limit; and

WHEREAS, a notice of intent to issue bonds must be published in order to comply with the requirements of Section 517 of Act 34 and Section 5(g) of the Home Rule Cities Act, Act 279, Public Acts of Michigan, 1909, as amended; and

WHEREAS, the Internal Revenue Service has issued Treasury Regulation § 1.150-2 pursuant to the Internal Revenue Code of 1986, as amended, governing proceeds of debt used for reimbursement, pursuant to which the City must declare official intent to reimburse expenditures with proceeds of such debt before making the expenditures.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The City Clerk is hereby authorized and directed to publish a notice of intent to issue the Bonds in *The Marshall Advisor/Chronicle*, a newspaper of general circulation in the City.

2. The notice of intent shall be published as a one-quarter (1/4) page display advertisement as required by Section 517 of Act 34, and shall be in substantially the following form:

NOTICE TO ELECTORS AND TAXPAYERS
OF THE CITY OF MARSHALL
OF INTENT TO ISSUE BONDS SECURED BY THE
TAXING POWER OF THE CITY AND RIGHT OF REFERENDUM THEREON

PLEASE TAKE NOTICE that the City Council of the City of Marshall, County of Calhoun, State of Michigan, intends to issue and sell general obligation capital improvement bonds pursuant to Act 34, Public Acts of Michigan, 2001, as amended, in the maximum aggregate principal amount not to exceed Four Million Five Hundred Thousand Dollars (\$4,500,000) for the purposes of paying costs to acquire and construct improvements and replacements to the City's (1) water system, including but not limited to replacement of a well house and water mains, service lines, meters, hydrants and valves, updates to control systems and improvements to the water treatment plant facility, together with any appurtenances and attachments thereto and any related necessary reconstruction of streets and sidewalks and any related site acquisition or improvements, and (2) sewage disposal system, including but not limited to replacement of lift stations, updates to the metering system, and updates to control systems and repairs and improvements to the wastewater treatment plant

facility, together with any appurtenances and attachments thereto and any related site acquisition or improvements, and (3) parking lots, including but not limited to repaving and repairs.

The bonds may be issued in one or more series and may be combined with bonds issued for other purposes as shall be determined by the City Council. Each series of the bonds will mature in annual installments not to exceed the maximum permitted by law, with interest on the unpaid balance from time to time remaining outstanding on said bonds to be payable at rates to be determined at sale of the bonds but in no event to exceed such rates as may be permitted by law. Bond proceeds may be used for capitalized interest to the extent permitted by law.

SOURCE OF PAYMENT OF BONDS

The City intends to pay the principal of and interest on (a) the Bonds issued for water and sewer system improvements from water and sewer system revenues, and (b) the Bonds issued for parking lot improvements from Downtown Development Authority revenues. In case of the insufficiency of these revenues, the principal of and interest on the Bonds shall be payable from the general funds of the City lawfully available for such purposes including property taxes levied within existing charter, statutory and constitutional limitations.

RIGHT OF REFERENDUM

THE BONDS WILL BE ISSUED WITHOUT A VOTE OF THE ELECTORS UNLESS A VALID PETITION REQUESTING SUCH A VOTE SIGNED BY NOT LESS THAN 10% OF THE REGISTERED ELECTORS RESIDING WITHIN THE CITY IS FILED WITH THE CITY CLERK WITHIN FORTY-FIVE (45) DAYS AFTER PUBLICATION OF THIS NOTICE. If such petition is filed, the bonds may not be issued without an approving vote of a majority of the qualified electors of the City voting thereon.

THIS NOTICE is given pursuant to the requirements of Section 517 of Act 34, Public Acts of Michigan, 2001, as amended, and Section 5(g), Act 279, Public Acts of Michigan, 1909, as amended. Further information concerning the matters set out in this notice may be secured from the City Clerk's office.

Sandra Bird, City Clerk, City of Marshall

3. The City Council does hereby determine that the foregoing form of notice of intent to issue the Bonds, and the manner of publication directed, is adequate notice to the electors of the City and is the method best calculated to give them notice of the City's intent to issue the Bonds, the purpose of the Bonds, the source of payment of the Bonds, the security for the Bonds, and the right of referendum of the electors with respect thereto. The City Council does hereby determine that the newspaper named for publication will reach the largest number of persons to whom the notice is directed.

4. The City may incur expenditures for the Capital Improvements prior to receipt of proceeds of the Bonds, and may advance moneys for that purpose from the general fund or funds of the City's water system and/or sewer system, to be reimbursed from proceeds of the Bonds when available. The Finance Director shall keep a specific record of all such expenditures.

5. The City hereby makes the following declaration of intent for the purpose of complying with the reimbursement rules of Treas. Reg. § 1.150-2 pursuant to the Internal Revenue Code of 1986, as amended:

(1) The City reasonably expects to reimburse itself for the expenditures described in (2) below with proceeds of debt to be incurred by the City.

(2) The expenditures described in this paragraph (2) are to pay certain costs associated with the Capital Improvements which were or will be paid subsequent to sixty (60) days prior to the date hereof or which will be paid prior to the issuance of the debt from the general funds or capital fund of the City or the City's water system and/or sewer system.

(3) As of the date hereof, the maximum principal amount of debt expected to be issued for reimbursement purposes, including reimbursement of debt issuance costs, is \$4,500,000 which debt may be issued in one or more series and/or together with debt for other purposes.

(4) A reimbursement allocation of the expenditures described in paragraph (2) above with the proceeds of the borrowing described herein will occur not later than 18 months after the later of (i) the date on which the expenditure is paid, or (ii) the date the Capital Improvements are placed in service or abandoned, but in no event more than three (3) years after the original expenditure is paid. A reimbursement allocation is an allocation in writing that evidences the City's use of the proceeds of the debt to be issued for the Capital Improvements to reimburse the City for a capital expenditure made pursuant to this Resolution.

(5) The expenditures for the Capital Improvements are "capital expenditures" as defined in Treas. Reg. § 1.150-1(b), which are any costs of a type which are properly chargeable to a capital account (or would be so chargeable with a proper election or with the application of the definition of "placed in service" under Treas. Reg. § 1.150-2(c)) under general Federal income tax principles (as determined at the time the expenditure is paid).

(6) No proceeds of the borrowing paid to the City in reimbursement pursuant to this Resolution will be used in a manner

described in Treas. Reg. § 1.150-2(h) with respect to abusive uses of such proceeds, including, but not limited to, using funds corresponding to the proceeds of the borrowing in a manner that results in the creation of replacement proceeds (within Treas. Reg. § 1.148-1) within one year of the reimbursement allocation described in paragraph (4) above.

6. The City Council hereby determines to sell the Bonds at a negotiated sale instead of a competitive sale for the reason that a negotiated sale will permit the City to enter the market on short notice at a point in time which appears to be most advantageous, and thereby possibly obtain a lower rate of interest on the Bonds. Robert W. Baird & Co, Incorporated is hereby named as managing underwriter for the Bonds. The City reserves the right to name additional co-managers and/or to develop a selling group. By adoption of this resolution the City assumes no obligations or liability to the Underwriter for any loss or damage that may result to the Underwriter from the adoption of this resolution, and all costs and expenses incurred by the Underwriter in preparing for sale of the Bonds shall be paid from the proceeds of the Bonds, if the Bonds are issued, except as may be otherwise provided in the Bond Purchase Agreement to be signed by the City at the time of sale of the Bonds.

7. The City hereby requests Miller, Canfield, Paddock and Stone, P.L.C. to continue as bond counsel to the City for the Bonds. The City Council acknowledges that Miller, Canfield, Paddock and Stone, P.L.C., represents Robert W. Baird & Co., Incorporated and many other municipal bond underwriters, banks, and financial institutions in connection with matters unrelated to issuance of the Bonds by the City. The City hereby requests Miller, Canfield, Paddock and Stone, P.L.C. to continue as bond counsel to the City for the Bonds.

8. The officers, administrators, agents and attorneys of the City are authorized and directed to take all other actions necessary and convenient to facilitate sale of the Bonds.

9. All resolutions and parts of resolutions insofar as they conflict with the provisions of this resolution are hereby rescinded.

I hereby certify that the foregoing is a true and complete copy of a resolution duly adopted by the City Council of the City of Marshall, County of Calhoun, State of Michigan, at a Regular meeting held on June 4, 2012 at 7:00 o'clock p.m., prevailing Eastern Time, and that said meeting was conducted and public notice of said meeting was given pursuant to and in full compliance with the Open Meetings Act, being Act 267, Public Acts of Michigan, 1976, and that the minutes of said meeting were kept and will be or have been made available as required by said Act 267.

I further certify that the following Members were present at said meeting: Booton, Mayor Dyer, Mankerian, Metzger, Miller, Reed and Williams and that the following Members were absent: None.

I further certify that Member Williams moved for adoption of said resolution and that Member Metzger supported said motion.

I further certify that the following Members voted for adoption of said resolution: Booton, Mayor Dyer, Mankerian, Metzger, Miller, Reed and Williams and that the following Members voted against adoption of said resolution: None.

City Clerk

B. Resolution Establishing Cost for OWI, OWVI, and OWPD Cost Recovery:

Moved Miller, supported Reed, to approve the resolution establishing the fees for OWI, OWVI, and OWPD cost recovery fees. On a roll call vote – ayes: Metzger, Miller, Reed, Williams, Booton, Mayor Dyer, and Mankerian; nays: none. **MOTION CARRIED.**

**CITY OF MARSHALL, MICHIGAN
RESOLUTION #2012-18**

**RESOLUTION ESTABLISHING COSTS FOR
OWI, OWVI & OWPD COST RECOVERY**

WHEREAS, on November 21, 1994, the City of Marshall adopted Section 72.006 of the Marshall City Code regarding the recovery of expenses associated with persons charged with operating a motor vehicle while intoxicated, or operating a vehicle while visibly impaired or operating with the presence of a controlled substance;

WHEREAS, Subsection (E) of said ordinance permits the City Council by resolution to adopt a schedule of the costs included within the expense of an emergency response;

NOW THEREFORE, BE IT RESOLVED that the following costs are hereby established to be the expense of an emergency response within the meaning of Section 72.006 of the Marshall City Code:

1. Suspects arrested for operating while intoxicated (OWI), operating while visibly impaired (OWVI), or operating with the presence of a controlled substance (OWPD), or a combination thereof, shall be assessed a basic fee of \$220.00.
2. An additional fee of \$40.00 shall be assessed where an accident is involved.
3. An additional fee of \$45.00 shall be assessed where a blood sample is obtained for the purpose of toxological testing.
4. Suspects arrested for OWI, OWVI, OWPD, or a combination thereof, shall also be assessed the actual costs and expenses incurred, including wages, for all Public Works or Fire Department responses, towing or vehicle impoundment charges, etc., necessitated by the suspect's actions.
5. All other costs and expenses incurred and any other resources expended shall also be billed to the suspect at the actual amount expended.

BE IT FURTHER RESOLVED that the Chief of Police is authorized to amend these costs from time to time as salaries and costs change.

BE IT FURTHER RESOLVED that the aforementioned expenses are to be paid by the suspect before sentencing and, if unpaid, the suspect shall further be assessed all costs and expenses incurred by the City in collecting said costs and expenses.

AYES, Council Members: Booton, Mayor Dyer, Mankerian, Metzger, Miller, Reed and Williams.

NAYES, Council Members: None.

ABSTAINED, Council Members: None.

Resolution declared adopted.

The foregoing is a true and complete copy of the Resolution adopted by the Marshall City Council at a regular meeting held on Monday, June 18, 2012. Public notice was given and the meeting was conducted in full compliance with the Michigan Open Meetings Act (PA 267 of 1976 as amended). Minutes of the meeting will be available as required by the Act.

City Clerk

C. Waste Pickup Options:

Moved Mankerian, supported Metzger, to approve the City Manager's recommendation to place a ballot proposal on the November, 2012 ballot for the waste pickup options. On a roll call vote – ayes: Miller, Reed, Williams, Booton, Mayor Dyer, Mankerian, and Metzger; nays: none. **MOTION CARRIED.**

APPOINTMENTS / ELECTIONS

None

PUBLIC COMMENT ON NON-AGENDA ITEMS

Doug Jackson of 311 E. Mansion commented on the road conditions at the south end of Division.

COUNCIL AND MANAGER COMMUNICATIONS

CLOSED SESSION

Moved Miller, supported Williams, to convene into closed session under sections 8b and c of the Open Meetings Act to discuss the City Managers evaluation and union negotiations. On a roll call vote – ayes: Reed, Williams, Booton, Mayor Dyer, Mankerian, Metzger and Miller; nays: none. **MOTION CARRIED.**

Enter into closed session at 9:15 p.m.

Return to open session at 9:40 p.m.

ADJOURNMENT

The meeting was adjourned at 9:40 p.m.

James L. Dyer, Mayor

Sandra Bird, Clerk-Treasurer

**Comments prepared by Oaklawn Hospital employees
For Marshall City Council public hearing, June 4, 2012**

Flexibility shown by Oaklawn

By Rob Covert, President and CEO, Oaklawn Hospital – (269) 789-3924

Oaklawn Hospital continues to be flexible and prepared to work with the community to address its concerns. For example, Oaklawn made several concessions in the creation of the Hospital Campus Overlay District. The hospital didn't ask for the district boundary to extend to Division Street. It increased the plan's landscaping requirements. It didn't ask for Mansion Street to be vacated. It agreed to greater setbacks in some situations. It didn't go farther north of Prospect Street. It agreed to buffer houses on High Street and Madison Street. In addition, Oaklawn has agreed to a Development Agreement with the city. The hospital also offers any owner with residential property abutting or across the street from the district to enter into an agreement whereby Oaklawn will guarantee the property value at the time of the property's sale against any reduction in the sales price resulting from any hospital construction that occurs after signing the agreement. I believe these points show how much Oaklawn wants to be a good, responsible neighbor and corporate citizen. One thing for sure, we can't accept being blocked from the possibility of going to High Street. The \$13 million price tag is prohibitive. We can accept limitations in going north on Prospect, but only if High Street remains a possibility. High Street must be looked at to determine the best use of that land. Zoning is about land use, not structures on the land. The best use of the land east of the hospital is for future hospital expansion. It's what the hospital needs, what the community wants and what over two years of study have shown is reasonable. We urge the City Council to reject the Planning Commission's changes on the Franke Center and American Museum of Magic Research Center, on the two houses on Prospect and on the four houses on High Street.

Planning Commission changes make 20-year plan impossible

By Ginger Williams, Chief Medical Officer, Oaklawn Hospital – (269) 789-7903

I want to be clear that the changes recommended by the Planning Commission to the proposed Hospital Campus Overlay District should not be considered minor tweaks. Instead, the changes that were made to the work by the Hospital and Neighborhood Committee are significant and substantial. So substantial, in fact, that a plan which includes the Planning Committee's revisions will not meet the goal of providing a transparent 20 year plan for hospital growth and expansion.

I also want to clarify a fairly frequent misunderstanding I've heard from members of the public, which is that the HNC's plan would somehow allow the hospital to acquire properties that owners didn't want to sell, such as the Franke Center or any houses within the proposed district. Nothing could be further from the truth! The hospital would have no rights to acquire property against an owner's will. In fact, the hospital would oppose such an action, as we believe that property owners should have broad rights to do with their property what they want. There is simply no reason for anyone to fear that this will happen, and there is no truth to the assertion that we would be able to do so.

However, the future of the hospital would be hampered significantly if Oaklawn were prevented from expanding to the East, or from having the flexibility to consider the properties now

occupied by the two houses on Prospect Street, as well as the Franke Center and the American Museum of Magic Research Center. Two years of study and extensive compromise have determined that these options are reasonable and responsible, and we continue to ask the City Council to reject the Planning Commission's recommendations and support the proposal as originally adopted.

Oaklawn needs flexible plan to keep medical talent here

By Kristin Sims, Chief Nursing Officer, Oaklawn Hospital – (269) 789-3908

I've been with Oaklawn for 19 years. In that time, I've seen a great many progressive changes, all of which have helped to provide the best possible care for our patients. Every one of us at Oaklawn has the responsibility of maintaining the hospital's reputation for compassionate care. It's part of Oaklawn's philosophy of teamwork to be friendly, helpful, pleasant and cooperative. That philosophy is meant to contribute to the healing process overseen by our top-flight physicians. Because of our reputation, patients come from throughout the area for the attention and personal care they can't find at larger hospitals.

An example is our Birth Center, where I served as director for eight years. It's an 11-room unit where expectant parents are greeted with free valet parking and a private, caring, comfortable environment that feels close to home. The numbers of newborns have increased consistently at Oaklawn. In fact, 689 babies were delivered there in 2011. That's nearly 15 percent more than were born here three years ago, and we expect to see well over 700 births this year. We're growing because people know Oaklawn provides excellent health care. And people know that highly qualified, highly skilled physicians and staff members work there.

Physicians, nurses and other health-care professionals are like anyone else. They want a good quality of life for their families. They want to work in high-quality facilities, with the best equipment. Oaklawn has been able to bring such people to Marshall because of its reputation for excellence, and the people of Marshall and nearby communities have enjoyed the benefits. Changes in medical technology have led to expansions at the hospital, and future expansions must happen if we are to continue to have the best health care here.

Predicting precisely how Oaklawn will grow is impossible. There are too many variables in health care. We see potentials and needs, but these can change. If Oaklawn doesn't have a flexible plan, if space isn't available for top-notch facilities, the medical talent we need in Marshall won't come here. Our team of medical professionals will begin to erode. People in our town would have to go elsewhere to get high-quality care.

I believe I understand the Marshall community, as well as the immediate neighborhood that is affected by Oaklawn's growth. I also understand that, for our patients, it is necessary that Oaklawn have a growth plan that is flexible, well considered and responsible. The Hospital Campus Overlay District, as recommended by the Hospital and Neighborhood Committee, allows Oaklawn the flexibility to resolve the challenges we face together. The City Council can help Oaklawn remain strong for the next 20 years by giving its support to this proposal. We ask for that support for the sake of the community, and for the thousands of people who will be able to receive the health care they deserve.

Oaklawn is a major contributor to historic preservation

By Sherry Boyd, Chief Support & Ancillary Services Officer,

Oaklawn Hospital – (269) 789-7030

My husband grew up in Marshall, which brought me to the city more than 30 years ago. Even as a young woman in my early 20s, I recognized and acknowledged Marshall's precious history, and have been proud of Oaklawn's efforts in historic preservation. I routinely take walks during my lunch break and admire the homes and beautiful yards in the surrounding area and feel fortunate that our employees can also walk downtown and enjoy the neighborhood surrounding the hospital. During periods of growth, the hospital always has worked to preserve the historic structures surrounding the hospital by moving or adaptively reusing them. In all, Oaklawn has spent more than \$8 million during the past 20 years to relocate or reuse the community's historic buildings. That probably makes the hospital the single biggest contributor to historic preservation in Marshall. Oaklawn has been able to do this because of its success as an institution. There are few assurances that other property owners have resources on such a scale to keep Marshall's properties functional, productive and in a state of good preservation. That's why I hope our leaders will help ensure Oaklawn Hospital's future success by approving its plan for growth. Thank you. -- Mike and Sherry Boyd, 214 West Hamilton Lane, Battle Creek, MI 49015

Moving hospital isn't a realistic option

By Colleen Koppenhaver, Chief Financial Officer, Oaklawn Hospital – (269) 789-3921

I've heard it said that, rather than expand where it is, Oaklawn Hospital should move to another location. Frankly, this notion isn't realistic, and would put the entire hospital at risk. More than 51 percent of Oaklawn's outpatient procedures already occur at satellite offices. Fully 27 percent of Oaklawn's square footage is not on its main campus right now. The hospital's core services – the emergency room, surgery, radiology and in-patient care – will continue to be needed at its main location. We want them accessible, preferably in the heart of town. The expansion of services, or the addition of services, is always evaluated to see whether they can be located off campus. To move the central hospital would be likely to cost hundreds of millions of dollars. Such a huge expense for something other than direct medical care could reduce the hospital's status as a first-class institution and put its future at risk. I don't believe we should gamble with the hospital's future, so I ask the City Council to join me in supporting our hospital.

Oaklawn plan a blueprint for progress

By Keith Crowell, Chief Development Officer, Oaklawn Hospital – (269) 789-3942

Oaklawn is an active community member and corporate citizen and an adequate plan for expansion is important for our hospital and our community. Many employees volunteer time to Marshall's civic and nonprofit organizations. Oaklawn employees are active in charitable and philanthropic working, having raised more than \$138,000 for donation the Marshall United Way in the past dozen years. The Marshall Public Schools have received more than \$875,000 from the hospital during the same time. Oaklawn's community benefits in 2010 included a \$6 million loss in Medicare services as well as another \$6 million loss in Medicaid services; additionally the hospital provided charity care and sponsored a variety of events, and programs valued at \$5.8 million. We have been able to do all this because of our health as an organization, but few organizations can expect to thrive and stay competitive without building a viable plan for future development. Oaklawn Hospital, which has been an integral part of the fabric of this community since 1925, is no different. Like any other institution, a hospital must

continually be looking for ways to upgrade its facilities so that its medical staff has the proper equipment and technology in place to do their jobs as completely and effectively as possible. A good example at Oaklawn is the recent addition of the Surgery Center, which is second to none in Michigan and offers state-of-the-art technology, and large private pre- and post-op rooms for patients and their families. These are the types of improvements that will continue to be made for our patients with careful planning for the future. To ensure for this planning we ask the Council to approve the Hospital Campus Overlay District as proposed by the Hospital Neighborhood Committee. It's a well-developed plan that will help the community prosper and, at the same time, maintain the integrity of the adjoining neighborhoods.

New jobs and homeowners would boost local economy

By Jan Sinclair, Chief Personnel Officer, Oaklawn Hospital – (269) 789-3922

If the Hospital Campus Overlay District is approved, the hospital expects to be able to add 500 new, high-paying jobs to an employment base that already approximates 1,000 people. Based on current figures, it's reasonable to estimate that about 100 of those new hires would end up living in Marshall and contributing to the local economy – and paying local taxes. They would be encouraged to do that through Oaklawn's home-buying incentive program, which provides up to \$6,500 to help its employees find locations to live in the city. This doesn't just benefit the employees. As a result, Marshall could see another \$100,000 in annual property-tax revenues because of this program. In fact, the annual economic impact with a larger, improved Oaklawn would mean an additional \$50 million annual boost to the local economy. Beyond all the other benefits of approving the district proposal, the economic help Marshall would receive strikes me as a wonderful opportunity.

Help encourage best medical staff to choose jobs here

By Sara Andrews, Services Coordinator, Oaklawn Hospital – (269) 789-8985

Oaklawn's Hospital's service area includes Calhoun County and parts of Branch and Eaton counties. More than 150 physicians representing 34 specialties are part of its overall organization. The hospital is a precious resource that we as a community should continue to cherish, especially as our population ages. We can help do that by making sure the best doctors, nurses and hospital staff continue to want to choose jobs here. Such highly qualified people choose communities such as Marshall and hospitals such as Oaklawn because they see a future there. The community and Oaklawn have always worked as partners with that mutual goal in mind – fostering the best possible health care. Let's make certain that we continue to do that, so our community will continue to be served by the resource we all cherish.

City, hospital create sense of community together

By Juanita Armstrong, Executive Assistant to CEO, Oaklawn Hospital – (269) 789-3924

Oaklawn Hospital has a reputation for friendliness, and patients come from throughout our service area for the attention and personal care they can't find at a larger institution. It's part of Oaklawn's philosophy of teamwork to be friendly, helpful, pleasant and cooperative. That philosophy is meant to contribute to the healing process, but it also has become a way of life within the working environment – and it extends to the community as well. As a result, the community and our patients have grown to rely on us, and trust us. It's a trust we share with the people of this town. We know we are partners in shaping this unique and special city, and

making in an attractive place for others to visit. Together, we have managed to thrive despite widespread economic challenges, and we can continue to do that, with the goal of keeping this community welcoming and economically vibrant.

Oaklawn made a home of our own a reality

By Koby F. Aylor, Hospice Clinical Coordinator,

Oaklawn Hospice Services – (269) 789-3939

I'd like to take a moment to share just a few of the many reasons I chose to purchase my new home: I've been an employee with Oaklawn Hospital for almost six years. I lived in Marshall for four years and lived about four blocks away at the time, and I walked to work all the time. This community is a place where walking in town is a pleasure. Oaklawn Hospital, in the few years I had lived away, started a program, Marshall First. This program is a wonderful opportunity to help the staff in providing assistance with either purchase or rental of a home surrounding the hospital. The program is gracious as it gives staff up to \$5,000 at the time of closing to help make ends meet. They will also give \$300 per year toward taxes. As a single mother of two growing teenage boys, this is a financial blessing. And, now I get the opportunity to walk to work again! This community is beautiful, and I've moved most of my life and Marshall is truly "home" to my boys and me. We moved back to Marshall 20 months ago and have been anxious to finally settle in a home of our own. Oaklawn Hospital made this possible; giving us the opportunity to be grounded in a community we love! Oaklawn Hospital has invested a great deal in the growth of me as an employee, in my career, and has been a "family" to me, as we have no family members close by. I'm proud to not only work for Oaklawn Hospital, but to live so close to a place that supports my sons and me. I hope you will accept my words of support as a sincere testament to what Oaklawn Hospital has provided to my family.

Oaklawn has helped to preserve local history

By Nathan Burns, Cardiopulmonary Rehabilitation Director,

Oaklawn Hospital – (269) 789-4022

I sometimes wonder what might have happened to some of Marshall's most historic structures if Oaklawn Hospital hadn't been able to care for them, and perpetuate much of what makes this community unique. For example, Oaklawn purchased the Brooks Rupture Appliance building on Michigan Avenue for \$250,000 in 1997. After \$2.5 million in renovations, the building is now the home to a dialysis treatment center. Oaklawn purchased the Brooks House on High Street for \$120,000 and, after \$170,000 in renovations, converted it into Oaklawn HomeCare Health Services and Oaklawn Hospice. For \$2.9 million, Oaklawn bought the former Kempf funeral home and adapted it at a cost of another \$1.7 million for new use as the Ricketson building. I believe such actions show a strong commitment – and respect for – Marshall's important structures, and I believe that the hospital will continue to show that regard in the future.

Oaklawn is a pillar of Marshall

By Theresa Chaney-Huggett, Marketing and Public Relations Manager,

Oaklawn Hospital – (269) 789-8134

Oaklawn Hospital's plan for expansion is best for the city and surrounding area. More jobs and a boost in local property-tax revenue are two of the clear benefits. But so is the hospital's legacy as a pillar of the Marshall community. Its persistent support of local organizations and events

continue to benefit the quality of life here, from the recent student art show to the annual Hospitality Classic. From the time the hospital opened in 1925, area residents have come to expect nothing less than the best when treated by its top-notch doctors and medical staff in its state-of-the-art facility. What's more, with nearly 1,000 employees on its payroll, Oaklawn is by far the city's largest employer. Oaklawn understands that it owes a debt to this community, and has been a good corporate citizen. Many Oaklawn employees volunteer their time to Marshall civic and nonprofit organizations. Their efforts can't continue if Oaklawn's own needs are restricted, and it slips to second-rate status. Please help make certain that that doesn't happen!

Oaklawn is a source of community pride

By Matt Lueck, Assistant Director, Patient Financial Services Department,

Oaklawn Hospital – (269) 789-7024

Marshall's residents can be proud of the work Oaklawn Hospital has done to provide superb service that's honored nationwide. Because of Oaklawn's persistent excellence, it is accredited by DNV Healthcare Inc., the American College of Radiology, the College of American Pathologists and the American Academy of Sleep Medicine. The American Association of Respiratory Care has recognized Oaklawn for Quality Respiratory Care. Oaklawn's Joint Center has earned high state and national ratings, too. Oaklawn has received the Governor's Award for Improving Patient Safety and Quality of Care each of the five years it was presented, and for more than a dozen years has been at or near the top of Arbor Associates' patient-satisfaction survey of approximately 50 Midwestern hospitals. We have a terrific resource in Marshall, and I ask the city's leaders to help it to maintain its standard of excellence.

Oaklawn maintains a spirit of generosity

By Derek Maddox, Hospitality Services Manager, Oaklawn Hospital – (269) 789-8995

In the past 12 years, Oaklawn Hospital's employees have given more than \$138,000 to the Marshall United Way, and the hospital has contributed more than \$875,000 to Marshall Public Schools. Several other community organizations also benefit from Oaklawn's support. In recent years, Oaklawn has donated \$59,000 to local nonprofit organizations, and more than \$60,000 in in-kind support. In 2010 alone, the hospital's total community benefits equaled nearly \$18 million. This includes a Medicare shortfall of \$6 million, a Medicaid shortfall of \$6 million, and additional events, programs, assistance and charity care totaling \$5.8 million. When you consider Oaklawn's economic impact, its philanthropic generosity and the health care services it provides, you can see that our hospital is a critical component to the quality of life in Marshall. I ask the City Council to keep in mind that a strong local hospital will continue to meet such needs, which contribute to keeping Marshall fiscally and physically healthy.

Help make the economic windfall happen

By Mark Montross, Executive Director, Oaklawn Medical Group – (269) 789-8225

I am a former commercial banker, and a former community bank president who has worked in this community for over 14 years. There are many cities in the State of Michigan that would love to have a solid employer such as Oaklawn, one that is financially stable and poised for growth within their respective communities. Oaklawn Hospital's continued growth is a huge advantage for Marshall, and ultimately it will help support the financial well-being of our schools, and the overall residential and business property values for years to come.

As the city's largest employer, with nearly 1,000 workers, Oaklawn already contributes \$50 million each year to the local economy. Of those workers, 220 are Marshall city residents, and many more reside within Marshall Township. If the Hospital Campus Overlay District is approved, the hospital is likely to add 190,000 square feet of new space over the next 20 years. At an estimated cost of \$300 per square foot, Oaklawn's expansion would mean \$57 million in new construction (and the temporary jobs it provides). As we grow, we would be adding several new permanent employees, including new physicians. This planned growth will be an economic windfall for Marshall, and I urge you as our city leaders to help make it happen for the future of the Marshall community.

Oaklawn's legacy has relied on people with foresight

By John C. Sherwood, Public relations specialist, Oaklawn Hospital – (269) 789-3934

I've been a news reporter so long that it's new to me to attend a public meeting and speak from my heart. But I want to say this, not from the standpoint of my new position as a representative of Oaklawn Hospital, but from my personal perspective as someone with roots in this town. My great-grandmother, Mary Wirth Heidenreich, was a member of the Ella E.M. Brown Charitable Circle when it formed in 1912. She helped create the first Oaklawn Hospital, at the old Ketchum-Dibble Mansion in 1925. Her daughter-in-law was Gladys Heidenreich, my grandmother – the woman who raised me; she was a member of the circle when the Mansion needed to come down. No less a historic-preservation luminary than Harold Brooks was a co-chairman of that project. I was a child, but I remember seeing the final stages of the Mansion's demolition, and the construction that produced Marshall's first up-to-date hospital, the core of today's Oaklawn. I understood that my family and their friends had had the foresight to make it happen, and we were all proud.

That was 60 years ago. Since then, others with foresight have stepped forward. In the 1970s, a state agency tried to close our OB department – which might have been Oaklawn's death knell. Fortunately, the community came to the hospital's rescue, and about 500 people – people with foresight -- went to Kalamazoo to protest. They prevailed, and so did Oaklawn. I'm grateful for that. It meant my own son could be born in Marshall three years later. His mom and I drove from Battle Creek to make sure Nathan got the attention we wanted him to have.

I'm a Calhoun County boy. I was raised here. I've owned three houses in Marshall, one of which was on the Home Tour. I've worked 30 years as a journalist in Marshall and Battle Creek. And much of my published writing has been about local history, because the past reveals lessons for the future. Here's one of them: Without improving our way of life in this generation, the next is hampered -- stifled. If we exercise foresight, we can recognize which hard choices are necessary.

Yes, it might have been great if someone had saved the old Mansion. Instead, it became the nucleus of our superb hospital. In time, it has become the city's largest employer and economic engine, and a source of healing for countless people. Foresight and hard choices gave us something of which we are proud today. My choice is to support that same effort as Oaklawn moves toward its second century. It's the path of jobs, of families and babies, of healing, and the needs of future generations. Some of my dearest friends have other convictions about this. I understand their hearts. It's a dilemma that calls for hard choices on all sides and – above all –

mutual respect on all sides. For my part, I'm grateful for the choices made over the past century. My deep hope is that the people of Marshall will follow in that tradition.

Let hospital maintain heights of excellence

By Deborah Smith, Critical Care Unit Director, Oaklawn Hospital – (269) 789-7927

As a community, we in Marshall should do all we can to make certain Oaklawn Hospital has the means to keep reaching for the heights of excellence in health care. In 2008, Oaklawn was one of seven Michigan organizations named to Modern Healthcare's first national list of the "Top 100 Best Places to Work in Healthcare." In 2009, Oaklawn was honored as a "Magnet Hospital" by the American Nurses Credentialing Center, for achieving the highest standards in patient care. Only about 5 percent of the nation's hospitals have received that distinction. If Oaklawn cannot grow, it risks slipping to second-rate status – and I don't believe the people of Marshall want that. That's why I hope the City Council will continue to help Oaklawn continue such work, and keep our hospital strong.

Proposal's street/parking plan is sensible

By Joanna Tarkiewicz, Plant Operations, Oaklawn Hospital – (269) 789-3123

It makes sense to me for the Hospital Campus Overlay District plan to include some specific street changes, which will make the area of Oaklawn Hospital a safer place to drive and walk. In the event of the hospital owning all of the properties on each side of the streets involved, the plan calls for vacating Prospect Street between High and Madison streets, and Madison between Prospect and the northern boundary of the American Museum of Magic archives. Such changes would improve pedestrian and vehicular safety to and from the hospital, and limit the size of the district's boundaries. The changes also would not significantly increase traffic on nearby streets. The road closures would allow for a more campus-like setting which would allow for an increase in safety and the opportunity to provide clearer directions on which streets to enter or leave the Oaklawn Hospital main campus. The hospital needs almost 100 additional parking spaces now and expects to need almost 400 more over the next 20 years according to the Walker Parking Study. Under the proposal, 17 additional parking spaces – about half of them for handicap use – would be created by the hospital's front entrance and additional surface parking by the emergency department. Having more parking spaces near the hospital also will free up downtown parking spaces for local businesses. I hope city leaders will choose this sensible plan so good alternatives are available for the future.



Unlocked in Greenwich Village, St. Vincent's Hospital is hoping to build a new hospital after converting its old buildings to residential.

http://www.manhattan-institute.org/email/crd_newsletter05-08.html

The Manhattan Institute's Center for Rethinking Development: Ideas that shape the city's planning, housing, and development.

Monthly newsletter.

Expanding a Hospital in Historic Territory

Julia Vitullo-Martin, May 2008

No hospital expansion in an historic neighborhood is likely to be greeted favorably—not even the expansion of an institution that is routinely described as "beloved," as is St. Vincent's Catholic Medical Center, in Greenwich Village. Thanks to medical technology, the welcoming, mid-rise buildings of the mid-20th century have developed into the massive, linked, bulky towers that characterize major medical institutions today. Look at Columbia-Presbyterian in northern Manhattan or the Cornell and Bellevue-NYU concentrations of hospitals and medical facilities on the East Side. For them the word "hospitable" seems strangely inappropriate.

LANDMARKS SAYS NO

Yet New York's need for St. Vincent's proposed state-of-the-art, all-digital, green hospital is almost incontestable. At present, St. Vincent's runs its much acclaimed Level 1 trauma center—the only one on the West Side below St. Luke's, which is on 114th Street in Morningside Heights—in a grossly outdated, cramped physical plant. Designed in the late 1970s to handle 45,000 patients per year, St. Vincent's emergency department saw 60,000 patients in 2007.

Taking up a little over half a block extending eastward from 7th Avenue, and bordered by 11th Street on the south and 12th on the north, St. Vincent's hemmed-in campus cannot be easily expanded. For one thing, new construction would require shutting down most or all of it—an unacceptable prospect. Instead, St. Vincent's looked to the only other adjacent property it owned, the O'Toole Building, catty-corner to the main campus, on the west side of 7th Avenue between 12th and 13th Streets.



St. Vincent's would like to demolish the Modernist O'Toole Building that some preservationists say should be saved.

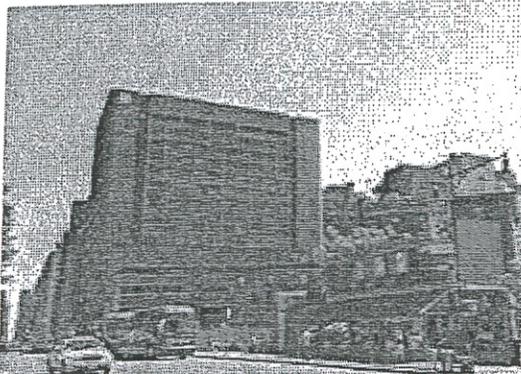
Opened in 1964 as the headquarters and hiring hall of the National Maritime Union—just as the union was heading into irreversible decline—the then-named Joseph Curran Building was given a nautical feel by architect Albert C. Ledner. The concrete façade has two scalloped overhangs that, depending on where you stand, look like waves or like the portholes of a great ship. The interior has

many quirky seafaring touches—a 70-foot-long tunnel with porthole windows reminiscent of "20,000 Leagues Under the Sea," submarine-like round conference rooms, ship-like swooping hallways, etc. Sitting on an express stop of the 7th Avenue line, the low-rise O'Toole is underdeveloped for the site, notwithstanding its location in the low-rise Greenwich Village Historic District.

And there's the rub: underdeveloped. Though seemingly hundreds of preservationists have suddenly emerged to argue O'Toole's aesthetic and historic merits, the real argument is about development, height, and mass. St. Vincent's hopes to pay for its immensely expensive modernization and expansion by selling some of its valuable property. (The other option, of course, would be for St. Vincent's, seeking millions in subsidies, to go hat in hand to taxpayers.)

Thus, St. Vincent's proposes to replace O'Toole with a 299-foot tower holding a new hospital, while selling its eight buildings east of 7th Avenue to Rudin Management for \$301 million. Rudin would develop an 18-story condominium tower and five townhouses. (An earlier version of the plan called for a 329-foot hospital tower, a 21-story condominium tower, and 19 townhouses.)

After a contentious hearing in April, the Landmarks Preservation Commission, which has authority over the demolition of any building in any historic district, on May 6th called for "substantial modifications" to the proposal, though without an actual vote by the commissioners. They put forward various arguments and ideas—some sensible, others not—but the upshot is that St. Vincent's will almost surely have to obtain an economic-hardship exemption before it can go forward with any version of its plan.



one is insisting on the preservation of buildings that
t up in the 1980s; such as the Link.

All 10 commissioners did agree to prohibit the demolition of the O'Toole building, saying it was "inappropriate to eliminate an important example of modern architecture that was designed by a prominent architect and is historically and culturally significant."

WHAT'S WORTH SAVING

St. Vincent's entire plan hinges on the demolition of O'Toole, which would allow the hospital to operate in the old buildings until the new hospital is complete. If O'Toole can't be demolished, the plan falls to pieces. How good is O'Toole? The write-up by Docomomo—the international architectural group dedicated to preserving Modernist masterpieces—is oddly non-committal, noting that the building "is of its time despite being in a neighborhood rather set on keeping the architecture timeline in check." Yes, exactly! Now the building that was so angrily received in 1964—"We should make the Village a working-class neighborhood so we can get some good taste in architecture," said one resident then—is being held up as worthy of protection. "O'Toole is an important building for sociological, social, historical and architectural reasons," said Margery Perlmutter, both an attorney and an architect and one of the commission's Manhattan representatives. "We should not allow it to be destroyed."

Commissioner Perlmutter even argued that *all* buildings in a historic district should be preserved, even though many—perhaps even most—buildings in historic districts could never win individual designation. "We should not have to fight for the life of a building in a historic district," she said. "Such fights should be reserved for protecting buildings not yet designated."



It is anyone urging the preservation of the Crown Building.

St. Vincent's gorgeous, beautifully maintained chapel, inaccessible from the street, will be demolished.

Another commissioner, Roberta Washington, an architect and also a Manhattan representative, argued, "Of all the buildings owned by the hospital, the O'Toole building is the most recognizable,

and the one most often associated with the Village. While the building's architectural references and features can be debated, the building's façade has made it one of the more prominent Village buildings and I believe that it does contribute to the district's special sense of place." Amazingly faint praise for stopping the construction of a new trauma center.

Many advocates have suggested that St. Vincent's build its new hospital on top of O'Toole, much as British architect Norman Foster designed a tower to sit on top of the original low-rise Hearst building, at 57th Street and 8th Avenue. But the difference is that the Hearst building was designed in the 1920s by architect Joseph Urban to bear the weight of a later tall addition—which didn't get built because of the Great Depression.

O'Toole was never meant to bear any other structure. Indeed, its exterior walls, which cant inward, would have to be reconstructed at immense cost to support a new structure.

Commission Chairman Robert B. Tierney struck a judicious tone, noting that the removal of some buildings would not diminish "the recollection" of the St. Vincent's campus. He added, however, "I do feel that the other brick and stone buildings share a common history, as well as materials and details, and their wholesale demolition would eliminate all references to the hospital's history on this site."

If physical traces of every well-liked—or even important—institution in every historic district must be preserved, New York will die. Commenting on the St. Vincent's debate, Columbia University historian Kenneth Jackson recently derided preservationist-oriented cities, such as Charleston, South Carolina, as "loser cities." That's harsh, of course, but he has a point.

Isn't it utterly clear that for New York to stay competitive, it has to change and grow, as it always has in strong times—and has not in bad times? And isn't it clear that its key institutions can serve their constituents only by adapting to new conditions, while staying at the forefront of their fields and maintaining technological preeminence? Yes, neighborhoods need to be protected from inappropriate institutional aggression. But that is not this situation. This is one in which an institution, based in the neighborhood since the mid-19th century, is serving a crucial public purpose for which it needs a new building.

Commissioner Perlmutter attacked Rudin Management for proposing to demolish the hospital buildings "for the sole purpose of developing a huge housing project on the site." In fact, the Rudin plan actually diminishes the overall gross square footage of the buildings' sites from 763,000 GSF above grade today to 649,000 GSF. A Rudin official noted wryly that, under the original plan, his company would have gone down in history as the first developer to tear down bigger buildings to do smaller. The problem is that many Villagers do not want change or development of any kind, even if it leads to less building than what is there now.



Completed in the 1920s, the Nurses' Residence is a very elegant but surely undistinguished building.

As Ken Jackson often says, "Change is constant in New York." It's at the core of New York's very being. The Landmarks Commission has to permit even historic districts to evolve or the city will stagnate.

WHAT'S NEXT

Several commissioners urged St. Vincent's to apply for a hardship exemption on economic grounds. The hospital could argue that unless it were allowed to replace its existing buildings, it could not

carry out its charitable purpose. St. Vincent's president, Henry J. Amoroso, immediately announced the hospital would do this.

Indeed, the clock started as soon as St. Vincent's submitted its revised plan on May 19th. From that date, the Landmarks Commission has 90 days within which to issue a "preliminary determination" on whether or not a hardship exists. The law also provides 180 days within which the Landmarks Commission can administer an effort to 'mitigate' the hardship.

On the morning of June 3rd, the hospital and Rudin Management will present a new set of designs to the commission. In the evening of June 10th, Community Board 2's Omnibus Committee will hold a public hearing.

A spokesperson said that to the knowledge of St. Vincent's, the Landmarks Commission has never mitigated a hardship determination for a non-profit, with the result that no historical references exist for comparison.

Reflecting on historical references in general, Ken Jackson recently asked, "Why do we think of Boston or Philadelphia or New Orleans or Savannah or Charleston as more historic than New York? This is the most historic city in the United States easily. But those cities have more of their historic fabrics because they lost. They wanted to be big cities, and they failed."

Marshall City Council Meeting
June 4, 2012

Good evening.

Some people have wondered why I haven't spoken up more publicly regarding Oaklawn's proposed overlay. So I'll make a few comments.

I definitely ask the Council to leave the 200-block of High Street out of the overlay—let it be a buffer zone as recommended by the Planning Commission.

As an aside:

You may already know that there is a deed restriction on 215 High that the property must remain residential.

You may already know that 225 High is not sandstone—it is designed and colored concrete. I doubt that it could be moved intact.

I have refused to sell 219 High to Oaklawn, even though I could probably get more money from the hospital than from anyone else. But I couldn't live with my guilty conscience if my action allowed Oaklawn to demolish 3 historic homes in Marshall.

Many residents of Marshall, even those who do not live near the hospital, realize that this overlay situation endangers Historic Marshall as a whole.

For this reason and many others, I ask that you please vote NO regarding the proposed Oaklawn overlay.

Joan Foster
219 High Street
Marshall MI 49068

ATTACHMENT D

These are some remarks from an anonymous resident

While I understand there are a lot of requests on both sides of this argument, my comments are largely focused on retention of the four homes on High St.:

-Oaklawn does not differentiate the economic impact of the “full” overlay vs the Planning Commissions’ recommendation. One could easily argue that acceptance of the partial overlay will have just as big of a positive financial impact to Marshall, as that of the full overlay. So, why not appease both sides, and retain the historical treasures that are Marshall (remembering that small businesses are surviving, in part, because of tourists, who come to this town for its historical homes and charm)?

-Let’s not forget the potential job losses incurred by small businesses because of Oaklawn entering a market or destroying valuable historical properties.

-I find it very hard to believe that Oaklawn’s home-buying incentive program will be that much of an encouragement for employees to buy property in town—it will basically just benefit those who already plan to buy in town. (And, at best, possibly replace revenue that Oaklawn isn’t contributing to the City of Marshall.) Isn’t it true that Oaklawn does not pay property taxes on any of the homes it owes, approximately 60? So, by Oaklawn owning real estate in Marshall they are themselves draining the City of much-needed funds! Can someone please explain the logic of this?

-We all want quality healthcare. No argument there, but does salvation of four homes really compromise this? Not from what I can see. In a nutshell, the hospital is most concerned about how much they will have to pay to expand (seeking maximum “cost control”). They simply want to retain as much capital as possible, so that they can look uber-profitable (and appealing to any conglomerate looking to buy them). Residents of Marshall shouldn’t have much sympathy for this, especially since \$8M of the reported \$13M in additional costs comes from a parking ramp. Are we sure the costs are that great, or that a parking ramp is going to be essential? I would be willing to bet that they will find a way around this, if pushed to do so.

-I don’t know what the hospital’s maximum capacity is—or how full they are on a regular basis, but I can tell you that the parking lots and ramp look empty a lot of the time (is Marshall or surrounding areas expected to grown at an unprecedented rate that I am unaware of...or are we all simply expected to get sicker?) I can’t imagine the need for this much additional space. What are they going to use it for? What practices are they going to expand? Right now, the space simply seems unjustified, but my guess is that they will try to expand into more revenue-generating spaces. Unless I am missing something, I think the community has the right to know more about this and we should demand that Oaklawn Hospital go through the same route any homeowner or business would go through to expand or make revisions to their property.

Glenda Jackson for Anonymous Marshall Resident
16053 18 Mile Road
Marshall MI 49068

Marshall City Council Meeting
June 4, 2012

Good Evening!

As most of you know, I was chosen to be one of the citizens to represent the neighborhood on the Hospital and Neighborhood Committee.

I was delighted to be asked and even more excited to serve on this committee as I had high hopes for some kind of resolution between the hospital and the neighborhoods surrounding it.

On page 4 of the HNC Executive Summary it reads, "The HNC was established to address long-standing challenges between the growth needs of Oaklawn Hospital and the desires of the Neighborhood and Historic Preservation community to prevent any negative impact to the neighborhood and/or historic structures."

The HNC was charged with identifying an acceptable compromise solution. Unfortunately, speaking for myself and another committee member, Dave Deppee, we found NO acceptable compromise that was beneficial from a neighborhood standpoint. We were not the only ones to feel this way.

Oaklawn brought in many experts to help us formulate some decisions on their expertise in certain areas. One such person was Mr. Robb McKay, a State Historic Architect. His suggestions of preserving the row of homes directly to the east of the hospital, because of their historic nature and because they had not been compromised was met with a total disregard. This was very disappointing to me as I thought this could have been one of the areas Oaklawn could have shown willingness to compromise. This point was also brought up by other members of the community when they were allowed to speak at some of our meetings.

There was a recent letter written to the *Advisor* and the *Battle Creek Enquirer* by a Mr. Charles O. Dobbins, Jr., who is a retired city manager from Florida, who now resides in Marshall. He pointed out many, many excellent points about the flaws in the makeup surrounding the overlay district that I agree with wholeheartedly. One of his points he made was, "that the ordinances currently under

consideration for action and recommendation to the city council do not adhere to sound principles of good planning practices and sustainable community development strategies.”

There were also many local and State agencies that very strongly do not support the passing of this proposed overlay district including our own Marshall Historical Society and Marshall’s Downtown Development Authority as well as the National Parks Service of Michigan and the Michigan Historic Preservation Network.

As stated in my letter as Exhibit B2 in the HNC Executive Summary—I wrote, “When such important National, State and local authorities, commissions and societies do not support the irreversible changes to our community such as Oaklawn requests, those who insist on passing such legislation are lacking in good judgment, and do not represent the cities, and the City, they have sworn to safeguard.

I hope you take all of these facts into consideration when helping to make a decision that may impact the future of this unique historic city for years to come.

May I leave you with a quote from an issue of *Preservation Magazine*, “Still today, too few of our fellow citizens truly comprehend of the power of preservation. Too few understand that preservation is not simply about architecture and landscape, but about our lives—who we were and are today—and about leaving our children and grandchildren a solid foundation on this to build.”

Holly Harnden
401 East Mansion Street
Marshall MI 49068

Dear Mayor Dyer and City Council Members:

Since the return of my cancer, I have begun a more aggressive treatment program which quite honestly has knocked me for a loop. I have not been able to attend any of the public meetings on the Hospital Campus District ordinance review. I have written my thoughts below on this subject and would hope it would be read into the official minutes of the appropriate meeting and would be considered in your final review towards your decision.

As you are aware, I chaired the Hospital Neighborhood Committee to its conclusion and to the recommendations now in review. The recommendations were approved by the committee seven in favor and two opposed. The first opposing vote was based on the boundaries established on the East border (which includes several very historic homes). The second opposing vote was based on following State Historic Guidelines which, in my opinion, had nothing to do with the recommendation.

Let me step back a bit and speak to our charge from Mayor Smith and reaffirmed by Mayor Dyer. The committee was asked to develop a plan that would be acceptable to the Community and the Hospital, covering the next 20 years, that would allow Oaklawn Hospital to meet its expansion needs while defining for the Community at large and the hospital neighborhood in particular those boundaries that would be required, or defining the intrusion into the hospital neighborhood.

I'm sure I don't need to remind you of the unprecedented openness Oaklawn Hospital displayed by sharing details of its anticipated growth over the next twenty years. Most enterprises with 1,000 employees can accurately look out 1 - 3 years as "in process" planning, 4 - 7 years as "future projects being identified", and, beyond 7 years as "long term" planning with very rough ideas of what lies ahead. Each year these categories are updated based on current events, trends, etc. So when planners update their future plans each year based on currently what's happening in the industry it's a planned activity and it's the only reasonable way a 20 year plan can be developed. The current couple of years are very accurate (but revisable) and the plan 20 years out is very inaccurate and very changeable. I emphasize this point because those unfamiliar with planning come to the conclusion that the enterprise lied to the public again because they didn't do what they said they do 5 years ago. No one has lied

as you are well aware, the plan has been revised due to changes in the world, the nation, politics, finances, regional markets and local markets.

I'm sure I do not need to remind you of the unprecedented generosity Oaklawn Hospital has shared with this Community by paying for over \$200,000 in studies and expenses incurred during the research process. They were always there when ask to support this study or that study to help develop information needed to allow the Committee to it conclusions and recommendations.

It should be noted that a key constraint in developing boundaries for the Hospital Campus District was the need to stay within somewhat the same footprint the main hospital facilities currently sit on. While some future services need not be on that footprint and would probaby be placed off campus if appropriate most will be required to be adjacent to the current main hospital. The futures information Oaklawn shared with the Committe and the public gives us a very good view of how many building square feet will be needed and how many additional parking spaces will be required to support that growth. With that information we were able to expand the existing footprint by identifying potential building locations and potential parking locations. With some creative ideas including two streets being vacated, appropriate landscaping, lighting and setbacks recommended by the Planning Commission and a plan that will allow this to unfold over a 20 year period, we feel we have identified the expansion area needed over the next 20 years.

As a reminder, there is no property that is being forcefully acquired or ask to be considered public domain. Properties that are included within the boundaries that are not owned by Oaklawn Hospital cannot be impacted by future expansion of Oaklawn Hospital (e.g.,properties on the west side of High street and the A T & T building). They are included in the boundary in case these properties change their status base on accidents, Acts of God, fire, etc and they are not returned to their original condition. The boundaries developed include several buildings (Frank Center For The Arts and Magic Museum) within the boundary for the same reasons.

This plan is a compromise, not to those with individual objections but to the Community as a whole. It positions the Community to understand for the next 20 years where it's largest employer can expand its current footprint and what the worst case senerio might be 20 years out. And the worst case

senerio does not include Historic structures along the east side of High Street or The Frank Center or the Magic Museum. Those who suggest differently do not have the facts on their side of the argument.

There is no question that this has been a extremely charged debate. The future of Marshall continues to be in the hands of it's elected officials and the people who elect them. The facts have been presented as well as the emotion. Now is the time to approve the Hospital and Neighbor Committee's recommendations as presented.

Sincerely,

Ken Jendryka, Chairperson
Hospital and Neighborhood Committee
June 4, 2012

ATTACHMENT G

I, Kevin Dues, 425 Dunsen was unable to attend today's meeting regarding the hosp expansion meeting, but I wanted the council to know I disapprove of the outdoor hosp recommendation. I approve of the planning commission recommendation.

If the hosp gets all the approval - Marshall will change for the worse and I will move because of it.

Kevin Dues

425 Dunsen St.
Marshall

269-781-4743

Tom Tarkiewicz

From: Nick Metzger <nick.metzger.ay75@statefarm.com>
Sent: Monday, June 04, 2012 5:13 PM
To: Tom Tarkiewicz
Subject: Fw: Oaklawn Overlay District

Please share with council.

From: Dwight Spitzer [<mailto:das55@sbcglobal.net>]
Sent: Monday, June 04, 2012 03:40 PM
To: NMetzger@cityofmarshall.com <NMetzger@cityofmarshall.com>; KMiller@cityofmarshall.com <KMiller@cityofmarshall.com>
Subject: Oaklawn Overlay District

I live in Ward 2, 342 N. Madison. I would like to know your positions on this Oaklawn Overlay District issue, and express my opposition to its proceeding forward.

Dwight A. Spitzer
(269) 781-9891

June 4, 2012

Jim Dyer, Mayor
Tim Banfield, Planning Commission
City of Marshall

Dear Gentlemen,

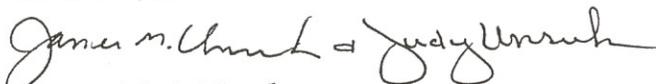
Please share with the members of the city commission and city council our objection to the closing of Madison Street between Prospect and Mansion streets. We are also concerned about the proposed blocking of Prospect and High Streets as well. The heart of the city of Marshall is accessed by traffic flow on these lovely, peaceful, residential streets. The resulting change in traffic flow would be horrific, causing Division Street, Forest Street, and North Marshall Street to be excessively travelled. Not only is the excessive traffic flow a concern, but the resulting limited access to the closed off beautiful city streets would be a travesty. All of these streets are currently frequently travelled and enjoyed by tourists, citizens, students going to and from the schools, walkers on historic walking trails, not to mention the quaint and constant travel of the Marshall Carriage Company. Most importantly, the increased traffic flow on the aforementioned streets would present a safety concern, particularly for pedestrians.

A number of years ago when the hospital parking structure was being built, much contention surfaced regarding the proposed closing of a portion of Mansion Street. Safety of pedestrians was a focal point. The proposal of this street closing met with objection from citizens also. That issue was beautifully resolved with the gift of time for consideration of alternative options. The result is the now aesthetically pleasing streetscape, open to traffic flow, with brick crosswalks which allow for safe pedestrian crossing. Time was the gift.

We would encourage the city council to table a vote on the closing of any streets, and instead, work to creatively develop an outcome similar to that which evolved with the Mansion Street issue. Could the Mansion Street outcome not be a template for access to the hospital on all four sides of the hospital mall, and allow for all the streets to remain open? Consider, for example, the full length of Front Street in Traverse City and the full length of Main Street in Brighton: both cities have created *open* streets with pedestrian right of way crosswalks the full length of their city streets. With time, options like these could be studied and considered.

While we understand that there are multiple concerns regarding expansion plans and neighborhoods, we must keep in mind that traffic flow on the beautiful residential streets of Marshall affects *all* citizens of Marshall, as well as visitors to the community. Our concern is about keeping movement through and around our community open, efficient, safe and aesthetically pleasing. Let us look back on a past success with Mansion Street, and again allow time for harmonious creativity and ingenuity to elicit a resolution for keeping our beautiful streets open for our citizens and visitors.

Sincerely,



Jim and Judy Unruh
421 North Madison Street

Over the next several weeks, we will be discussing the Hospital Overlay District. This is one of the most important matters facing us as city council members. I, for one, will be studying the documents, and listening to our citizens (as I always have) and will then vote on the issue in an educated manner!

I encourage everyone to take the time to voice their opinions either publicly, at city council meetings or by contacting city council members. I would also ask that our citizens read all documentation provided on the city website to fully understand the reality of the issue.

It has been stated that a majority of the council will jam this down the throats of our city.

This could not be farther from the truth.

I don't speak for my fellow council members, but I do know them well enough to say that they will debate the issues in open meetings to assure all citizens that we do not take our role in the future of Marshall lightly! Contrary to popular belief, absolutely no decisions have been made regarding this subject, and no decision will be made until it comes to council for vote.

I am very proud of our Historic city and all that it has to offer, as I am of what Oaklawn Hospital means for healthcare in Marshall and surrounding communities. Just as people come from all over to our historic city, so do they come from neighboring communities to seek quality healthcare. A balance can be achieved with cooperation and education of all.

The issue of Hospital Overlay District is NOT about the current Hospital CEO, nor the newly announced President, **but about the future of our historic neighborhoods and the hospital.** Control has been mentioned before regarding the hospital CEO, however he is just one person/with one voice. Each of our citizens have a voice that counts too! I urge you, once again, to talk candidly to your city council members during this time of deliberation.

I take great pride in all that this council has accomplished these past years! I personally feel that we DO not stifle open discussion in council meetings and supportive committee meetings. Each council member has his/her own opinion on issues and we have been able to work towards a consensus on most.

It has been said that Marshall, in the past has enjoyed a warm, friendly environment but because of THIS council, Marshall does not enjoy that now!

I find this hard to believe.

We have wonderful people living here side by side with differing opinions on lots of issues, but they still are good neighbors and huge promoters of Marshall! No matter what the outcome, Marshall will always be a remarkable place to live and a great place to visit! Certainly these are only my thoughts, now I would like to hear yours.