ADDRESS: 4641 E ROOSEVELT BLVD
Proposal: Demolish building, construct health center building
Review Requested: Final for demolition, In-concept for new construction
Owner: Thomas Scattergood Foundation
Applicant: Nathan Farris, Ballard Spahr LP
History: 1813; Lawnside, Superintendent's Residence, 1859
Individual Designation: unknown
District Designation: None
Staff Contact: Jon Farnham, jon.farnham@phila.gov

BACKGROUND:
This application seeks final approval to demolish a historic building and in-concept approval to construct a new municipal health center on the grounds of the historic Friends Hospital in the Frankford section of Philadelphia. Established by the Quakers in 1813 as the first private psychiatric hospital in the United States, the Friends Hospital complex is composed of numerous historic and modern buildings set on 99 acres. The date that the Historical Commission designated Friends Hospital is unknown. No documentation of the designation exists and the buildings on the site were not classified as contributing or non-contributing. It appears that the hospital was designated in the early 1970s in response to the proposed Pulaski Expressway, a highway that would have cut across the hospital grounds and connected the Betsy Ross Bridge to Route 309. In addition to its local designation, Friends Hospital is a National Historic Landmark. The building proposed for demolition, known as Lawnside, was constructed in 1859 as the superintendent's house and is classified as contributing in the National Register nomination. Any state or federal involvement in the health center project like funding may trigger a Section 106 review, a federal preservation review, which may preclude demolition.

The Department of Licenses and Inspections is prohibited by Section 14-1005(6)(d) of the preservation ordinance from issuing a demolition permit for a building on the Philadelphia Register except in two cases. The section stipulates that "No building permit shall be issued for the demolition of a historic building … unless the Historical Commission finds that issuance of the building permit is necessary in the public interest, or unless the Historical Commission finds that the building … cannot be used for any purpose for which it is or may be reasonably adapted." The application contends that the demolition of Lawnside is necessary in the public interest and asserts that:

- The New Health Center Will Address a Public Health Crisis in The Lower Northeast.
- The Friends Campus Is the Only Site in the Lower Northeast That Can Accommodate a Large Enough Health Center to Meet the Need for Primary Care Services.
- Demolishing Lawnside Is Necessary to Build the New Health Center in A Safe and Accessible Location.
- Demolishing Lawnside Is Consistent with the Campus's History of Changing to Meet the Needs of Modern Medical Practice.

The application includes letter from attorney Nathan Farris introducing the application and the following exhibits:

1. Letter from Health Commissioner, Cheryl Bettigole, MD, MPH, explaining: (a) the need for the Health Center in the Lower Northeast; (b) why the Campus is the only viable location in the lower Northeast; and (c) why the chosen site is the only location on campus that allows for development of a safe, accessible Heath Center that meets PDPH's high standards for patient care;

2. Letter of support from Councilmember Lozada;
3. Letter of support from Councilmember O'Neil;
4. Letter of support from Councilmember Driscoll;
5. Letter of support from Representative Hohenstein;
6. Letter of support from Representative Dawkins;
7. Presentation from VSBA Architects and Planners demonstrating why other locations on campus and other building footprints and configurations are not feasible;
8. Report prepared by Heritage Consulting Group setting forth the development history of the property; and
9. Letter from Gabe Canuso at D3 Development, LLC concluding that adaptive reuse or moving of Lawnside is not financially feasible.

The application highlights the significant need for additional public health center facilities in the Lower Northeast. The application documents the analyses the City's Department of Public Health has undertaken to select a site for Northeast Philadelphia Health Center. The City considered 44 sites and selected the Friends Hospital site. The application also includes analyses that the City, Scattergood Foundation, VSBA, and other consultants have undertaken to identify a site on the grounds of Friends Hospital that can accommodate the new health center. The project has very strict requirements for the new building and parking that involve security, ease of access by foot, mass transit, and car, drop off and pick up, parking, and flow through the building. The impact of the building on the historic site, especially potential impacts on view sheds, were also considered.

The Historical Commission considered a similar application at its September 2020 meeting and continued the matter to allow time for additional analyses and supplemental submissions. The application was eventually abandoned. In the intervening two plus years, the Health Department and Scattergood Foundation conducted additional analyses and again concluded that the demolition of Lawnside is necessary to construct the health center.

The application includes a letter from the City of Philadelphia's Health Commissioner explaining why demolishing Lawnside and constructing a health center at this location is necessary in the public interest. The letter is supported by letters from numerous elected officials representing the area supporting the assertion that the new health center is necessary in the public interest. The application presents four options for siting the new building, the preferred plan as well as Alternatives 1, 2, and 3. The application summarizes why the optimal plan is the only feasible plan and why the Alternatives are infeasible for safety, accessibility, transit, parking, topography, utility, view shed, and other reasons. The application documents the Lawnside building with photographs and scaled drawings. The application includes a letter from a development expert stating that the rehabilitation and the relocation of the Lawnside building are infeasible. The in-concept new construction part of the application provides site, plan, and massing drawings for the new building, but not finalized architectural drawings, which would be submitted later for review. The application includes a preservation consultant's report that documents the history of the development and redevelopment of the site.

The minutes of the 2020 reviews by the Architectural Committee and Historical Commission are attached after the application materials.

SCOPE OF WORK:

- Demolish 1859 building known as "Lawnside"
- Construct health center

STANDARDS FOR REVIEW:

- *Standard 9: New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.*
    - The demolition of the historic building proposed in this application does not satisfy Standard 9.
    - Excepting the demolition, the massing, size, scale, and location of the new construction proposed in the application satisfies Standard 9.
- *Section 14-1005(6)(d) of the preservation ordinance: No building permit shall be issued for the demolition of a historic building … unless the Historical Commission finds that issuance of the building permit is necessary in the public interest, or unless the Historical Commission finds that the building … cannot be used for any purpose for which it is or may be reasonably adapted.*
    - This application demonstrates that the demolition of Lawnside for the construction of the health center is necessary in the public interest.

STAFF RECOMMENDATION: The staff recommends final approval of the demolition as necessary in the public interest and in-concept approval of the new construction, provided the demolition permit is not issued until final approval of the new building is obtained and the project is ready to proceed, pursuant to Section 14-1005(6)(d) of the preservation ordinance and Standard 9.

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June 12, 2023

Via E-mail

Jonathan E. Farnham, Ph.D.
Executive Director
Philadelphia Historical Commission

Re: Application to For Demolition in the Public Interest and Conceptual Approval of New Health Center at 4641 Roosevelt Boulevard (the "Property")

Dear Dr. Farnham:

We represent the Thomas Scattergood Foundation ("Scattergood"), the owner of the Property. Scattergood, in partnership with the Philadelphia Department of Public Health ("PDPH"), wishes to develop a new City health center (the "Health Center") on the Friends Hospital Campus (the "Campus"). The Health Center will provide urgently needed primary care services in the lower Northeast.

BASIS FOR DEMOLITION IN THE PUBLIC INTEREST

Under Section 14-1005(6)(d)(.7) of the Philadelphia Historic Preservation Ordinance and Section 12 of the Philadelphia Historical Commission's (the "Commission") Rules and Regulations, we submit this application for demolition in the public interest and review in concept of the New Health Center.

I. The New Health Center Will Address A Public Health Crisis In The Lower Northeast.

As vividly detailed in Health Commissioner Cheryl Bettigole's enclosed letter, there is a desperate need for the Health Center in the lower Northeast.[1] Dr. Bettigole's letter relays distressing stories of times she personally saw delays in care lead to tumors being left too long to treat or children whose injuries went untreated because they had no access to care.[2] Waiting times for appointments at the current City Health Centers can be up to 12 months.[3] Simply put, construction of this facility will literally save lives through early intervention.

[1] A copy of Dr. Bettigole's letter is attached as Exhibit 1.
[2] Ex. 1 at p. 1.
[3] *Id.*

II. The Friends Campus Is The Only Site In the Lower Northeast That Can Accommodate A Large Enough Heath Center To Meet The Need For Primary Care Services.

After years of study (including consideration of 44 possible alternative sites), PDPH has concluded that the only viable option for development of this new Health Center is the Campus.[4] PDPH employed a number of criteria in making this evaluation including: ability to accommodate an adequately sized building, access, and a safe physical environment. In the course of making this determination, PDPH also consulted with elected officials and community leaders. Many of those elected officials have submitted letters of support for the development of the Health Center on the Friends Campus.[5]

Through this years' long process, PDPH built a consensus that the Campus is the location best suited to address the pressing need for a Health Center.

Of note, PDPH has recently announced that they will build a health center at the Frankford Transportation Center as part of an infill development project at that location. That health center, while important for improving access to healthcare services, cannot alone meet the tremendous need for safety net healthcare services in the lower Northeast, as laid out in the letter from Commissioner Bettigole.

III. Demolishing Lawnside Is Necessary To Build The New Health Center In A Safe and Accessible Location.

The only safe, accessible location on campus for the Health Center is the chosen location near the intersection of Landgon Street and Roosevelt Boulevard. Unfortunately, construction of the Health Center on this site requires demolition of the long-vacant former superintendent's home, which is known as Lawnside.

Scattergood and PDPH carefully studied an array of alternative locations and building configurations in the hope of avoiding the need to demolish Lawnside. But, as explained

[4] *Id.* at 3-4.

[5] The following elected officials have sent leters of support for construction of the Health Center:

- Councilmember Lozada's letter of support is attached as Exhibit 2.
- Councilmember O'Neil's letter of support is attached as Exhibit 3.
- Councilmember Driscoll's letter of support is attached as Exhibit 4.
- Representative Hohenstein's letter of support is attached as Exhibit 5.
- Representative Dawkins's letter of support is attached as Exhibit 6.

and depicted in the materials prepared by VSBA Architects and Planners,[6] all of these options presented some combination of the following unacceptable outcomes:

1. Serious safety risks for patients accessing the Health Center;

2. Compromised standards of care or reduction in patient services;

3. A building that was too far from public transit to be safely accessed by pedestrians or mobility-challenged patients;

4. Substantial impairment of the views of the main hospital building; or

5. Significant changes to the historic landscaping, including the allée of trees along the main entrance drive.

Simply put, the only means to meet the pressing public need for increased primary care in the lower Northeast is to build the Health Center on the Campus. And the only safe, accessible location on Campus for the Health Center requires demolition of Lawnside.

To be clear: *Scattergood will not demolish Lawnside unless and until a final building permit application is approved by the Commission*. But permission to demolish Lawnside is a threshold issue for the development of the Health Center. Unless Scattergood and PDPH know that they can remove Lawnside, they cannot finish design of the Health Center, which means they cannot pursue the other approvals they need for the Health Center. Put differently, unless we have Commission approval for demolition, the Health Center project will not move forward. And the public health emergency in the lower Northeast will persist.

Accordingly, we seek the Commission's concurrence with the numerous elected officials in the Northeast who believe that building the new Health Center as proposed is in the public interest. This determination will allow us to continue the development process, which will involve further Commission input and final approval of the design of the Health Center building.

IV. Demolishing Lawnside Is Consistent With the Campus's History Of Changing To Meet The Needs Of Modern Medical Practice.

We do not make the request to demolish Lawnside lightly. Scattergood remains a committed steward of the historic Campus. In fact, as detailed in the Development History Report of the Campus prepared by Heritage Consulting,[7] Scattergood voluntarily placed the Campus

[6] VSBA's materials are attached as Exhibit 7.
[7] Heritage Consulting's Report is attached as Exhibit 8.

on the Philadelphia Register of Historic Places to save it from being lost to development along Roosevelt Boulevard.

However, the Friends Hospital has always been on the cutting edge of mental health treatment. It is the oldest continuously operated psychiatric hospital in the country. But since it was first constructed in the early 19th Century, the Campus has undergone nearly constant development, including demolition and construction of buildings, to keep pace with the evolving standards and medical practice.

When Lawnside was built in 1859, it was important for the superintendent of the hospital to have a place on campus to live, especially given the remote setting of the campus from the City at the time.[8] But the needs of the Campus have changed. Indeed, the Commission has approved demolition of similar former residential buildings for construction of roads and parking lots.[9]

The Commission's history of approving demolitions on Campus illustrates that there are times when the public interest requires changes to the Campus. We submit that the life-saving primary care the new Health Center will provide is even more important to the public interest than the need for parking lots and driveways on Campus.

Finally, Scattergood and PDPH considered renovating or moving Lawnside to avoid the need to demolish. But neither option proved a viable alternative to demolition. Lawnside's design for and history of residential use makes it particularly unsuitable for adaptation to modern medical use. Even assuming its structure could be modified to meet life-safety requirements for a modern medical facility (like making it fully accessible, creating large enough corridors, adding sprinklers, and secondary egress points), the costs to make those renovations far exceed any return Scattergood could expect. Moreover, the modifications and additions required to meet current life safety requirements would severely alter the structure beyond its current configuration, further affecting any historic significance the building retains. As explained in the letter from Gabe Canuso at D3 Development LLC,[10]

[8] Ex. 8 at pp. 2 & 14

[9] Ex. 8 at p. 3, fig. 1 (showing map of significant building demolitions since the Campus was listed in the Register); *see also id.* at p. 33 (detailing the Commission's approval of the demoltion of the vacant Twin Cottage building, which, just like Lawnside, "housed employees and their families.")

[10] A copy of Mr. Canuso's Letter is attached as Exhibit 9.

neither renovating nor moving Lawnside is financially feasible.[11] The inability to adaptively reuse Lawnside reinforces the conclusion that there are no viable alternatives to demolition.

In sum, after years of study, the Department of Public Heath, and multiple elected officials charged with protecting the public good, have concluded that the plan to build the Health Center in the proposed location on the Friends Campus is critically important to meet the immense need for access to safety net primary care services in the lower Northeast, and that plan requires that Lawnside be demolished. While it is unfortunate that Lawnside's story must end, its demolition is necessary to address the public health crisis in the lower Northeast.

APPLICATION MATERIALS

In support of our application, we enclose the following materials:

1. Letter from Health Commissioner, Cheryl Bettigole, MD, MPH, explaining: (a) the deep need for the Health Center in the lower Northeast; (b) why the Campus is the only viable location in the lower Northeast; and (c) why the chosen site is the only location on campus that allows for development of a safe, accessible Heath Center that meets PDPH's high-standards for patient care;

2. Letter of support from Councilmember Lozada;

3. Letter of support from Councilmember O'Neil;

4. Letter of support from Councilmember Driscoll;

5. Letter of support from Representative Hohenstein;

6. Letter of support from Representative Dawkins;

7. Presentation from VSBA Architects and Planners demonstrating why other locations on campus and other building footprints and configurations are not feasible;

8. Report prepared by Heritage Consulting Group setting forth the development history of the Property, including the numerous times in which the Commission approved

[11] *See* Phila. Code. § 14-1005(6)(d) (permitting demolition in the public interest where the Commission "finds that the building. . . cannot be used for any purpose for which it is or may be reasonably adapted.").

demolition of significant buildings to allow the Campus to evolve to meet the changing needs of modern medicine; and

9. Letter from Gabe Canuso at D3 Development, LLC concluding that adaptive reuse or moving of Lawnside is not financially feasible.

We request that the application be placed on the June 27, 2023 agenda for the Architectural and the July 14, 2023 agenda for the Philadelphia Historical Commission.

Thank you for your attention to this matter.

Sincerely,



Nathanael Farris

NF

cc: Matthew N. McClure

EXHIBIT 1

CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH
1101 Market Street - 13th Floor
Philadelphia, PA 19107

CHERYL BETTIGOLE, MD, MPH
Health Commissioner

June 6, 2023

Dear Commissioners:

I write to convey that the City of Philadelphia—through its Department of Public Health (PDPH)—wholeheartedly supports the Scattergood Foundation's (Scattergood) proposal to the Philadelphia Historical Commission to develop a City health center (the Health Center) on the Friends Hospital Campus.

I recognize the critical role you serve in preserving Philadelphia's extraordinarily built history. And I do not take the request to demolish any part of that history lightly. But I assure you, there is a desperate public need for the Health Center and no alternate location for the large health center needed to meet that need. And for the reasons discussed below and in Scattergood's other application materials, the only way the Health Center can be built is if Lawnside is removed.

During my time as the Clinical Director of Health Center 10—which is currently the only City health center in the Northeast—I personally treated too many people who experienced delays in care because of the lack of sufficient safety net services in the Northeast. I watched their faces as my fingers felt the size and the firmness of tumors left too long to treat because they couldn't afford another source of care and didn't want to bankrupt their families. I talked to adult children about how to care for their parents after a stroke that we could have prevented had we been able to provide timely care for hypertension and diabetes. And I have faced the pain of children whose illnesses and injuries should have received the prompt care every child in our society deserves, yet many continue to be denied due to the lack of access to healthcare services.

Our City health centers are amazing places that offer high quality, affordable health care that is desperately needed. But we are not doing enough. We have a historic opportunity to fix part of that injustice where it is most acute, in the lower Northeast. Please, please consider this need as you review this application.

I. The Desperate Need for a New Health Center in the Lower Northeast

The mission of the PDPH is to protect and promote the health of all Philadelphians and to provide a safety net for people who are disproportionately impacted by societal factors that limit their access to healthcare and other resources necessary for optimal health. Access to primary and preventive medicine at the health centers enhances quality of life and improves overall health outcomes. In some cases, access to health centers literally saves lives.

But we know that in the lower Northeast, we are failing to achieve that mission and have been failing for more than 20 years, despite the best efforts of our staff at the lone city health center in the area. Currently, Philadelphians in that part of the City wait for up to a year for an initial visit at Health Center 10. These long waits require patients to put off care for chronic conditions like diabetes, hypertension, and heart disease. Delay in treating these conditions can diminish the patients' ability to work, support their families, enjoy a quality of life, and sadly shortens the lives of many. And it can now take up to 5 months for an initial pediatric visit. This situation is simply unacceptable.

A. Philadelphia's Health Centers Have a Long History of Providing Life-Saving Primary Care to the City's Most Vulnerable Residents.

The City of Philadelphia has a long and storied history of delivering public health services. Philadelphia General Hospital, established as an Almshouse in 1732, operated until 1978 as the City's safety net for the medically underserved and those unable to access or afford care from private medical institutions. In 1978, due to a shifting political and healthcare landscape, Philadelphia General Hospital was closed. Public Health Centers, established by the Home Rule Charter in 1951 for immunizations and tuberculosis treatment and expanded to include primary care services in 1969, became the city's safety net provider. In October 1991, an Executive Order mandated the Philadelphia Department of Public Health operate accessible health care services to Philadelphia residents, and mandated funding of the health centers.

PDPH currently operates 8 full service Primary Care Centers across the City. These centers provide a full range of medical and supportive services. Those services include:

- Primary Care for adults and children;
- Women's Health Services (Family Planning, GYN and Prenatal Care);
- Podiatry;
- Pharmacy;
- Laboratory Services;
- Radiology (X-ray and Mammography);
- Dental;
- Integrated Behavioral Health;
- Medication Assisted Treatment for Substance Use Disorder;
- Social Work Services;
- Insurance Counseling;
- Patient Navigation;
- Lactation Support;
- Nutrition Education;
- Testing and treatment for STDs;
- Interpretation services,
- Immunizations; and
- Tuberculosis Testing.

Most patients seeking care at the health centers are families and individuals making less than the Federal Poverty Line (FPL), which is $27,750 per year for a family of 4. 37% are uninsured, 39% have

Medicaid, and 14% have Medicare coverage. Over 93% are non-white, with 70 % identifying as Black/African American, 16% as Asian, and 6% identifying as Hispanic/Latino.

The full-service model of health care delivery allows patients to address several individual and family healthcare needs simultaneously, and at minimal out of pocket costs. Uninsured patients pay co-pays based on family size and income, with no fee over $20 and no patient turned away due to inability to pay. Most patients pay $5 for a visit and there are no additional costs for medications, laboratory or radiology testing, ancillary services, or for specialty referrals for uninsured patients.

B. The Existing Health Center in the Lower Northeast Cannot Meet the Demand.

In 2022, the health centers served about 64,000 patients and provided more than 312,000 visits Citywide. Health Center 10 cared for more than 14,400 patients and provided more than 62,000 visits.

Even with extensive interior renovations, the demand for services far exceeds Health Center 10's capacity. When I first went to Health Center 10 as its clinical director in 2006, the waiting time for a new patient appointment was 8 months. In the years since then, all our collective efforts to expand care at the site have only budged that number for a few weeks or months at a time.

For most of the past 17 years that I've been aware of those numbers, waiting time has stayed stubbornly in the 7–12-month range for new adult patient appointments. Over the past few years, as poverty has grown in the neighborhood, we have seen the volume of pediatric need grow. Despite developing a new pediatric suite by taking over the health center conference room, we are unable to keep up with the volume of children who need our services, resulting in a waiting time for new pediatric appointments of up to 5 months or more.

We anticipate that the health center on the Friends campus will serve 31,300 patients per year and provide 136,500 visits, equaling over 430 visits per day. Developing this Health Center should allow us to meet the growing need for affordable access to primary care in the lower Northeast and to prevent the kinds of delays that have caused so much pain, disability, and loss of life over the past several decades.

Simply put, there is a critical need for an additional health Center in the Lower Northeast.

II. The Friends Hospital Campus is the Ideal Location for the Much-Needed New Health Center.

In 2020, Scattergood and PDPH submitted a similar application for conceptual approval of a new health center. That application was ultimately withdrawn. But, prior to that application, PDPH underwent a years-long search for potential sites, and the Friends Campus was the only location that met all the needs.

Over the course of over two years, the City evaluated 44 potential sites, and identified 7 sites as finalists. Finalist sites were evaluated by a site selection consultant, which included a detailed site analysis, a program test fit, and an analysis of pros and cons based on the City's pre-defined criteria. The City's defined criteria included:

- ability to accommodate the required health center program;

- accessibility to public transportation and major arteries;
- parking, either existing or potential;
- visitor experience, including for elderly and disabled patients, and patients navigating the use of baby strollers;
- visibility to the public;
- proximity to local amenities;
- safe physical environment for patients and staff; and
- site with longevity and permanence.

Using these criteria, the City concluded that the Friends Campus location is ideal. Despite an exhaustive and years-long effort to identify potential sites, no other viable and affordable options have been identified in the area of greatest need. We do plan to place a second health center at the Frankford Transportation Center, as we recently announced, but that site is limited in size and it alone cannot come close to meeting the need for healthcare access in the area.

Since the original application was submitted in 2020, the need for the Health Center has only increased. And we have spent the intervening 2 ½ years unsuccessfully searching for another site large enough to meet the needs of the area.

A. The Chosen Site is the Only Safe, Accessible Site on Campus.

The new Health Center needs to be easily and safely accessible both by car and public transit, including paratransit, and ride share companies. As we think about accessibility, patient safety is of paramount importance. The health centers work diligently to assure patients have safe access using all available modes of transportation. During my time at Health Center 10 in the early 2000s, an elderly patient was killed, and his sister was severely injured as they attempted to cross Cottman Avenue to return to their vehicle parked in the mall across the street after receiving their flu shots at the health center. Since that time, we have worked to enhance proximity to loading zones and availability of traditional and handicap parking spaces, and public transportation stops for our health centers.

The selected site is the only location on the Friends Campus that meets PDPH's accessibility and safety standard. The standards include convenient and safe access to public transportation, handicap parking spaces, traditional parking spaces, and a patient loading zone. The proposed location and design on the Friends Campus maximizes proximity to public transportation stops, parking and a safe loading zone, ensuring that regardless of the mode of transportation all patients and visitors can safely enter and exit the health center.

Of the visits anticipated at the Friends campus, we estimate that 9,500 visits, equaling 31 per day, will be with patients who require either a wheelchair, walker, cane, or crutches, or who use a stroller for their children. It is anticipated that 58% of patients will arrive in a vehicle, including private vehicles being parked on the site, paratransit, and ride share companies and 42% will rely on public transportation. The varied means of transportation access requires that deliberate and calculated measures are taken to ensure convenient and safe pedestrian and vehicle access as well as measures to

ensure patients and visitors can safely navigate the campus, without disrupting the traffic flow and operations of other facilities.

B. The Building Footprint or Location Cannot Be Altered Without Compromising Patient Care.

We recognize that our proposal to locate the Health Center on the Friends campus in the location that best fits patient needs requires demolishing Lawnside. We have learned from the multiple previous failed attempts to utilize this building as a healthcare facility over the past few decades that current fire codes, ADA requirements, and the space needs of a healthcare facility make it impossible to utilize that building.

We also considered a range of alternate building layouts to try to save Lawnside, but all those alternatives required altering the amount or quality of care below acceptable levels. For example, we considered making a taller, 3 or 4-story building, which would have shrunk the footprint. But those layouts did not work for a variety of reasons. First, having most services on one floor ensures clinical staff can adequately respond to any medical emergency which occurs in the health center. Because many patients use our health centers to avoid an emergency department visit, the acuity level of the patients we see is much higher than that of a private outpatient office. During my time with the health centers, it was not unusual for us to have a patient collapse or suffer another type of medical emergency in the health center and the ability of the medical team to quickly run to assist the patient relied on this single floor layout. Patients walk into our sites experiencing active heart attacks, pacemaker malfunctions, respiratory distress, and other acute events that are extremely unusual in other medical settings, and they do so speaking a wide variety of languages which require an interpreter or access to interpretation services to be part of the response. Utilizing a 3 or 4 story design would vastly complicate these events, making negative outcomes more likely.

Second, the patient population served by the health centers is incredibly diverse. Patients speak 55 unique languages, with many not fluent or literate in English or Spanish, requiring the use of both in person and telephonic interpretation. Since so many patients rely on those interpretation services to interact with programs, coupled with the full-service nature of health center services, significant interaction and overlap between programs occurs. As such, it is imperative that services are co-located on one floor, or at most two floors, allowing patients and staff to move easily between them.

Nor can the Health Center's footprint be shrunk without losing life-saving care. For example, during the Covid-19 pandemic, the health centers examined their service delivery model and worked to ensure separate areas in which response to a public health emergency could occur. The New Health Center will include a dedicated space in which vaccination, testing or other medical countermeasures can be administered to patients and members of the community, without impacting or requiring closure of other health center services. This space will also be used to enhance our efforts to protect the community from communicable diseases, including mpox, hepatitis A and our long-standing annual community flu vaccine campaign. Shrinking the footprint of the building would require losing this important space that will help increase vaccination rates and speed our response to any future public health emergencies.

III. Conclusion: The Critical Need for a New Health Center in the Lower Northeast Cannot be Met Without Demolishing Lawnside.

I understand that your task is to determine whether locating the new Health Center on the Friends Hospital Campus and demolition of Lawnside are necessary in the public interest. Unless this application is approved, I see no way a health center of the size and scope needed to address the lack of primary care options in lower Northeast Philadelphia can be developed. While I recognize the historic value of Lawnside, I submit that when weighed against the lifesaving care the Health Center will provide, there is no doubt the demolition of Lawnside is in the public interest. While I wish there were a means to build the Health Center and save Lawnside, we have studied the issue extensively. There is no means to create a safe, accessible Health Center that will meet the needs of the Northeast's most vulnerable populations without removing Lawnside.

While the public interest demands that we build the health center the community needs, we wish to honor Lawnside's legacy by including in its design a nod to the Lawnside House through re-use of some of the stone to create a design element that would evoke its past while meeting the needs of the future. We do not make this suggestion lightly but do so because of the spatial requirements of the health center along with a recognition of the requirement of modern building codes.

Thank you for your consideration of this project.



Cheryl Bettigole, MD, MPH
Health Commissioner

EXHIBIT 2

CITY OF PHILADELPHIA
CITY COUNCIL

QUETCY LOZADA
ROOM 316, CITY HALL
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(215) 686-3448 OR 3449
Fax No. (215) 686-1936

COUNCILMEMBER – 7TH DISTRICT

May 23, 2023

Philadelphia Historical Commission
Architectural Review Committee

To the Members of the Historical Commission,

On behalf of the people of the 7th Council District, I write to voice my unequivocal support for the Philadelphia Department of Public Health's (PDPH) proposal to expand access to health services city-wide. Philadelphia's elderly, children, families, low-income workers, new residents, and people with disabilities have a right to the same quality care from one district to another. The proposal to build an additional City Health Center on the Friends Hospital Campus, in conjunction with new City Health Center at the Frankford Transportation Center, is a significant step to ensuring that right.

Currently, Health Center #10, located at Cottman and Bustleton Avenues, is the only city health center serving the needs of the entire Northeastern section of Philadelphia, an area of the city with approximately 425,000 people. While a few small FQHCs also serve the area, the combined coverage is nowhere near adequate to meet the needs of this heavily low income, uninsured/underinsured, and underserved minority/immigrant population. As a result, waiting time for an initial appointment at Health Center #10 is unacceptably long at eight-to-twelve (8-12) months for adults and close to six (6) months for children.

The new health center at the Frankford Transportation Center is expected to serve at least 5,000 patients per year, an important contribution, but not nearly enough to address the massive number of people in this part of the city who lack a source of affordable primary care. **The health center proposed for the Friends Hospital campus is projected to serve at least 30,000 people per year.** This increase is crucial to give the people of Northeast Philadelphia equitable access to a full range of medical and supportive services that they need and deserve. There is no other suitable site in the area that could accommodate a building of this size and dimensions and I have to believe that the health and lives of our neighbors and community members who desperately need this clinic must take precedence over other considerations.

As Councilmember, my duty is to pursue the wellbeing of my neighbors and friends. To fulfill that duty, I cannot let this extraordinary opportunity to have a new Health Center on the Friends Hospital Campus pass by without advocating strongly for my community. I strongly encourage the Commission to grant PDPH's proposal and to allow the department to move forward with a health center that will truly help to build a healthier community.

Respectfully,

Quetcy M. Lozada
Councilmember, 7th District

EXHIBIT 3

CITY OF PHILADELPHIA

CITY COUNCIL

Brian J. O'Neill
Councilman, 10th District
Room 562 City Hall
Philadelphia, PA 19107
215-686-3422 or 3423
Fax No. (215) 686-1936

May 26, 2023

Philadelphia Historical Commission
Architectural Review Committee

To the Members of the Historical Commission

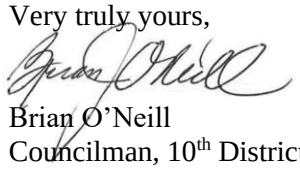
I am writing to voice my strong support for the Philadelphia Department of Public Health's (PDPH) proposal to build a new health center on the Friends Hospital Campus in Northeast Philadelphia. For too long, residents of this part of the city have lacked sufficient access to affordable primary care, particularly for those who are uninsured, those on Medicaid, and those with high co-insurance costs. The proposal to build an additional City Health Center on the Friends Hospital Campus, in addition to the planned City Health Center at the Frankford Transportation Center, will go a long way to help close that gap.

Currently, there is only one City Health Center and a few very small Federally Qualified Health Centers in an area with the highest rate of uninsured residents in the city. Because most Philadelphia residents prefer to go to a health center near their home, that has meant that many residents of the Northeast wait up to 12 months to start care at a City Health Center, often resulting in needless suffering and complications. That waiting time is unique to the Northeast – no other part of the city has such high barriers to access. It is long past time to right that wrong and we have a historic opportunity to do so now, by building both new health centers as proposed by the Philadelphia Department of Public Health.

The health department has committed to building a new health center at the Frankford Transportation Center. That is very good news for our community, but that health center will not be large enough to meet the tremendous need for access to care by itself. We also need to build the proposed large health center on the Friends Hospital campus, or we will continue to see long wait times, and resulting needless disabilities and deaths among members of the community. The second health center is crucial to give the people of Northeast Philadelphia equitable access to a full range of medical and supportive services that they need and deserve. There is no other suitable site in the area that could accommodate a building of this size and dimensions, and I have to believe that the health and lives of our neighbors and community members who desperately need this clinic must take precedence over other considerations.

As an elected official, my duty is to pursue the wellbeing of everyone in our community. To fulfill that duty, I cannot let this extraordinary opportunity to have a new Health Center on the Friends Hospital Campus pass by without advocating strongly for my community. I strongly encourage the Commission to grant PDPH's proposal and to allow the department to move forward with a health center that will truly help to build a healthier community.

Very truly yours,



Brian O'Neill
Councilman, 10th District

EXHIBIT 4

CITY OF PHILADELPHIA

CITY COUNCIL

Mike Driscoll
Councilmember
6th District
Room 313 City Hall
Philadelphia, PA 19107
215-686-3444 or 3445

May 30, 2023

Philadelphia Historical Commission
Architectural Review Committee
1515 Arch St., 13th Floor
Philadelphia, PA 19102
preservation@phila.gov

(215) 686-7660

To the Members of the Historical Commission,

I am writing to voice my strong support for the Philadelphia Department of Public Health's (PDPH) proposal to build a new health center on the Friends Hospital Campus in Northeast Philadelphia. For too long, residents of this part of the city have lacked sufficient access to affordable primary care, particularly for those who are uninsured, those on Medicaid, and those with high co-insurance costs. The proposal to build an additional City Health Center on the Friends Hospital Campus, in addition to the planned City Health Center at the Frankford Transportation Center, will go a long way to help close that gap.

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As an elected official, my duty is to pursue the well-being of everyone in our community. To fulfill that duty, I cannot let this extraordinary opportunity to have a new Health Center on the Friends Hospital Campus pass by without advocating strongly for my community. I strongly encourage the Commission to grant PDPH's proposal and to allow the department to move forward with a health center that will truly help to build a healthier community.

In service,



Michael Driscoll

Councilmember 6th District

EXHIBIT 5

JOE HOHENSTEIN, MEMBER
177TH LEGISLATIVE DISTRICT

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

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MINORITY CHAIR, SUBCOMMITTEE ON COURTS
TRANSPORTATION
ENVIRONMENTAL RESOURCES AND ENERGY
GAME AND FISHERIES
DEMOCRATIC POLICY
PHILAPORT
WELCOMING CAUCUS

May 25, 2023

Philadelphia Historical Commission
Architectural Review Committee
1515 Arch St.
13th Floor
Philadelphia, PA 19102

To the Members of the Historical Commission:

I am writing to voice my strong support for the Philadelphia Department of Public Health's (PDPH) proposal to build a new health center on the Friends Hospital Campus in Northeast Philadelphia. For too long, residents of this part of the city have lacked sufficient access to affordable primary care, particularly for those who are uninsured, those on Medicaid, and those with high co-insurance costs. The proposal to build an additional City Health Center on the Friends Hospital Campus, in addition to the planned City Health Center at the Frankford Transportation Center, will go a long way to help close that gap.

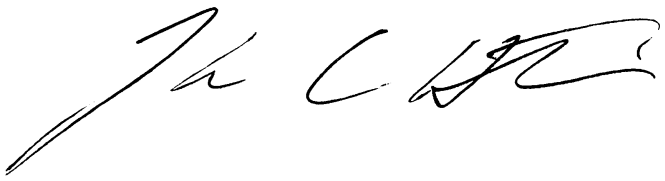
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As an elected state representative, my duty is to pursue the wellbeing of everyone in our community. To fulfill that duty, I cannot let this extraordinary opportunity to have a new Health Center on the Friends Hospital Campus pass by without advocating strongly for my community. I strongly encourage the Commission to grant PDPH's proposal and to allow the department to move forward with a health center that will truly help to build a healthier community.

Sincerely,



Joseph C. Hohenstein
PA General Assembly – 177th District

EXHIBIT 6

JASON DAWKINS, MEMBER
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House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

COMMITTEES

LABOR & INDUSTRY, *MAJORITY CHAIRMAN*

PHILADELPHIA DELEGATION
PENNSYLVANIA LEGISLATIVE BLACK CAUCUS

May 30, 2023

Philadelphia Historical Commission
Architectural Review Committee
1515 Arch St.
Philadelphia, PA 19102

To the Members of the Historical Commission

I am writing to voice my strong support for the Philadelphia Department of Public Health's (PDPH) proposal to build a new health center on the Friends Hospital Campus in Northeast Philadelphia. For too long, residents of this part of the city have lacked sufficient access to affordable primary care, particularly for those who are uninsured, those on Medicaid, and those with high co-insurance costs. The proposal to build an additional City Health Center on the Friends Hospital Campus, in addition to the planned City Health Center at the Frankford Transportation Center, will go a long way to help close that gap.

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As an elected state representative, my duty is to pursue the wellbeing of everyone in our community. To fulfill that duty, I cannot let this extraordinary opportunity to have a new Health Center on the Friends Hospital Campus pass by without advocating strongly for my community.

PRINTED ON RECYCLED PAPER

I strongly encourage the Commission to grant PDPH's proposal and to allow the department to move forward with a health center that will truly help to build a healthier community. Sincerely,



Jason Dawkins
Representative, 179th District

EXHIBIT 7

Presentation to the

PHILADELPHIA HISTORICAL COMMISSION

Architectural Review Committee

City of Philadelphia

NEW HEALTH CENTER

On the Grounds of Friends Hospital

4641 Roosevelt Boulevard

SITE DEVELOPMENT PLAN AND REMOVAL OF LAWNSIDE

Application for Demolition in the Public Interest of Lawnside and Conceptual Approval of Health Center Building

June 12, 2023

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH

THE SCATTERGOOD FOUNDATION

VSBA ARCHITECTS & PLANNERS

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SUBMISSION SUMMARY

VSBA Architects & Planners
Submitted June 12, 2023

I. INTRODUCTION

The Philadelphia Health Department urgently needs a new City health center in Northeast Philadelphia to provide primary care health and wellness services to an area that has experienced substantial population growth and shifting demographics. Key criteria for selecting a new site included proximity to population served, access by public transportation, pedestrian access, and parking for visitors and staff (see page 3). After careful consideration of many locations in the area, the site on the Friends Hospital campus on Roosevelt Boulevard was the only location that met the Health Department's access, safety, and program criteria.

Friends Hospital, under the auspices of the Scattergood Foundation, provides an array of health services to the community and region, continuing the mission begun in 1817 with the construction of the original hospital building. The campus, including the hospital and eleven supporting structures, is nationally and locally designated an historic landmark (see pages 4 and 5).

The Scattergood Foundation has embarked on a plan to broaden the range of services it provides by developing its campus with new health and wellness facilities. With a shared mission dedicated to health and wellness, the Philadelphia Health Department and the Scattergood Foundation are partnering to develop the new health center.

We are requesting Conceptual Approval from the Historical Commission for the siting, massing and conceptual design of the new health center, and for demolition, in the public interest, of the house called Lawnside.

Per comments from earlier staff and Architectural Committee reviews and comments from the Commission before review of the project was tabled, we have revised and augmented materials submitted to address the following questions previously raised by the Commission:

- Why choose this site on the Friends Hospital campus?
- Are there other options for arrival and entry?
- Can the building be sited to preserve Lawnside?
- What will the building look like?
- Preserving trees and maintaining the tranquility offered by the landscape

II. HEALTH CENTER CONCEPTUAL DESIGN

A. Site Selection

The campus site is the ideal site for the new health center. It is immediately accessible to visitors entering the campus and provides easy access from the main entry drive for those arriving by car, SEPTA bus, or on foot. The center will generate significant vehicular traffic, including cars, paratransit and other patient drop-off vans, and service vehicles. The selected site limits their incursion into the campus.

The proposed building sits between the entry drive and the reconfigured parking lot and does not encroach on views of the front façade of the historic Friends Hospital from the Boulevard. It sets back 68 feet from the drive, enabling retention/restoration of the alle of trees. Along the curved section of the drive, setbacks enable preservation of a group of significant trees and provide oblique views towards the hospital as visitors round the curve. These trees also serve to screen views towards the health center from the hospital entrance area. The existing site wall and fence, grading, and vegetation obscure views of the building from the Boulevard sidewalk (see page 5).

B. Infeasible Alternative Site on Campus

Three other sites were identified for potential development. They are identified as Alternates 1, 2, and 3 on page 6. Each of these sites do not meet the health department's criteria for safe and easy access by many forms of transit; they would have significant negative impacts on the campus, including obscuring the historic viewshed of the main hospital building or significant disruption to the existing landscape.

C. Building Design Concept

The proposed 2-story building is 30 feet tall and includes a screened mechanical penthouse. In massing, it is lower than the 4-story hospital, and its long elevation, set back 68 feet from the tree-lined entry drive, is conceived as a background building, seen between the trees, modulated by a subtle brick pattern in a palette derived from those of the historic buildings. Window proportions and wall-to-window relationships reflect those of the hospital building. As the design progresses, other approaches to achieving the desired modulation will be explored.

The entrance is at the west end of the building, enabling the necessary linear patient flow within the health center. Visitors arriving by car can drop off and proceed to parking; those arriving via SEPTA or on foot can enter from the sidewalk along the entry drive. Paratransit and other vehicles dropping off visitors can circle back to the entry drive and depart without intruding into campus. Accessible parking is conveniently located near the entrance. A generous landscaped area buffers the building from the reconfigured parking.

A porch wraps the west end greeting visitors arriving on foot from the drive and the parking area and provides covered drop-off for vehicles. The entry area and large, public activities on the floor above have larger windows to provide views towards the hospital building (see pages 7 to 12).

To meet current standards, the entry drive will be widened from 18 feet to 22 feet and the stone gateway reconfigured to provide better pedestrian access and allow for a left turning lane.

The service area will be gated and screened by a masonry wall, possibly reusing the shist from Lawnside.

D. Parking

Another benefit of the site is the opportunity to share parking and access lanes with the hospital, using excess capacity in the existing lot to partially offset the significant parking needs of the health center. The lot in its current configuration has 236 spaces, of which approximately 136 are currently used by the hospital.

A parking study prepared by Pennoni determined the health center requires a total of 225 spaces. By using the 100 available spaces, only 125 new spaces will be needed. While these could be accommodated by adding another bay of parking to the existing lot, its layout is not efficient and does not meet current best-practices for storm water management.

The proposed redesigned lot is much more efficient, accommodating needed spaces with less paving and includes landscaped drainage swales between parking bays. The parking access points are moved away from the front of the hospital, reducing the impact of vehicles. Paths through the parking lot lead to the hospital and connect to the path network and landscaped area adjacent to the Boulevard. A 35' landscaped arc extends the full length of the hospital, buffering it from the parking.

E. Other Infeasible Building Design Options Considered

Other two-story options considered included midpoint drop-offs / entrances, either from the entry drive or the parking access drive (see pages 13 and 14). In both cases, entries would be needed on each side for pedestrian access, creating a central entry zone extending through the building. This does not allow the desired patient flow, creates confusing cross traffic, and requires two security points. These alternative designs would not allow the Health Department to effectively provide the high-quality care it demands at its health centers.

Moreover, placing the drop-off along the entry drive would compromise the tree-lined landscape and create unsafe from vehicle stacking at the campus entrance. Visitors dropping off would need to re-enter the drive and proceed around the building to find the parking area. If the drop-off is on the parking side, visitors must drive around the building and enter the parking area to find the entrance. A third option (page 15) demonstrates that an entrance at the east end of the building creates an unsafe arrival sequence and places drop-off on the wrong side of the vehicle.

A 3-story option that would reduce the footprint was considered but ruled out by the Health Department because it would compromise the quality of care that could be offered. All current health centers are 1-story buildings that depend on a carefully organized sequence of services for effective and efficient operation. In this case, a 2-story building was feasible due to the inclusion of particular program elements, including physical therapy services and a teaching kitchen. Program elements on the ground floor are highly interdependent and necessary to achieve the desired patient flow. Simply put, a 3-story building would not allow the Health Department to deliver the outstanding care it does at the rest of its health centers.

III. LAWNSIDE

To achieve the desired vehicular and pedestrian site circulation while retaining the large trees and landscaped buffer between the entry drive and the new health center and between the health center and the hospital, the 2,200 square foot residential building called Lawnside would need to be removed.

Lawnside was constructed in 1859 on the hospital grounds and is one of twelve structures included in the historical designation. Constructed as the superintendent's house, it fronted what is now Roosevelt Boulevard and was a considerable distance from the core of historic buildings. It was expanded in 1890 and again in 1920. Further modifications were made in 1950 (see pages 17 to 22).

Lawnside ceased to function as the superintendent's house long ago and was converted for general residential use. Despite numerous attempts to find occupants, the building has remained uninhabited for nearly 20 years, except by squatters and trespassers who persistently circumvent security and safety measures implemented by the Scattergood Foundation.

Its particularly small rooms, tight circulation, proximity to Roosevelt Boulevard and remoteness from the hospital make it difficult to repurpose for uses associated with Scattergood's mission and health center needs. It is structurally sound but with many elements in poor condition. A significant investment would be needed to restore its envelope and make the interior habitable and code compliant for continued residential use (see supporting documentation of renovation costs).

Due to the site wall / fence and vegetation along the Boulevard, Lawnside's primary facade is visible only where there is a break in the trees. The minimally visible side elevation is set back 145 feet from the entry drive and is obscured by vegetation.

A. The Impact of Retaining Lawnside

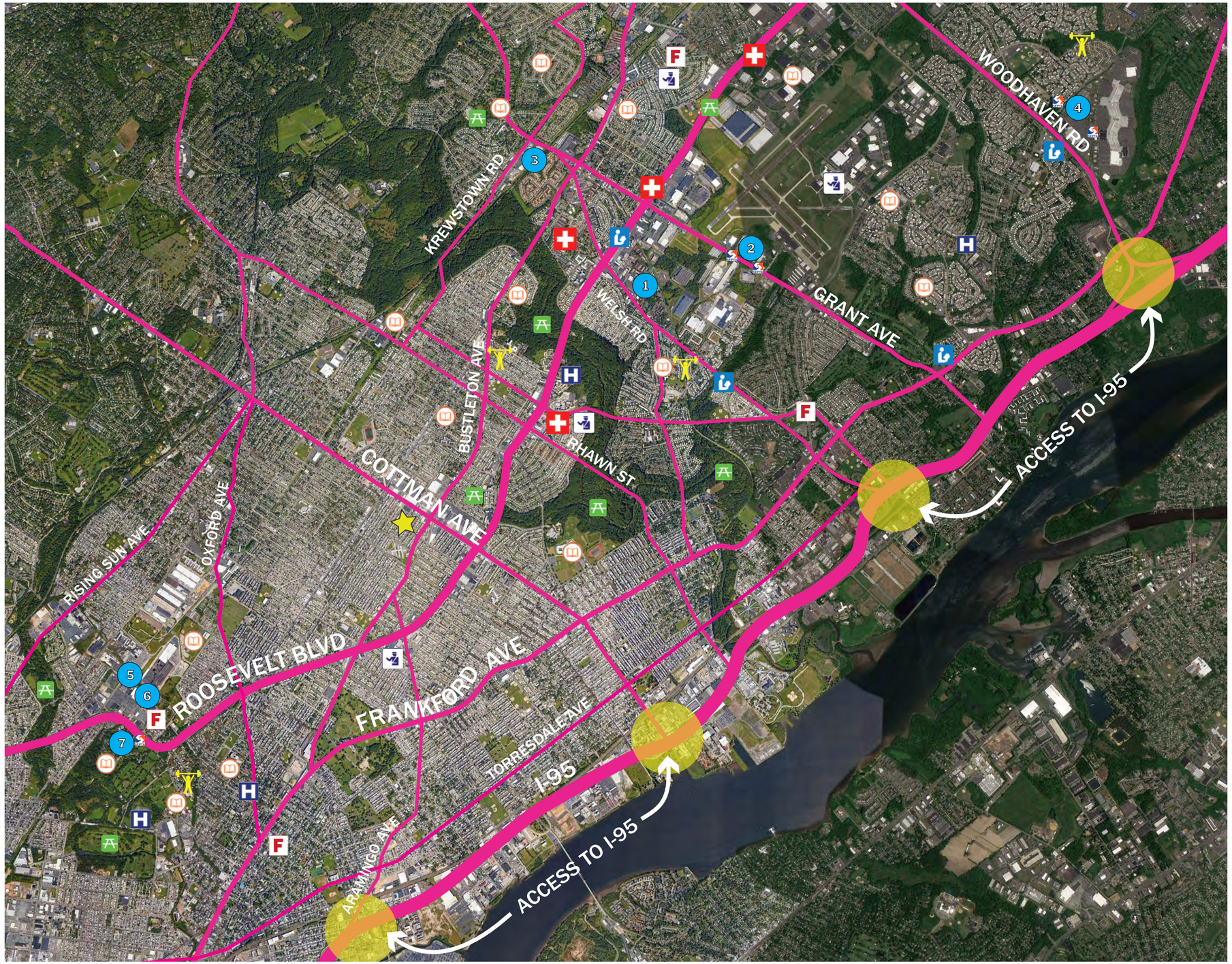
The problems with the option that keeps Lawnside is shown on page 16. It necessitates shifting the health center towards the hospital and entry drive, resulting in an unsafe and unworkable arrival / drop-off, entry sequence, and the removal of significant trees that contribute to the landscaped buffer between the drive, health center and hospital.

The building would be much closer to the core historic buildings and would encroach on views of the hospital, revealed as visitors approach the curve of the entry drive. It would also be more visibly intrusive when viewed from the hospital. The service area would still infringe on Lawnside. In these options, the historical context of Lawnside would be significantly compromised.

IV. CONCLUSIONS

The chosen site is the only location on campus that will allow development of a safe and accessible health center. We believe the site plan achieves the best balance between appropriate landscape buffers and tree preservation, and retention of historic fabric and viewsheds.

Given the important public health services provided by the City Health Center, and the lack of alternative locations and layouts for the new health center, we respectfully request the Historical Commission find that removal of Lawnside is in the public interest.



SITE OPTIONS

The City of Philadelphia Departments of Public Health (PDPH) and Public Property (PDPP) conducted an extensive and thorough search considering more than 50 sites throughout northeast Philadelphia to develop a new Health Center. The site selection criteria included but was not limited to proximity to public transportation and major roads, adequate site area and shape to accommodate the new building program and parking requirements, and site context including relationships between residential and commercial neighbors. The team conducted site visits for approximately 12 sites. Among those sites, VSBA analyzed 7 sites in detail, including site observations, analysis and test fits. The only site that meets the site selection criteria requirements is the proposed Friends Hospital site. No other site was deemed suitable.

KEY

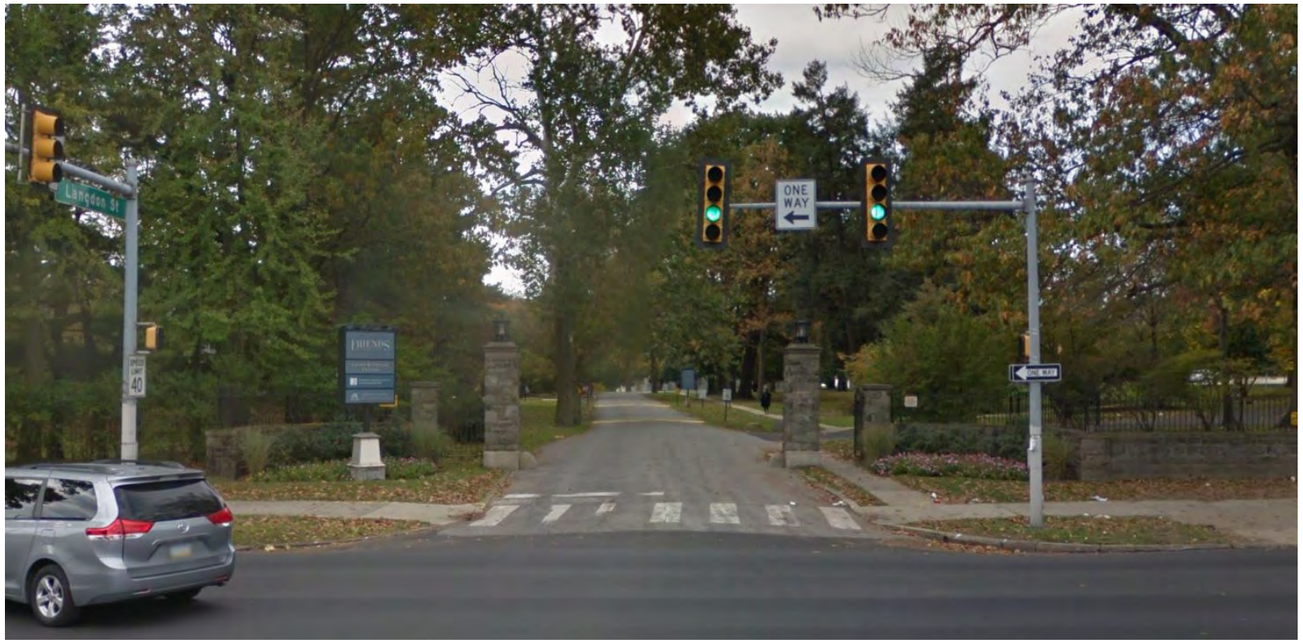
- HEALTH CENTER 10
- 1 2361-2375 WELSH ROAD SITE
- 2 2901 GRANT AVENUE SITE
- 3 KREWSTOWN & GRANT SITE
- 4 20 FRANKLIN MILLS BLVD SITE
- 5 NE TOWER CENTER: TRIANGLE
- 6 NE TOWER CENTER: POWER PLANT
- 7 FRIENDS HOSPITAL SITE
- SCHOOLS
- PARKS
- SEPTA BUS STOP
- HOSPITAL
- URGENT CARE
- LIBRARY
- POLICE STATION
- FIRE DEPARTMENT
- CITY REC CENTER



IMAGE SOURCE: SCATTERGOOD FOUNDATION



VIEW 1: VIEW LOOKING WEST FROM ROOSEVELT BLVD



VIEW 2: VIEW LOOKING WEST FROM APPROACH AT GATE



VIEW 3: VIEW LOOKING WEST FROM LAWN TO HOSPITAL



VIEW 4: VIEW LOOKING NORTHWEST FROM DRIVE TO HOSPITAL



IMAGE SOURCE: SCATTERGOOD FOUNDATION

LEGEND:
- SITES CONSIDERED
- TRAFFIC CIRCULATION

NATIONAL REGISTER STATUS:
- CONTRIBUTING
- NON-CONTRIBUTING
- CONSERVED LAND

Proposed Site & Configuration

Optimal site because:
1. Only safe location for traffic flow, pedestrian access, pick up/drop off, and parking.
2. Most accessible location for pedestrians arriving by public transit, those with accessibility issues, and those dropping off with elderly or young patients.
3. Limits incursion of traffic into the campus.
4. Improves and adds to existing parking, using excess capacity
5. Maintains/restores alle and landscape buffer along entry drive.

Alternative 1

Infeasible because:
1. Unsafe vehicular access from Roosevelt Blvd via secondary driveway
2. No traffic signal. Right In / Right Out only driveway at Roosevelt Blvd.
3. Most vehicles would still use Main entrance, meaning they must drive through the center of campus to get to the building, creating significant traffic in front of the main hospital building.
4. No feasible pedestrian or public transit access. SEPTA removed bus stops at secondary driveway because of unsafe traffic conditions.
5. Significantly longer walking distance to building entrance for patients from SEPTA stops at Roosevelt Blvd. and Langdon St.
6. Significant re-grading is required, site is currently depressed and retains storm water.
7. Conflicts with significant utilities.

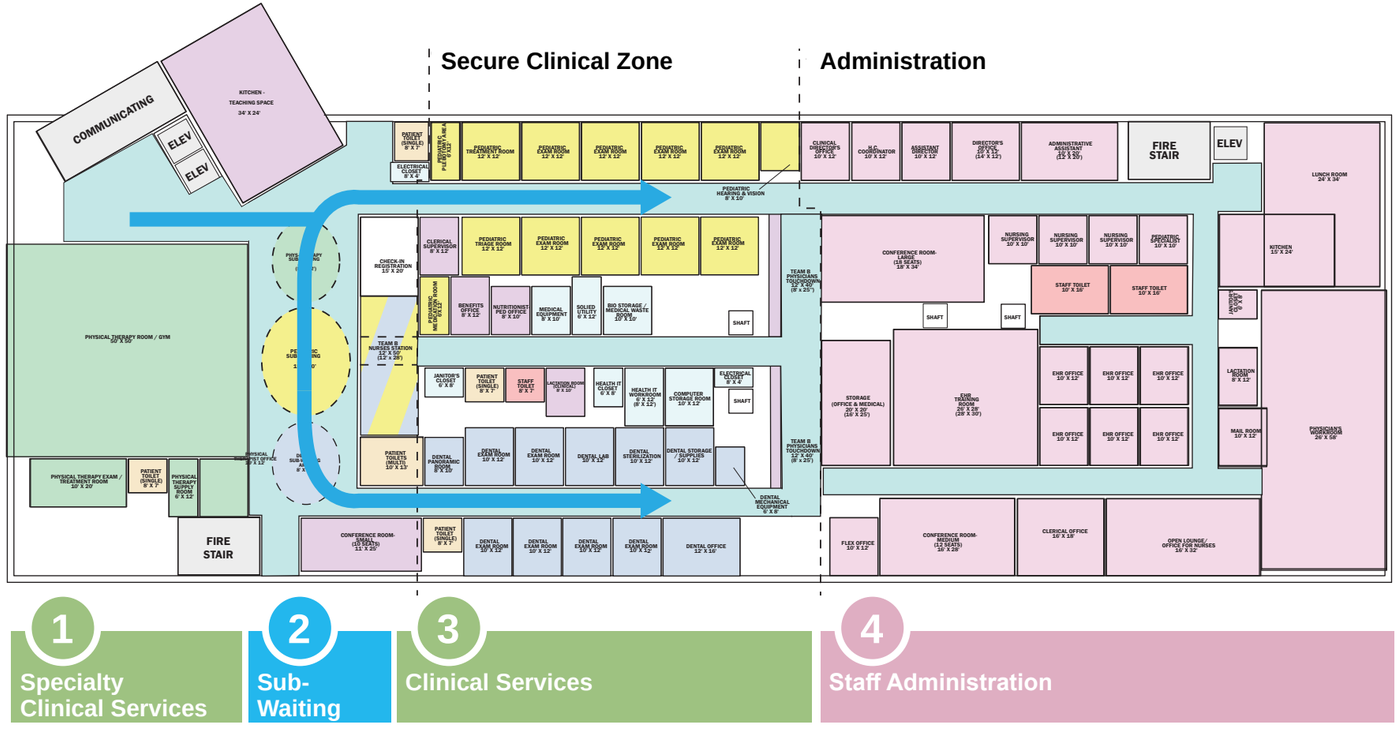
Alternative 2

Infeasible because:
1. Blocks viewshed of historic hospital building from Roosevelt Blvd
2. Views of open lawn and trees from historic hospital building would be blocked by a new health center
3. Significant landscape of lawn, trees, and pathways between Roosevelt Blvd and the parking area would be lost
4. Potential new drop off road would be required to be located too close to Roosevelt Blvd creating unsafe vehicular access or would require all vehicles to drive through campus and enter via the central parking lot
5. Longer walking distance for patients from SEPTA stop to building entrance.
6. Limits potential for expansion of existing crescent parking lot.

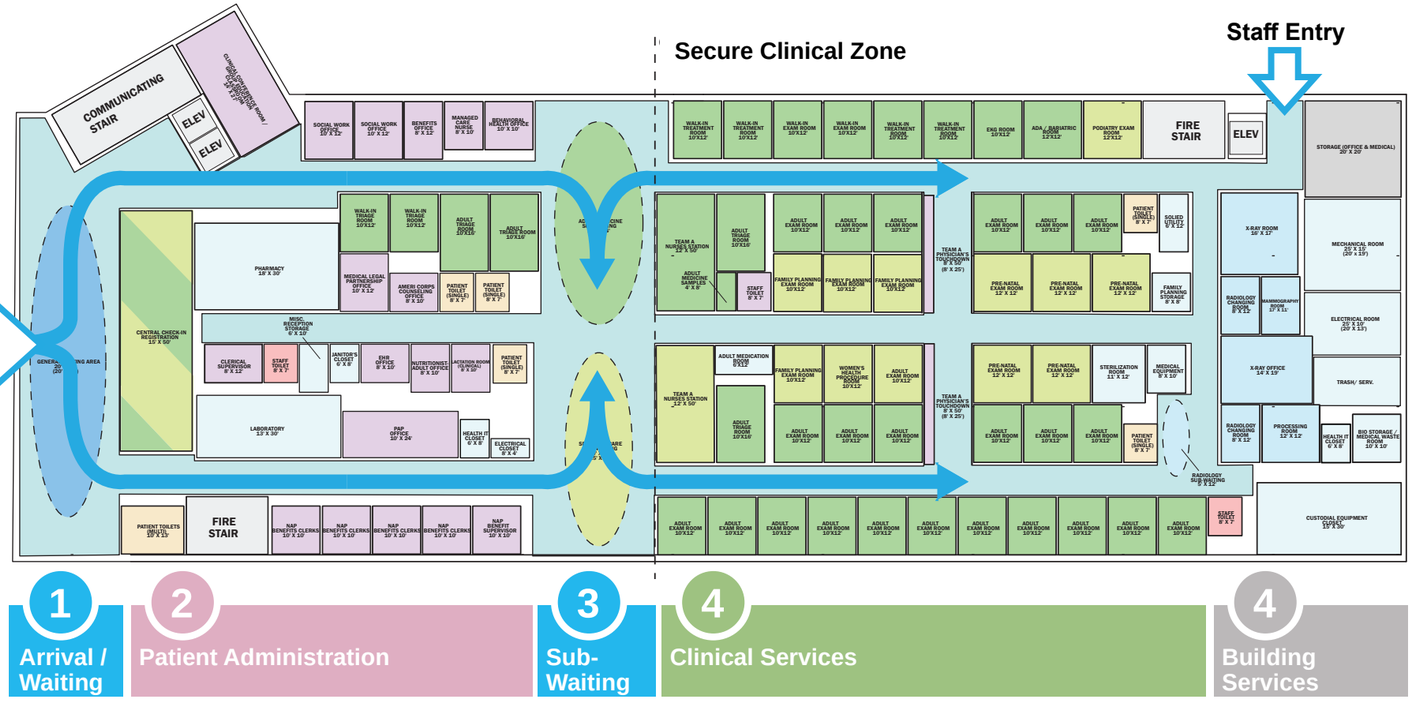
Alternative 3

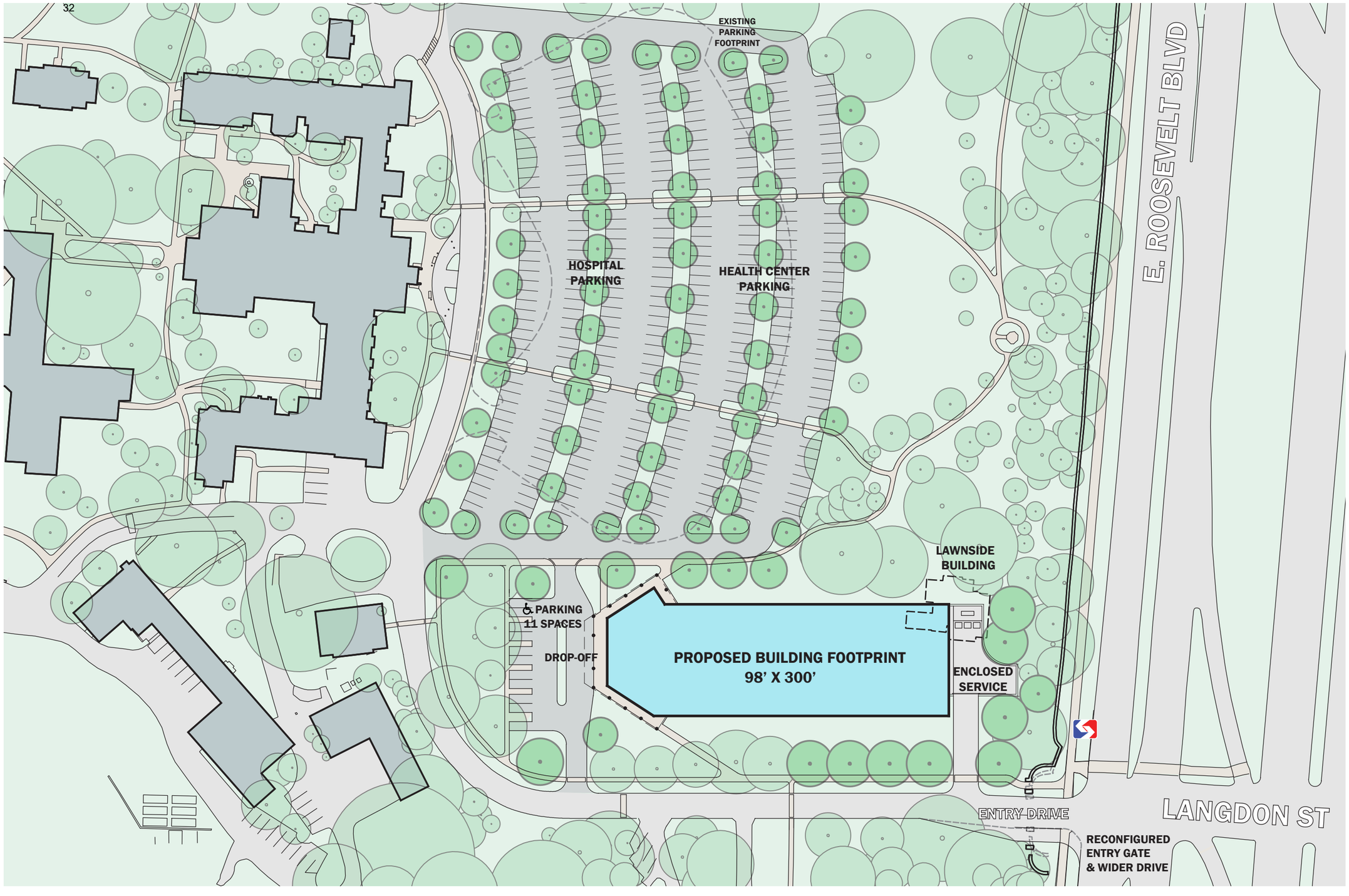
Infeasible because:
1. Entire site is a sloped bowl at the head of a stormwater drainage system that becomes a stream tributary to the Tacony Creek.
2. Difficult to access by vehicle. There is no existing drive to access site. Site is not visible from the main entrance or entry drive. Steep slope from entry drive drops 12 feet.
3. No parking at site. Current plan uses existing spaces to minimize additional parking spaces. It would be very difficult, if not impossible, to accommodate parking without major negative impact to the landscape and adjacent buildings.
4. Difficult pedestrian access from the SEPTA stops.

Second Floor



Ground Floor




EXISTING
PARKING
FOOTPRINT
HOSPITAL
PARKING
HEALTH CENTER
PARKING
E. ROOSEVELT BLVD
LAWNSIDE
BUILDING
PARKING
11 SPACES
DROP-OFF
PROPOSED BUILDING FOOTPRINT
98’ X 300’
ENCLOSED
SERVICE
ENTRY DRIVE
LANGDON ST
RECONFIGURED
ENTRY GATE
& WIDER DRIVE
0
50
100


EXISTING PARKING FOOTPRINT
E. ROOSEVELT BLVD
HEALTH CENTER PARKING
HOSPITAL PARKING
EXISTING TREES TO REMAIN
LAWNSIDE BUILDING
SIGNFICANT TREES TO REMAIN
ADDED TREES
PROPOSED BUILDING FOOTPRINT
98' X 300'
SERVICE ENTRANCE
89'
RESTORED ALLÉE
ENTRY DRIVE
LANGDON ST
RECONFIGURED ENTRY GATE & WIDER DRIVE
EXISTING TREES TO REMAIN
0
50
100



WEST ELEVATION

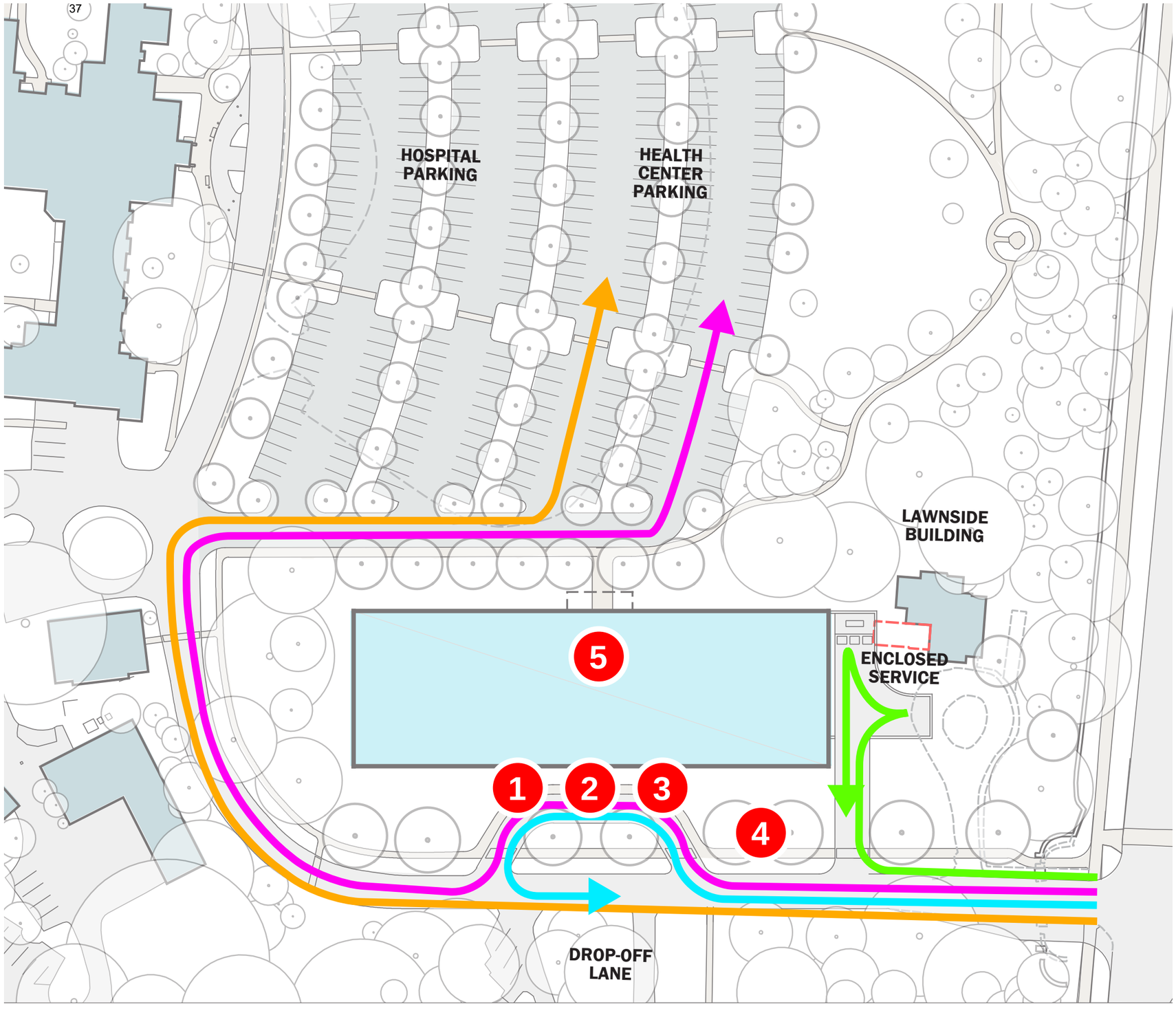


SOUTH ELEVATION





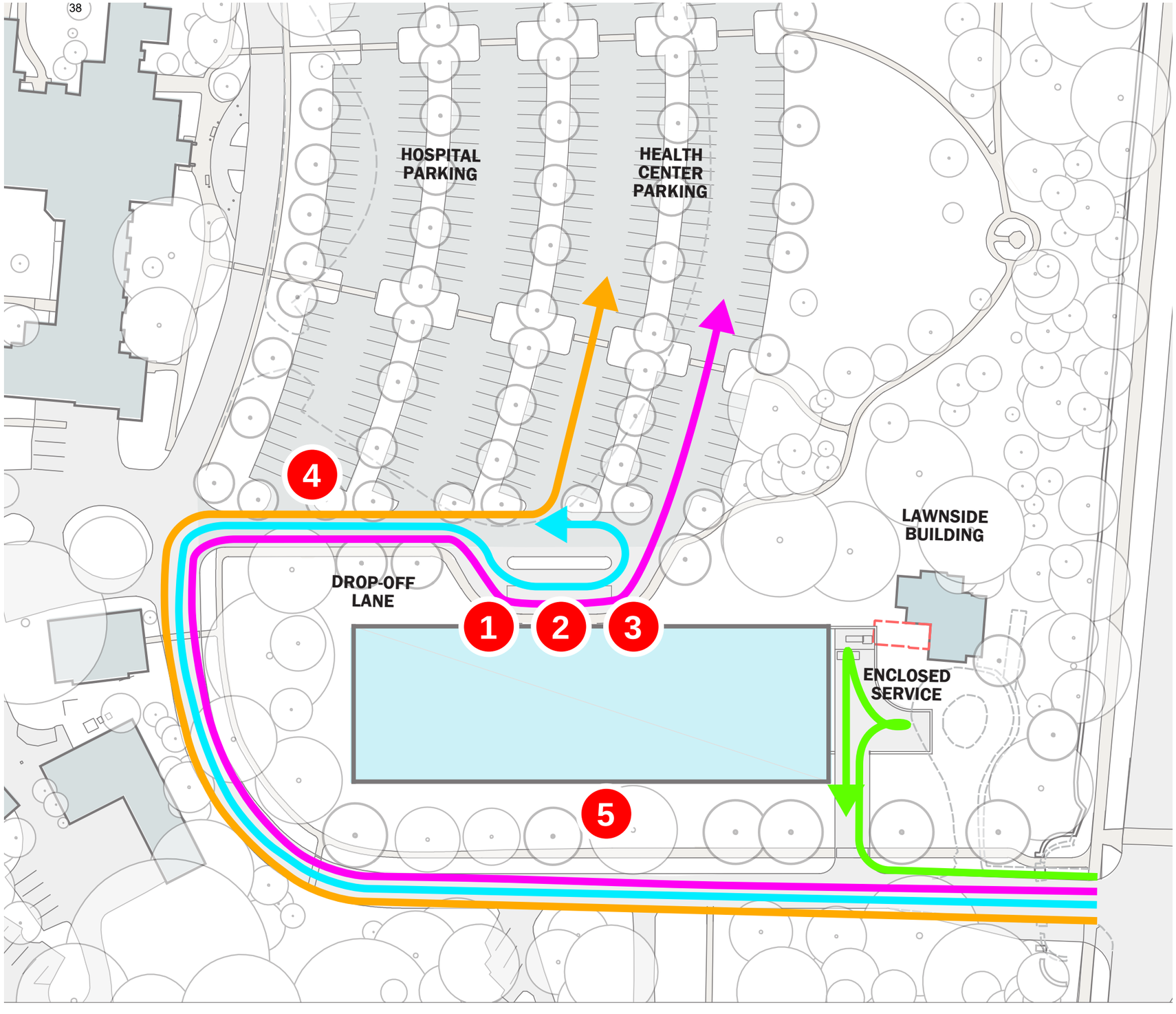
Rendering: View from Main Hospital



Centrally located building entrance does not allow for the linear patient flow required by the Health Center's method of delivering services. Parking is remote from the drop-off area and the tree-lined landscaped buffer is compromised.

KEY PROBLEMS

1. Central entrance does not work with the Health Center's method of delivering patient services. Entrance must be at one end because services are delivered in a linear sequence.
2. Building entrance / drop-off is remote and not visible from parking, congests entry drive
3. No accessible parking adjacent to building entrance.
4. Tree lined landscaped buffer is compromised
5. Requires two entrances



Centrally located building entrance does not allow for the linear patient flow required by the Health Center's method of delivering services and the relationship between parking area and the drop-off zone creates dangerous conditions for vehicles and pedestrians.

KEY PROBLEMS

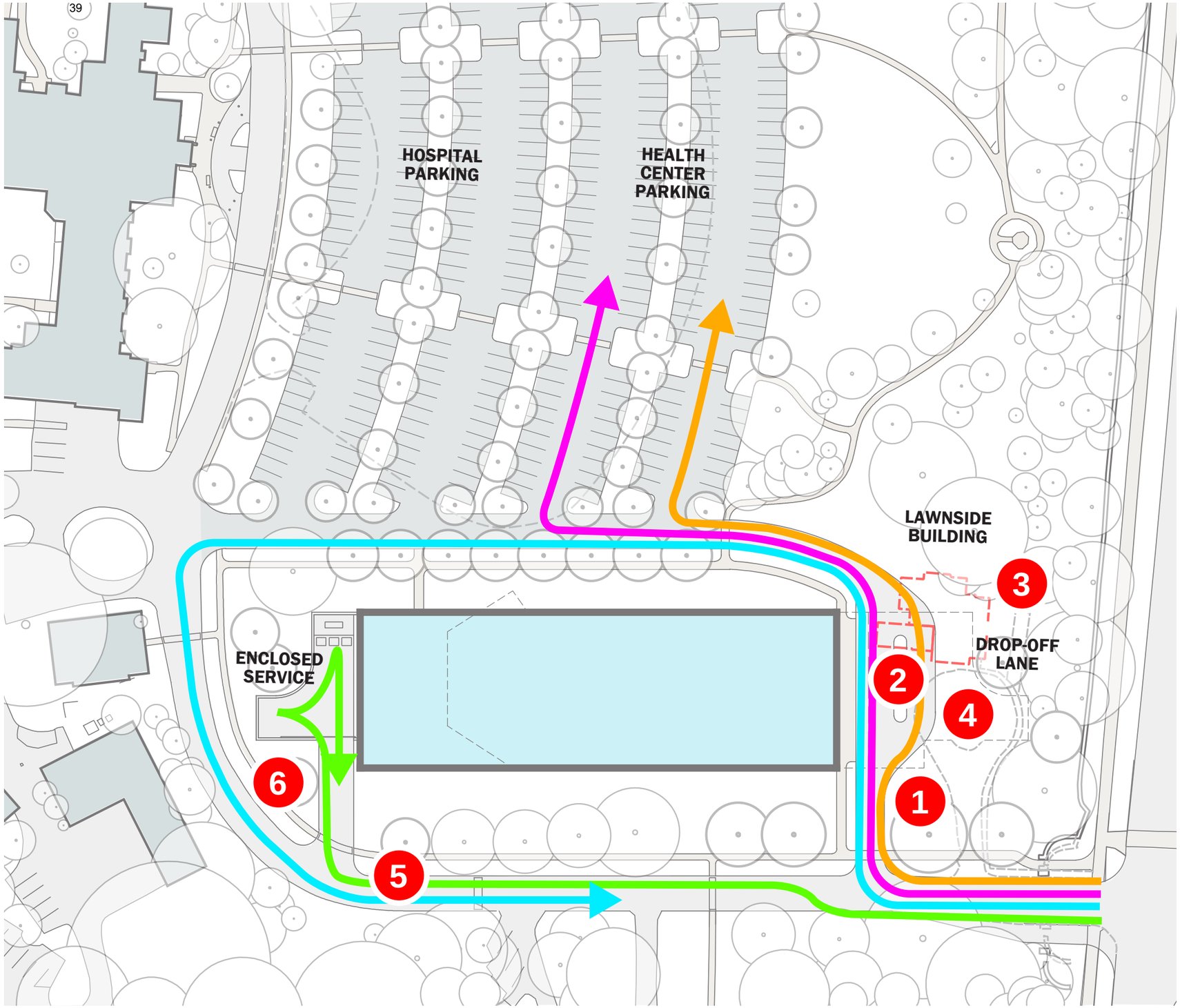
1. Central entrance does not work with the Health Center's method of delivering patient services. Entrance must be at one end because services are delivered in a linear sequence.

2. Building entrance is not visible from entry drive – confusing to patients

3. Patient drop-off is located in main parking lot, causing dangerous conditions for vehicles and pedestrians

4. All Health Center traffic is directed to the center of campus to access the building

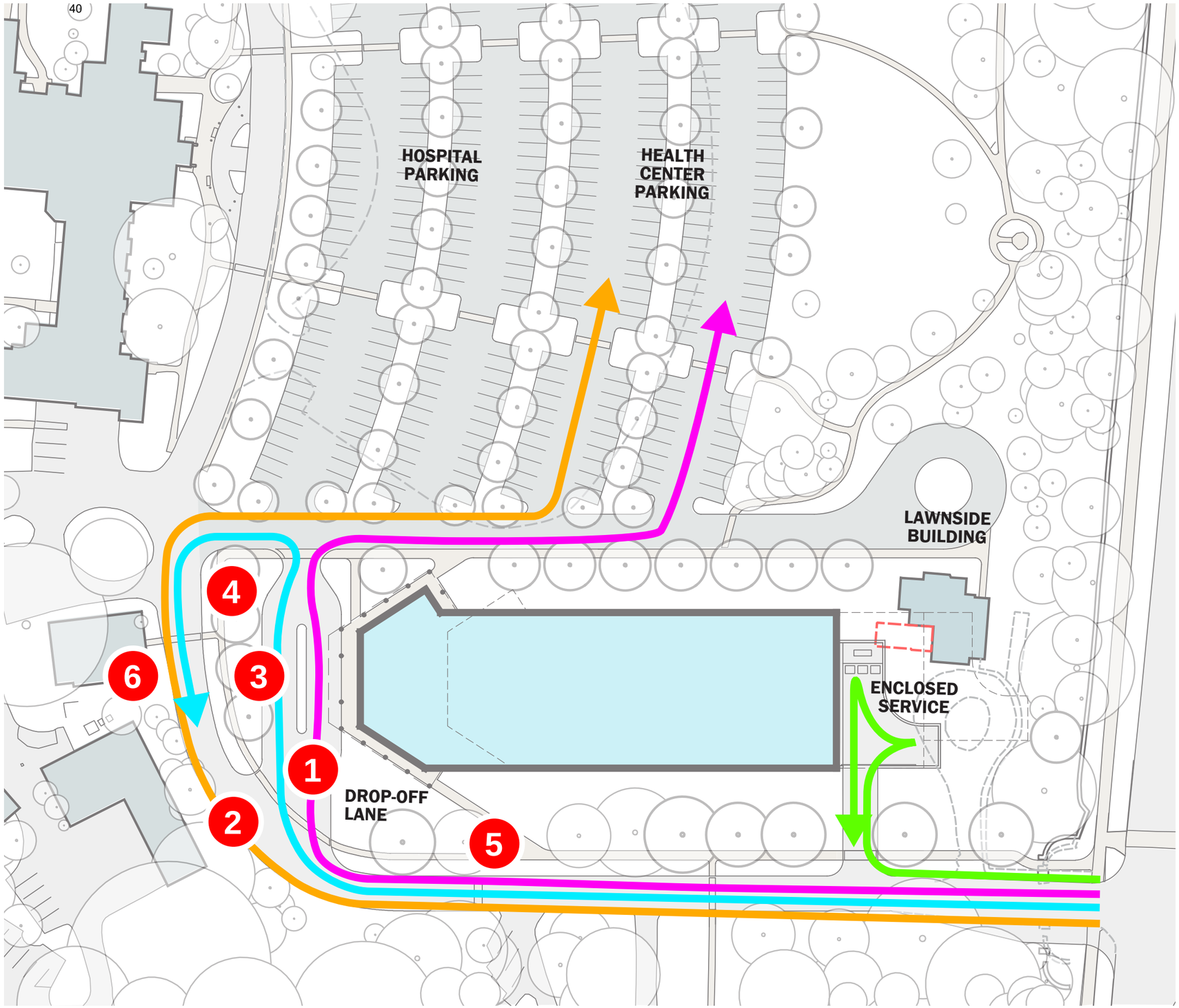
5. Reduced setback from entry drive



East drop-off and entry create unsafe vehicular and pedestrian arrival and still necessitates the removal of Lawnside. Convenient accessible parking is eliminated, and service is in an undesirable location.

KEY PROBLEMS

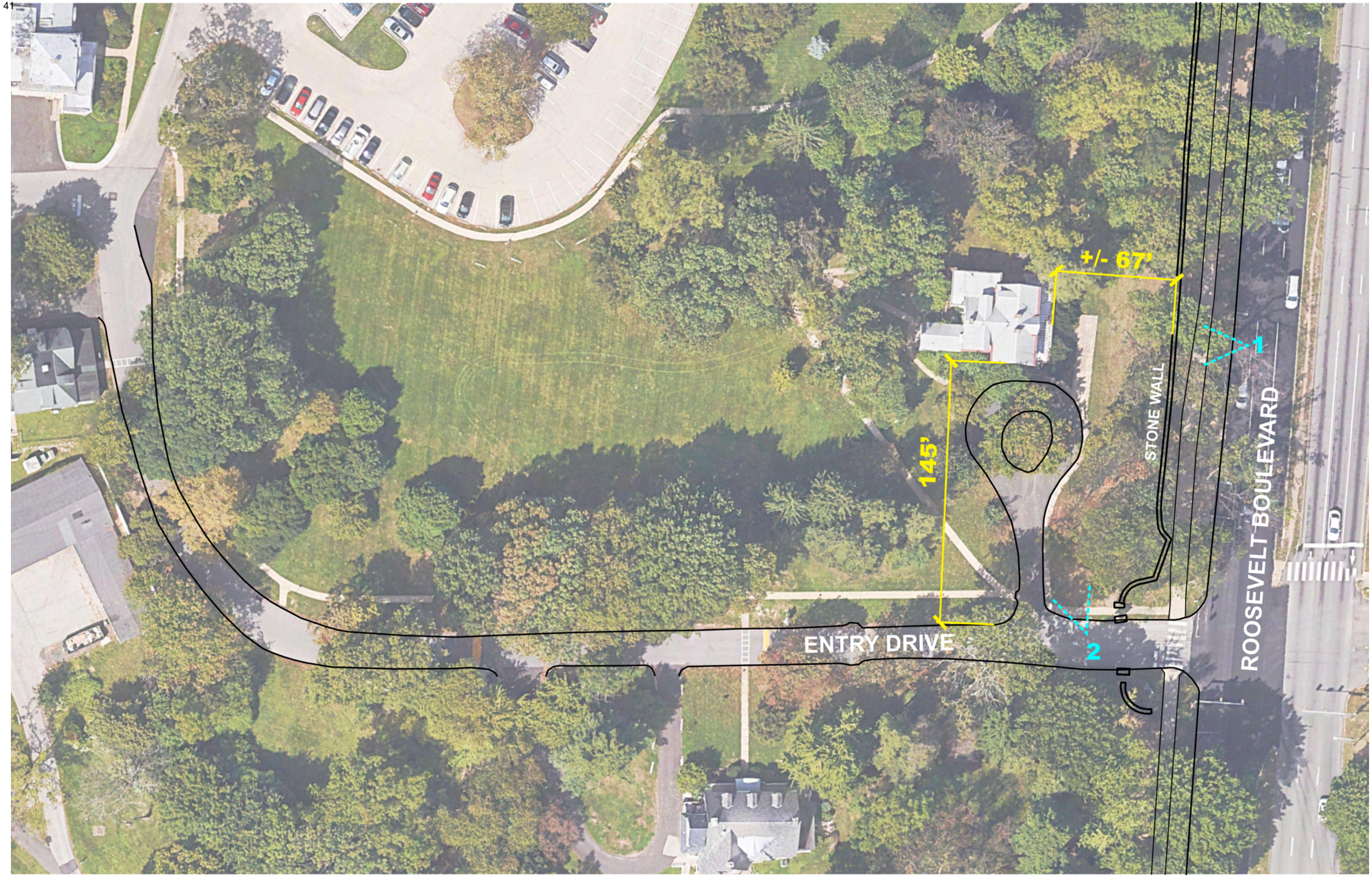
1. Unsafe vehicle access from entry drive to drop-off/entrance - curb cut is too close to campus entrance and Roosevelt Blvd
2. Patient drop off is on the wrong side of vehicles. Patients must cross vehicle drive lane to enter the building
3. Lawnside still needs to be removed
4. No accessible parking adjacent to building entrance
5. Obstructed viewshed of Friends Hospital from entry drive
6. Undesirable service entrance location – close to campus center



Shifted building footprint creates unsafe vehicular access while eliminating convenient accessible parking, compromising the tree lined drive and landscape buffer, and reducing the hospital viewshed.

KEY PROBLEMS

1. Unsafe vehicle access from entry drive to drop-off/entrance
2. Dangerous crossing for pedestrians at curb cut
3. No accessible parking adjacent to building entrance
4. Removal of notable tree specimens, elimination of the landscape buffer, and interruption of the trees lining the drive
5. Obstructed viewshed of Friends Hospital from entry drive
6. Undesirable proximity to other historic buildings


+/- 67'
145'
1
2
STONE WALL
ROOSEVELT BOULEVARD
ENTRY DRIVE



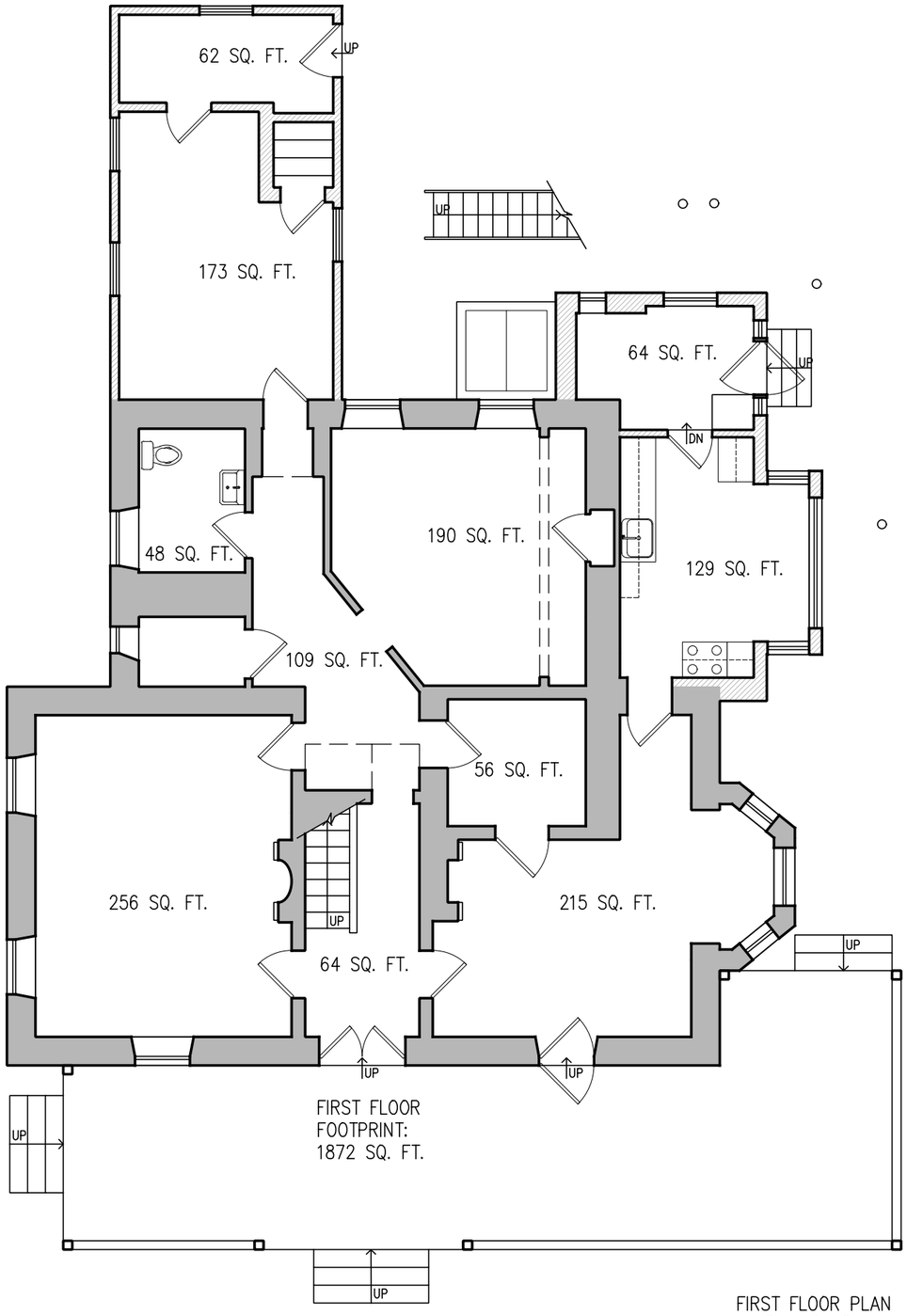
VIEW 1: VIEW LOOKING WEST FROM CENTER OF ROOSEVELT BLVD



VIEW 2: VIEW LOOKING NORTH FROM ENTRY DRIVE IN AUTUMN



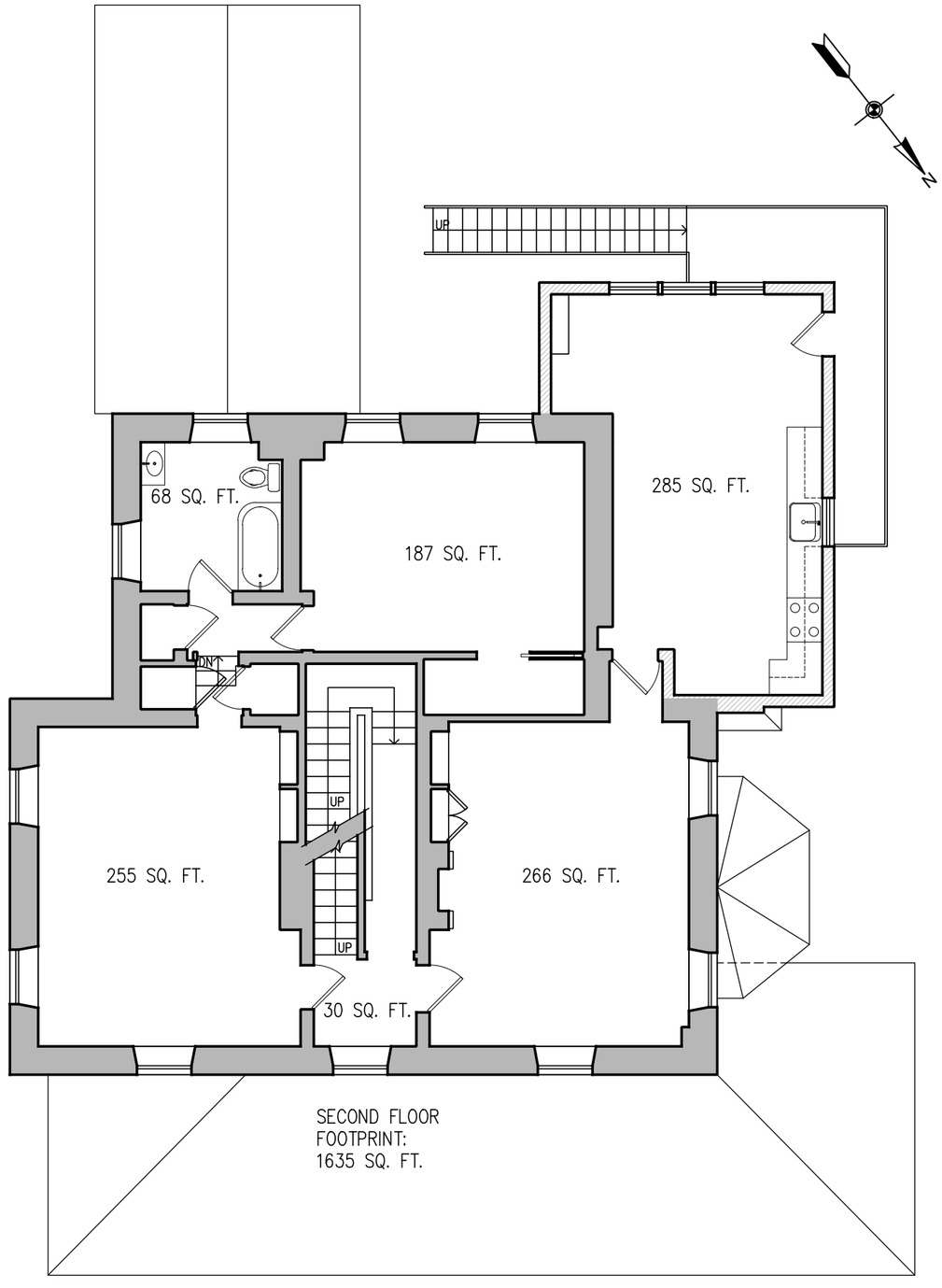
VIEW 2: VIEW LOOKING NORTH FROM ENTRY DRIVE IN SPRING



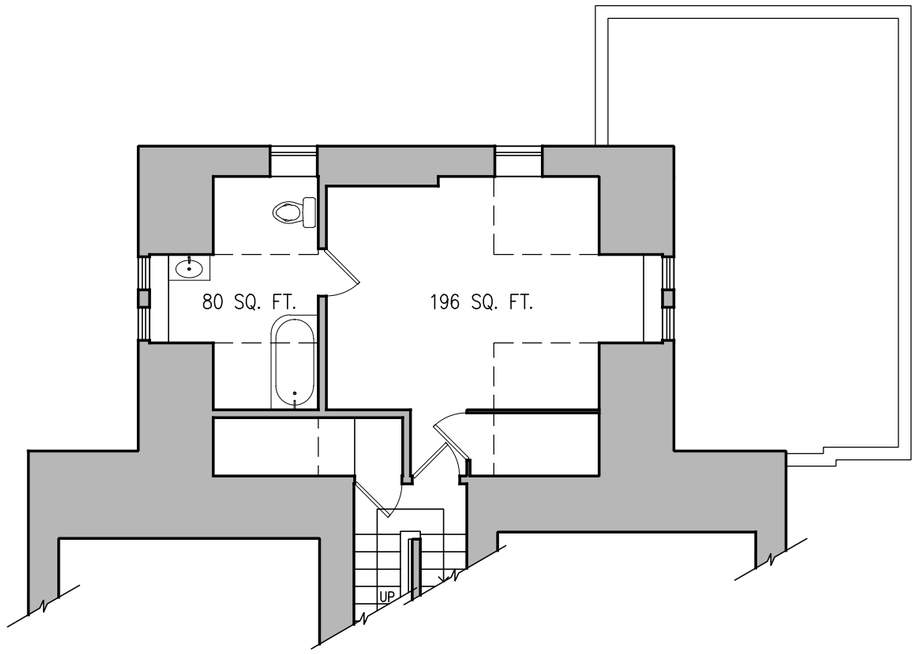
FIRST FLOOR PLAN
1/8" = 1'-0"

ORIGINAL BUILDING

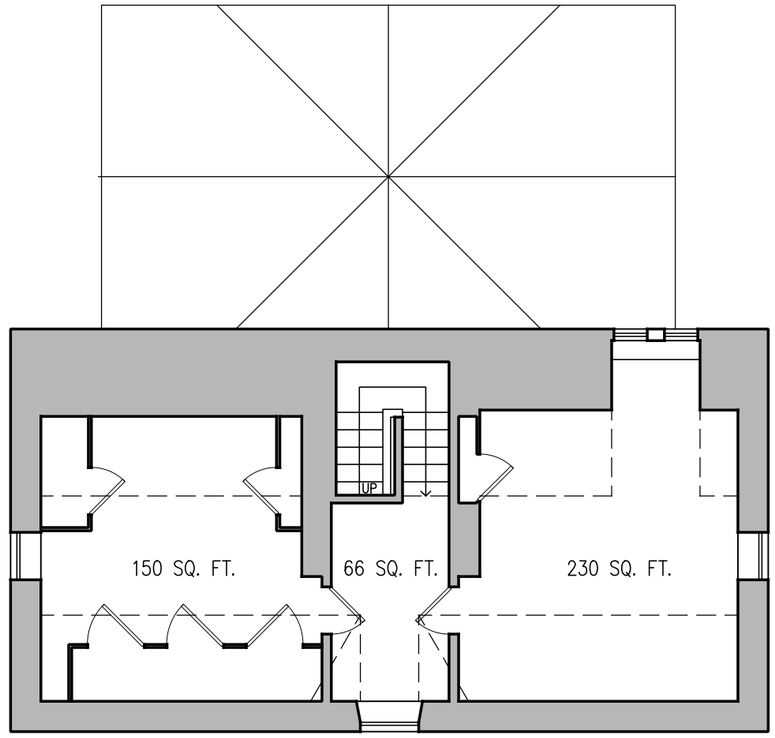
LATER ADDITION



SECOND FLOOR PLAN
1/8" = 1'-0"

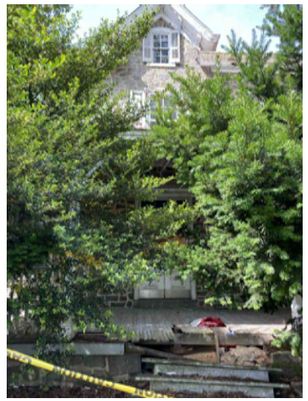


THIRD FLOOR PLAN (LOWER)
1/8" = 1'-0"

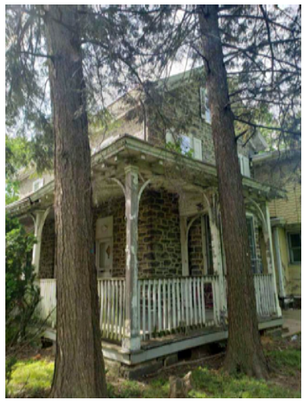


THIRD FLOOR
FOOTPRINT (COMBINED):
1306 SQ. FT.

THIRD FLOOR PLAN (UPPER)
1/8" = 1'-0"

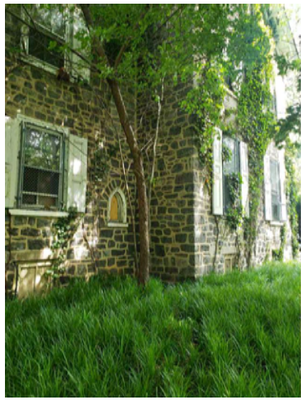
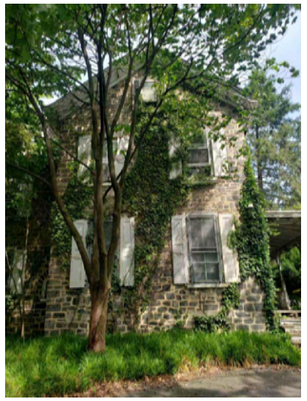


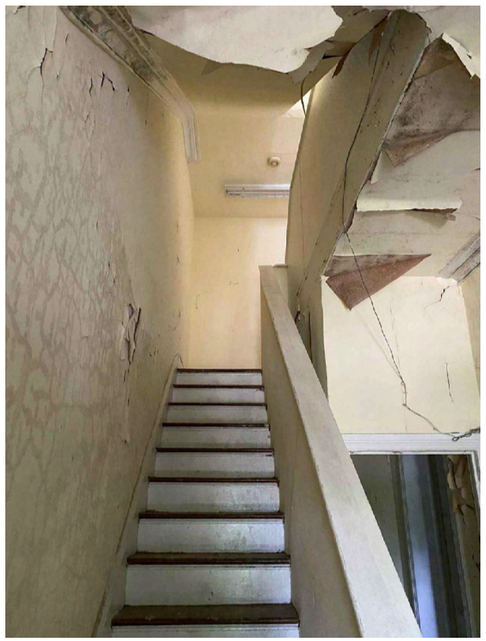













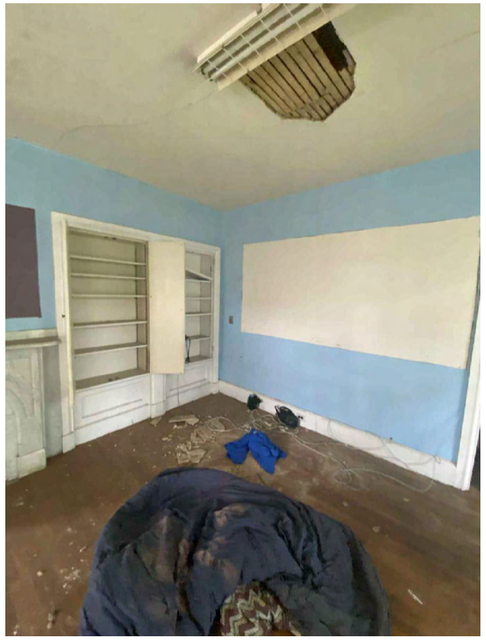


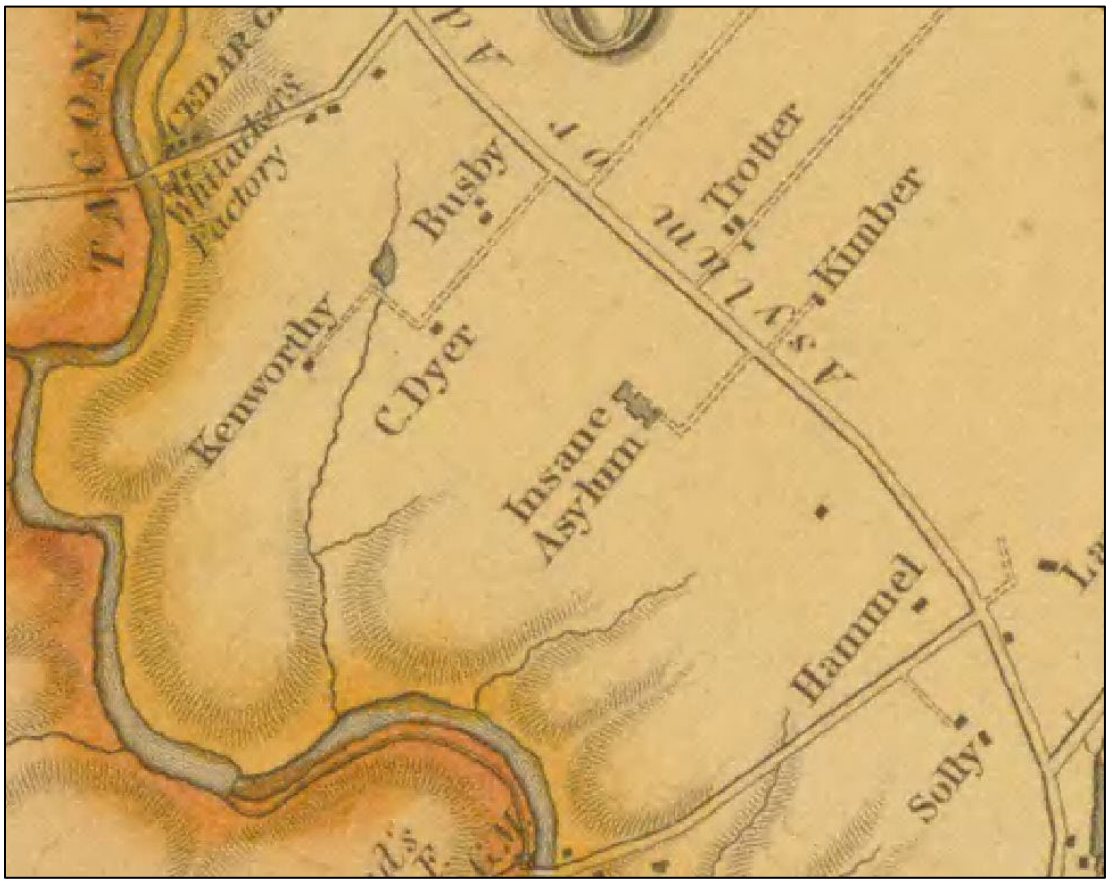




EXHIBIT 8

Friends Hospital –
Historic Context Report

4641 Roosevelt Boulevard, Philadelphia, PA



Prepared by:
Heritage Consulting Group
15 W. Highland Avenue
Philadelphia, PA 19118
(215) 248-1260
www.heritage-consulting.com

June 26, 2023

HERITAGE
CONSULTING GROUP

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EXECUTIVE SUMMARY

Heritage Consulting Group was retained to prepare a developmental history of the Friends Hospital campus at 4641 Roosevelt Boulevard in Philadelphia, Pennsylvania. This report provides the historic context of the campus in connection with the Thomas Scattergood Foundation's Application for Demolition in the Public Interest of the Lawnside Building. It details the evolution of the Friends Hospital campus to keep pace with changes in modern medicine. The Friends Hospital campus was constructed in 1817 and is the oldest private psychiatric hospital in the country. It has been in continuous use as a psychiatric and medical facility. Changes to the built environment, including demolition of significant structures, have occurred over the history of the campus, as it has continually adapted to meet the needs of patients and changing care and technology.

The campus was listed on the Philadelphia Register of Historic Places by the Philadelphia Historical Commission on January 14, 1975. It was designated as a National Historic Landmark (NHL) by the National Park Service on January 20, 1999 (NHL #99000629) for significance under National Register Criterion A in the categories of Health/Medicine and Social History. The NHL designation details 19 extant buildings and 1 site within the historic district. Of these buildings, 10 are categorized as contributing to the district and 9 are categorized as non-contributing to the district. The site is considered a contributing resource to the district.

Since the first building was constructed in 1817, Friends Hospital has grown and changed as a complex due to medical advancements for psychiatric care, growing patient populations, and changing site needs, including a greater need for asphalt surface parking lots and access drives. Historically, the site was located outside of the urban center of Philadelphia in a pastoral setting, to act as a "retreat" from the general population and onlookers. Although the campus has grown in acreage since its acquisition, the private, secluded setting has remained an important element to the hospital. The Scattergood Building has always been set back from the main roads and positioned within the center of the parcel. Agricultural fields, meadows, tree-lined paths, and woodlands dominated the landscape of the site until the wider expansion of hospital buildings began during the late-19th and early-20th centuries. The primary frontage of the property has historically been screened from the public right-of-way to provide privacy to the site. As outlined in the NHL nomination: *"Two intentional wooded areas have been created: the first of native and European conifers, has been laid out along the edge of Roosevelt Boulevard since circa 1817, to help provide privacy for the institution."* With the early 20th-century expansion of Philadelphia's urban center to the boundary of Friends Hospital and the growth of Roosevelt Boulevard, the historic fencing and tree coverage along the street frontage has taken on increased importance in the protection of the site's privacy, important with the potential stigma previously associated with the site's function.

While demolition, construction, and redevelopment of land have been occurring since the construction of the hospital's Scattergood Building, greater amounts of demolition and construction have occurred during recent years. Between 1970-1990, six historic medical buildings have been demolished to accommodate new construction or redevelopment of land and campus layout. Additions to the site have included parking lots, wider access roads, and passages for vehicular traffic. Similarly, a large amount of additions have been constructed on existing buildings.

Indeed, dating back to 1973, correspondence between Friends' Hospital and the Commission indicating an understanding on the part of the Commission to permit the construction of new "high rise apartments" at the Roosevelt Boulevard frontage so long as a "central vista to the Strickland Building" (Scattergood Building) was maintained. Records confirm that change to the site was constant, a fact confirmed by its continued use in its original function, a rarity for similar sites of this vintage. These changes dating back to the 1970s have permitted the hospital to remain at its historic site, a fact not guaranteed by the PHC correspondence which indicated the Hospital was looking to relocate. Continuance of the site's historic use has been predicated on the ability to adapt to the changing physical needs of medicine. As evident from the historic record of Friends Hospital, change—including demolition and development of new medical buildings—has always been an important and necessary feature of the campus's history.

The following historic context report provides a developmental history that outlines the timeline of the hospital campus within three individual sections: contributing extant buildings; non-contributing extant buildings; and demolished building and reconstruction campaigns to-date. The first two sections of the report cover the developmental timeline of each extant building on the Friends Hospital campus. Details include the building's known or approximate date of construction, historic usage, current appearance, and any known exterior alterations to the building. Associated imagery including historic and current photographs as well as maps supplement each building description. The third section covers the known demolitions and reconstruction campaigns within the Friends Hospital history (see Figure 1 below).

The primary sources consulted to compile this report include archival materials from the Philadelphia Historical Commission which were accessed on May 30, 2023 and the NHL designation from 1999.

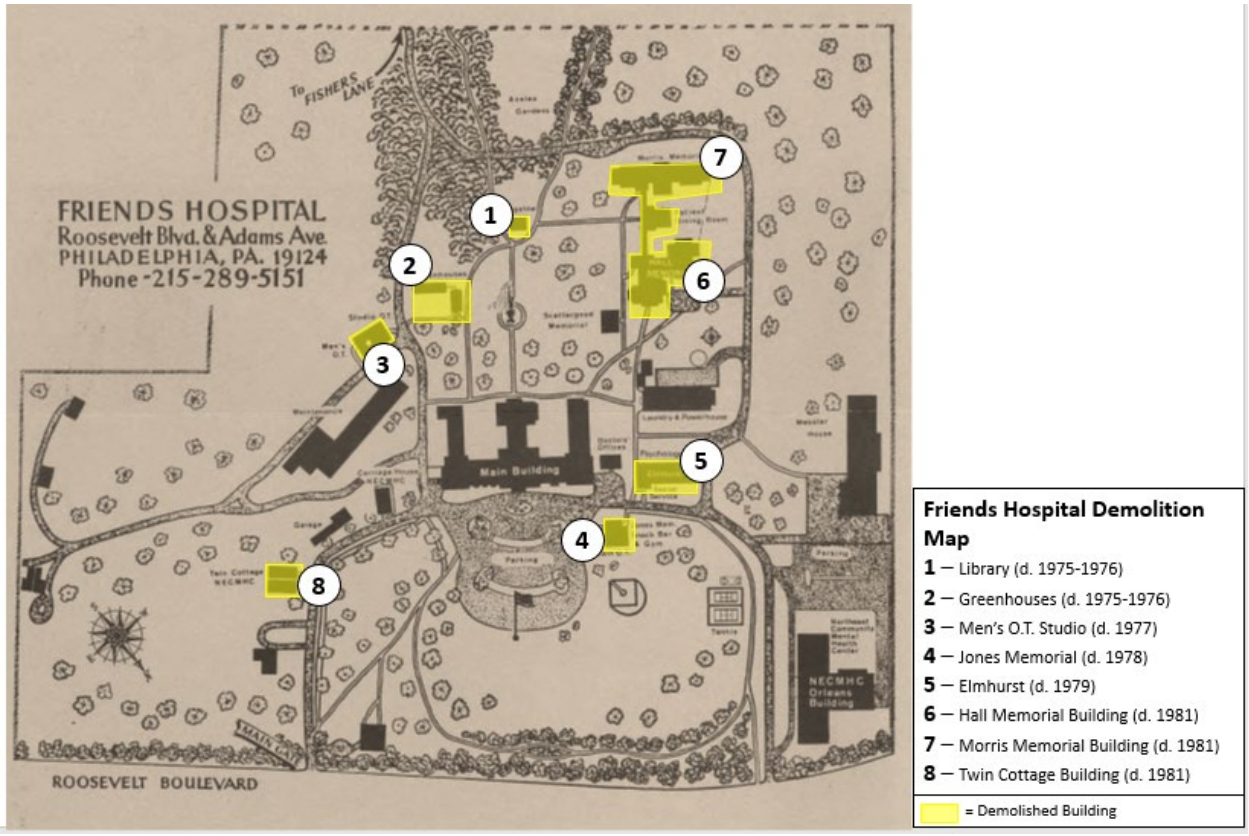


Figure 1: c. 1970 Friends Hospital Map illustrating major building demolitions during the 20th century

DEVELOPMENTAL HISTORY

The Friends Hospital, also historically known as the Friends Asylum for the Relief of Persons Deprived of the Use of Their Reason (1813-1888) or the Friends Asylum for the Insane (1888-1914), is a sprawling psychiatric and medical facility and campus comprising approximately 99 acres in Philadelphia, Philadelphia County, Pennsylvania. The campus is located at 4641 Roosevelt Boulevard and was historically pastoral in its setting. Since its foundation c. 1813, the campus has undergone growth and change in its built environment and landscape (Figures 2-4). What was once considered farmland is now located within a dense urban environment.

The early conceptual design of the Friends Hospital campus was adapted from Quaker William Tuke's York Retreat in England.[1] "The Retreat" was a psychiatric hospital designed in 1792 in Yorkshire, England with surrounding greenspace and within a short distance to the city center. The campus differed greatly in its emphasis on moral treatment through non-restraint.[2] Tuke's ideology and conceptual design greatly influenced Quaker architect Thomas Scattergood, who sought to establish a similar facility outside of Philadelphia. Scattergood's actualization of Friends Hospital, in combination with its over 200-year legacy, serves an example of growth, change, and national influence on the design of asylums incorporating elements of ventilation and light.

The Friends Hospital was designated a National Historic Landmark in 1999 with a period of significance ranging from 1871-1911. As such, buildings located on the campus are separated by their status of contributing and non-contributing buildings. In the section below, the buildings are described by their historic usage and change overtime to provide a context of the Friends Hospital developmental history since 1813. The primary sources consulted to compile this report include archival materials from the Philadelphia Historical Commission which were accessed on May 30, 2023 and the NHL designation from 1999.

[1] Nancy V. Webster, "Friends Hospital," National Historic Landmark Form, June 25, 1998.
[2] Thomas Bewley, "Madness to Mental Illness. A History of the Royal College of Psychiatrists," accessed May 24, 2023. https://www.rcpsych.ac.uk/docs/default-source/about-us/library-archives/archives/madness-to-mental-illness-online-archive/people/william-tuke-1732-1822.pdf?sfvrsn=e21108e9_6.



Figure 2: 2023 Building Map and Key of Friends Hospital



Figure 3: 2023 Boundary Map of Friends Hospital



Figure 4: 1843 Map of Friends Hospital, showing the Scattergood Building on its own. At this time, the building was surrounded by farm land and undeveloped areas (Philadelphia County Map by Charles Ellet Jr.)

SITE

Since its founding in 1813, the site at Friends Hospital has adapted with the growth of the complex and reflects the change within the surrounding urban environments and society. The following section includes the development of the site over time, reflecting a pastoral identity during the 19th century and an evolving growth and change during the 20th century. Historically, the site was located outside of the urban center of Philadelphia in a pastoral setting, to act as a "retreat" from the general population and onlookers. Although the campus has grown in acreage since its acquisition, the private, secluded setting has remained an important element to the hospital. The Scattergood Building was constructed in the center section of the parcel and was largely concealed by trees along present-day Roosevelt Boulevard, as outlined in the 1999 NHL nomination: *"Two intentional wooded areas have been created: the first of native and European conifers, has been laid out along the edge of Roosevelt Boulevard since circa 1817, to help provide privacy for the institution."* The 19th-century site consisted of agricultural farms, orchards, gardens, and walking paths to provide a secluded retreat-like setting for patients and staff. By the late 19th- through early 20th-centuries, a greater amount of medical-related buildings were constructed, altering the historic character and configuration of the 99-acre site. Additional roadways, walkways, and parking lots were added during the 20th century to permit greater access between buildings and artier roadways along the perimeters of the parcel. Over time, the site has changed through the demolition and construction of existing and new buildings and site features as necessary to maintain medical use and meet the physical needs of the institution.

Site (1813): The Friends Hospital site remains in its original location. The site is located north of Tacony Creek on a wooded parcel with landscaped features. The site is roughly bounded by Roosevelt Boulevard to the north perimeter, Pennway Street to the west perimeter, Oakland Cemetery to the east perimeter, and Tacony Creek to the south perimeter. Throughout the site, there are paved asphalt drives and concrete sidewalks creating accessible passages between buildings and through the gardens of the site. The majority of woodlands and greenspace are located to the south portion of the site while the built environment is concentrated to the north portion of the site.

Throughout the site's history, the setback nature of buildings within a highly wooded and landscaped setting has retained the campus' privacy from external environments.

- 1813 – 52 acres and 5 perches acquired for the original site. The site was purchased for its seclusion from the city and public viewshed. Early evidence of the site suggests its grounds were utilized as patient and kitchen gardens, horticultural study, and active farmland
- C. 1817 – Adams Road street-frontage (now Roosevelt Boulevard) landscaped with "Two intentional wooded areas…the first of native and European conifers, has been laid out along the edge of Roosevelt Boulevard since circa 1817, to help provide privacy for the institution."
- 1832 – A map from 1832 indicates the property encompasses 61 acres and 17 perches of land (see Figure 5 below)
    - The rear yards behind the Scattergood Building were used as patients' yards, flower gardens, and the kitchen garden
    - The front yards located between the Scattergood Building and Adams Road (present-day Roosevelt Boulevard) were utilized as cultivated fields
    - Additional cultivated fields were located south and east of the kitchen gardens
    - The south portion of the site featured woods, Tacony Creek, and the Serpentine Walk

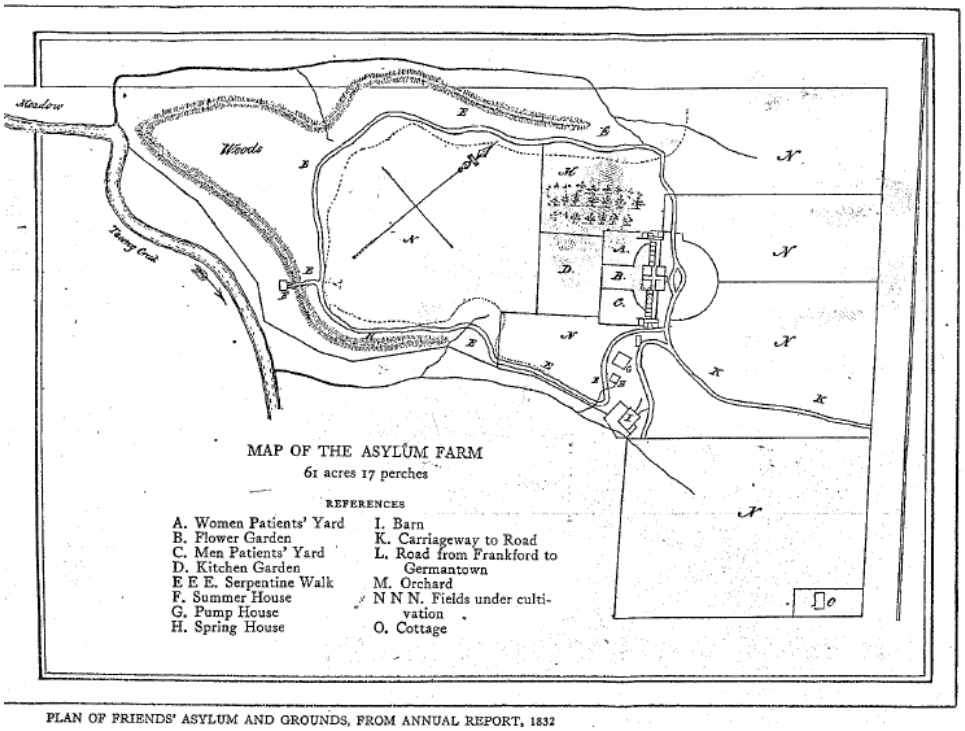


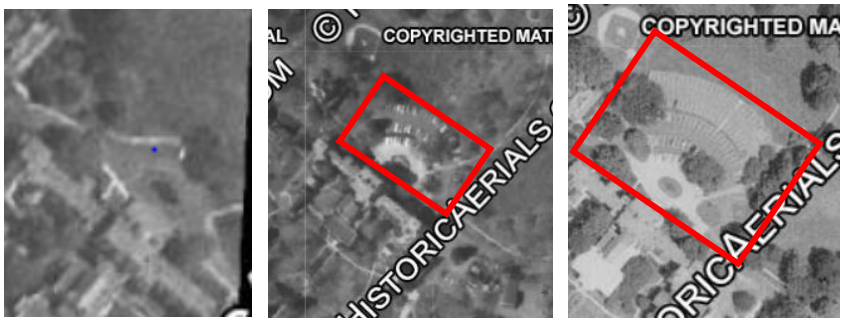
Figure 5: c. 1832 site map of Friends Hospital, illustrating distribution of land for farming, gardens, and patient occupancy (*Annual Report, 1832*)

- 1838 – Illustration of gardens and c. 1838 Library building (see Figure 6 below) highlight the formal nature of the gardens located to the rear of the Scattergood Building



Figure 6: c. 1838 drawing of flower gardens and Library building at Friends Hospital. This garden and library building are no longer extant. (*An Account of the Events Surrounding The Origin of Friends Hospital and a Brief Description of the Early Years of Friends Asylum, 1817-1820*, by Kim Van Atta)

- 1879 – Greenhouses added to the property to enhance the horticultural practices
- 1911 – 10 acres added to the property located west of Tacony Creek; Construction of Jones Memorial Building alters the layout of the front lawn
- 1913 – Based on a description from the NHL designation, the division of the site was as follows:
    - 25 acres of greenspace for patients
    - 22 acres of woodland
    - 3 acres occupied by built environment
    - 32 acres of meadows
    - 14 acres of farmland, gardens and orchards
    - 4 acres of farm buildings
- 1930s – Existing farmland is redeveloped into greenspace, though some farming continues until 1940
- c. 1965 – Front parking lot located north of the Scattergood Building expanded (Figures 7-9)



Figures 7-9: Three aerial maps illustrating the growth of the front parking lot during the mid 20th century; 1948 aerial photo (left), 1965 aerial photo (center); 1971 aerial photo (right). Red border indicates location of parking lot expansion.

- 1978 – With PHC approval, Jones Building demolished to create greater space for parking along front lawn (Figure 10)
- 1979 – With PHC approval, Elmhurst Building demolished to create parking lot for approximately 50 cars (Figure 10)



Figure 10: c. 1982 site map of Friends Hospital illustrating the removal of Elmhurst and Jones Memorial Buildings to accommodate surface parking lots on site. Red line indicates the location of the parking lots.

CONTRIBUTING BUILDINGS

The following section includes a developmental timeline of extant, contributing buildings within the Friends Hospital Campus. These buildings fall within the period of significance or are deemed contributing by their architectural or historic association with the growth and development of the hospital campus. All major exterior alterations are included in the respective building's individual timelines. Exterior alterations reflect the growth of the patient population, advancements in medical technologies and treatment methods, and shift to modern dining hall amenities for staff and patients.

Scattergood Building (1817): The first building constructed on the Friends Hospital is located centrally setback on the site and visible from the main road. Historically, the Scattergood Building housed patient rooms, housing for the superintendent and family, and surgery and drug rooms. (Letter A on Figure 1)

- 1817 – Main three-story, stucco-over-stone building constructed facing north (Figure 11)

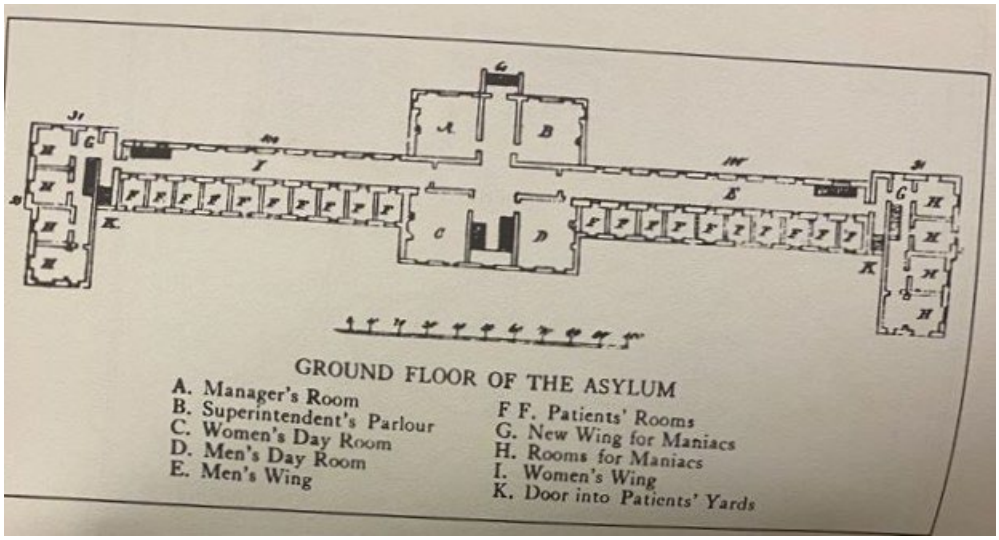


Figure 11: Ground floor plan of the Scattergood Building 1817-1820 (*An Account of the Events Surrounding The Origin of Friends Hospital and a Brief Description of the Early Years of Friends Asylum, 1817-1820*, by Kim Van Atta)

- 1828 – Three-story lodges constructed in line with the main building plane at each end of the wings (Figure 12)



Figure 12: c. 1835 drawing of Scattergood Building following expansion of the building with three story wing lodge additions (*Library of Congress)*

- 1871 – Architect Addison Hutton performed an extensive remodel and expansion of the building including:
  - A mansard roof with Italianate bracketed cornices was constructed on the main building and adding a fourth floor (Figure 13)
  - A wood belvedere is constructed in the middle of the central block over stairs
  - A two-story rear addition to the central block
  - A one-story stucco rear wing on the back of each 1828 lodge addition
  - The main entrance was reconfigured to incorporate a double-leaf entrance with transoms and sidelights and a flat roof portico



Figure 13: 2023 image of Scattergood Building illustrating the 1871 mansard roof and fourth floor addition to the main building.

- 1886-1887 – Fireproof towers for toilets and baths were constructed at the original wings and 1828 lodge additions
- 1894 – A sun parlor clad in wood sheathing was constructed to the northwest elevation of the women's wing
- 1904-1905 – The men's ward was expanded with a two-story addition at the rear wing to accommodate a growing occupancy of patients
- 1906 – The kitchens and dependent offices are expanded via the construction of a raised basement level to the rear of the central building block forming a central courtyard
- 1910 – A one-story brick Associate Dining hall with hipped roof was constructed behind the central building and would become attached main building via later additions (Figures 14-15)
- 1925 – The women's ward underwent expansion and the construction of a second floor with a cupola (Figures 14-15)

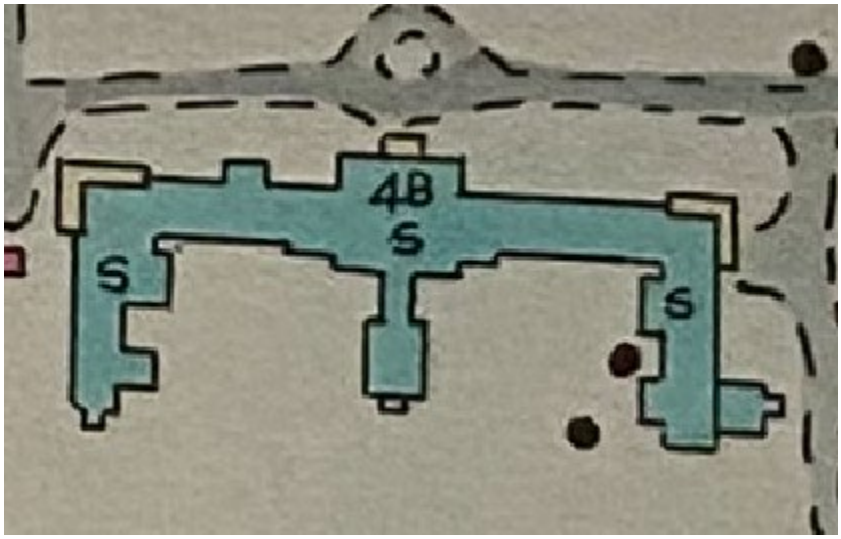


Figure 14: A 1939 map illustrating the Scattergood Building featuring the 1910 and 1925 additions (*Franklin Survey Co, 1939*)

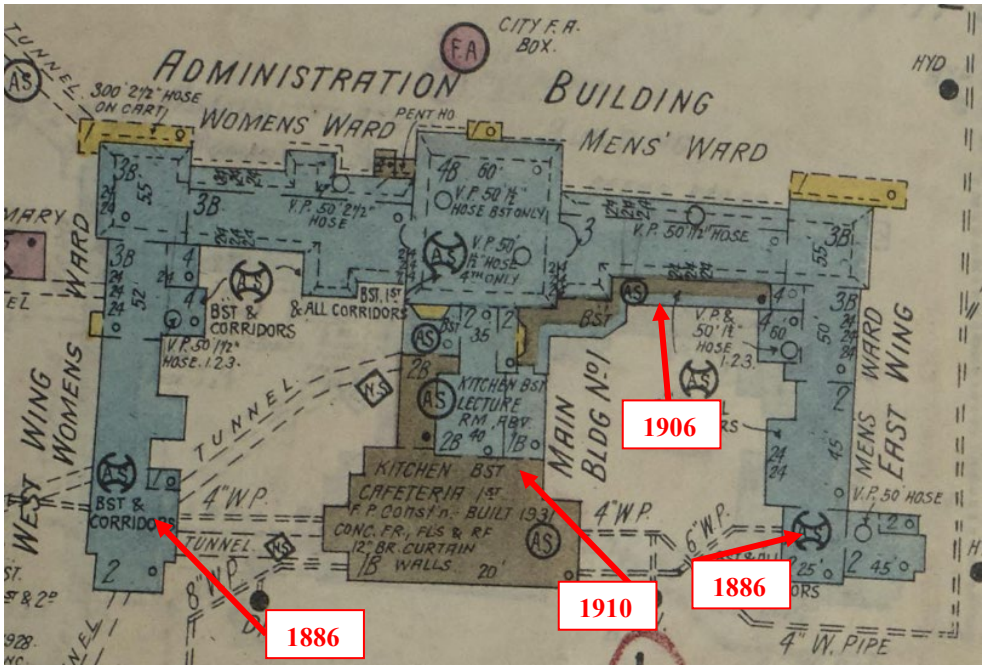


Figure 15: 1951 Sanborn Map illustrating 1886, 1906, 1910 additions

- 1969 – ADA standards required the reconfiguration of entrances and associated ramp entrances, a new fire stair tower to the central building block, and exterior railings (Figure 16)

Current Status: The Scattergood Building retains its use as a medical facility, including physician offices, examination rooms, patient lounges. The building includes multiple additions which permit its continued use as a medical building. The continued expansion and renovations throughout the building assisted in its sustained use as a medical building on the campus. The building is in good condition physically.



Figure 16: 2023 image of the Scattergood Building, illustrating exterior railings and 1910 cafeteria addition

Maintenance Complex (1856): The building was constructed to include all repair and specialty shops including carpenter and paint shops, mechanical repair shops, and storage facilities for all ground equipment. (Letter B on Figure 1)

- 1856 - Primary, two-story stucco building was constructed (Figure 17)



Figure 17: 1895 G.W. Bromley map illustrating the approximate footprint and location of the 1856 Maintenance Complex building. Red border indicates the location of the Maintenance Complex.

- 1902 – A two-story gable roof addition with exterior stair located to the northwestern end of the existing building
- C. 1911 – A one-story stone and gable roof addition lengthens the building and serves as an eight-bay garage with overhead doors. A second addition includes a one-story garage with gable roof and stucco exterior to the northeastern end of the building complex (Figures 18-19)

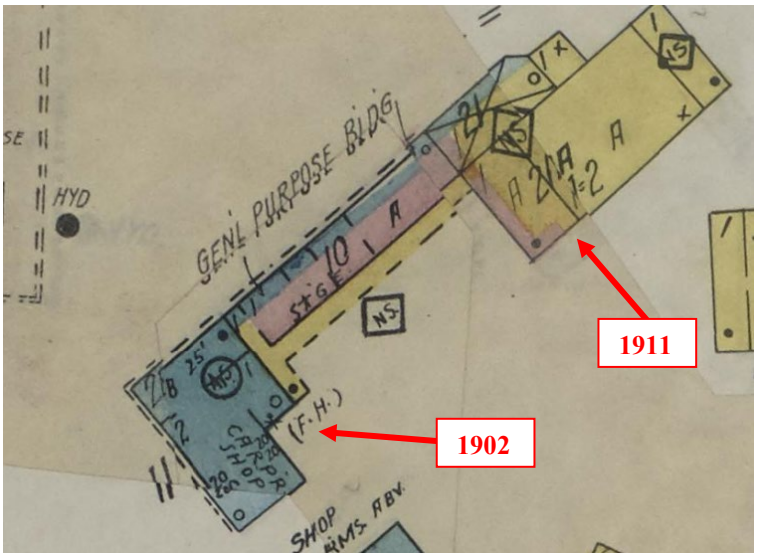


Figure 18: 1951 Sanborn map illustrating 1902 and 1911 additions to the building.

Current Status: The building continues to be used as a storage facility of grounds equipment, hospital vehicles and equipment. While it was previously utilized as shop space for the campus, the building no longer has an active function and is generally not occupied. The building's location within the central section of the hospital complex has proved favorable to its continued use in this limited capacity. Reuse of the building at a greater capacity would require significant investment and alteration to meet code. The building is in fair condition physically.



Figure 19: 2023 image of 1856 garage with later additions to the north and south ends of the building

Lawnside (1859): The building was constructed at the primary entrance into the hospital and served as a gatehouse and residence for the superintendent's family. (Letter C on Figure 1)

- 1859 – A two-and-one-half coursed fieldstone building constructed along the primary access road (Figure 20)

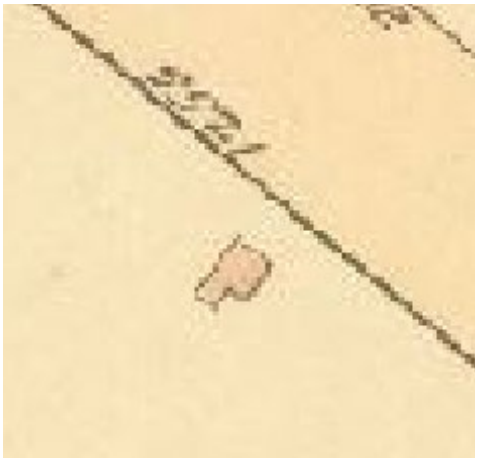


Figure 20: 1910 Philadelphia Atlas Map illustrating building's location along Adams Avenue, today Roosevelt Avenue.

- 1890 – A two-story northwest addition constructed with a flat roof (Figure 21)
- 1920 – A raised English basement addition clad in wood siding is constructed to the southwest rear of the building with gable roof
- 1950 – A rear two-story balcony addition constructed (Figure 22)

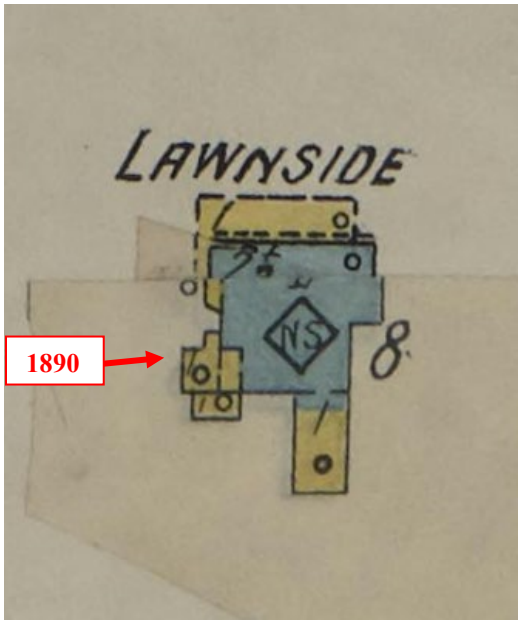


Figure 21: 1950 Sanborn Map illustrating 1890 addition

Current Status: The Lawnside building is vacant and in poor condition. Due to its location along Roosevelt Boulevard combined with its vacant status, the building has become subject to vandalism and trespassing. While the building is continuously secured, trespassing due to break-ins is common. The building's front porch survives in a ruinous state on the verge of collapse. The building's most recent usage was for education and office space. These uses were relocated elsewhere in the campus due to the physical limitations of the subject building. These limitations include a residential floorplan that cannot be feasibly upgraded to meet ADA requirements. Medical or institutional uses, as required onsite, are not feasible due to the physical limitations of this former single-family house.



Figure 22: 2023 image of rear 1950 balcony addition

Farmhouse (1881): The twin T-shaped building originally housed residences for the farmer and engineer and their respective families at the northeastern perimeter of the hospital grounds. (Letter D on Figure 1)

- 1881 – The two-and-a-half story twin residence farmhouse was constructed of fieldstone with a gabled roof. At the gabled roof end, Eastlake timber framing is present (Figure 23)



Figure 23: 1895 G.W. Bromley Map illustrating 1881 Farmhouse building. Red outline indicates the location of the building on the campus.

- c. 1910 – Two one-story shed roof side porches added to the east and west elevations (Figure 24)
- c. 1920 – A two-story weatherboard addition was added to the south, rear, elevation. A metal fire escape stair was affixed to the north, primary, elevation (Figure 24)

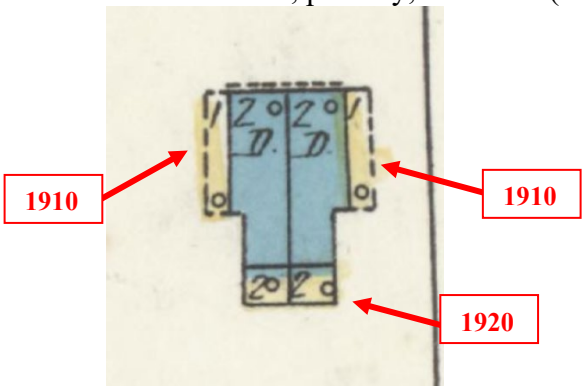


Figure 24: 1920 Sanborn map illustrating 1910 and 1920 additions to the building

- c. 1925 – The primary entrance was relocated from the north elevation to the west elevation and features a gabled roof (Figure 25)

Current Use: The farmhouse is vacant and no longer in use as a residential/office space for hospital employees. The farmhouse is in poor condition as a result of its continued vacancy. Due to its location along Roosevelt Boulevard combined with its vacant status, the building has become subject to vandalism and trespassing. While the building is continuously secured, trespassing due to break-ins is common. These limitations include a residential floorplan that cannot be feasibly upgraded to meet ADA requirements. Medical or institutional uses, as required onsite, are not feasible due to the physical limitations of this former multi-family housing building.



Figure 25: 2023 image highlighting metal fire escape stair along the primary, north, elevation and shed roof porch extensions from 1910

Carriage House (1885): The building was originally constructed to house carriages on the first floor and residential quarters on the second floor. (Letter E on Figure 1)

- 1885 – The two-story gabled building is constructed and features a first floor clad in painted brick and Eastlake-style timber framing and fishscale shingles at the second floor (Figure 26)



Figure 26: 1910 G.W. Bromley Map illustrating location of Carriage House located east of the Scattergood Building. Red outline indicates the location of the building on the campus.

- 1910 – Two one-story enclosed sun porches were added to the primary elevation and northwest elevation (Figure 27)

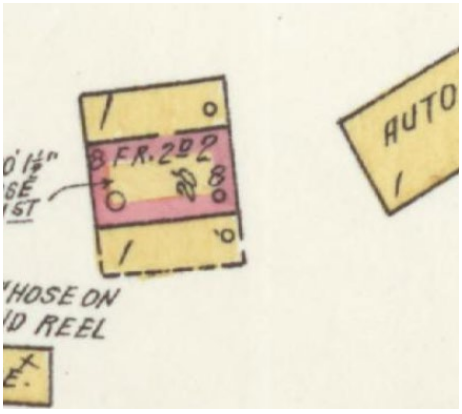


Figure 27: 1920 Sanborn map illustrating 1910 additions to the building

Current Status: The Carriage House is currently used as staff and physician offices. The building exists in good condition and retains its location within the center section of the complex, favoring the building's reuse.



Figure 28: 2023 image of the Carriage House

Maple Hall (1900): The building was constructed in 1900 to replace pre-existing laundry and power plant buildings. Historically, the first floor housed the hospital laundry while the upper floors were residential for the hospital employees. The basement was historically used for mechanicals. (Letter F on Figure 1)

- 1900 – The two-story banked brick building was constructed west of the Scattergood building (Figure 29)

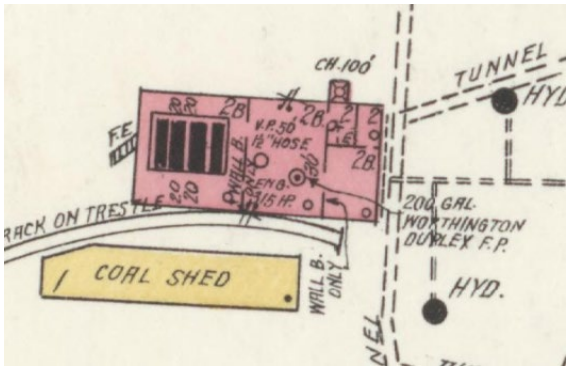


Figure 29: 1920 Sanborn Map of c. 1900 Maple Hall building located west of the Scattergood Building.

- 1928 – An brick-clad three-bay addition to the western rear of the building was constructed. The addition is connected to the main building via an internal corridor (Figures 30-32)



Figure 30: 1928 Photograph of fire in the c. 1900 Maple Hall Building.

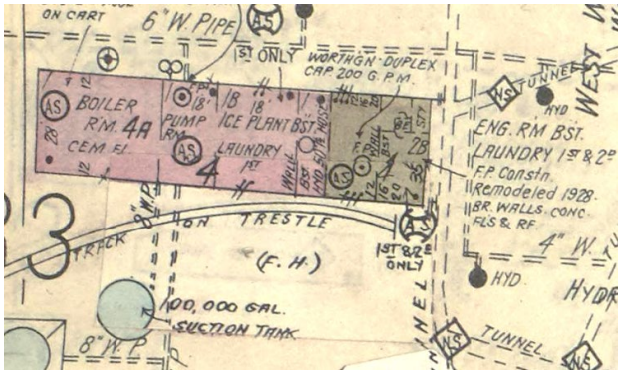


Figure 31: 1950 Sanborn Map of the 1928 addition to the west side of Maple Hall.

Current Status: The building is currently used as a facilities building. The building is generally in good condition and located south of a c. 1980s parking lot. Its location within the central section of the campus likely aided its reuse.



Figure 32: 2023 image of 1928 addition to Maple Hall.

Greystone (1910-1911): The building was constructed along Roosevelt Boulevard to be the Steward's residence. (Letter G on Figure 1)

- 1910-1911 – The two-and-a-half story stone building with side gable roof and gabled dormers was constructed along the access road across from Lawnside

- 1920 – A flat roof porch is added to the north elevation of the building and a rear porch with pent eave roof and railing was added to the southwest rear of the building (Figures 33-34)

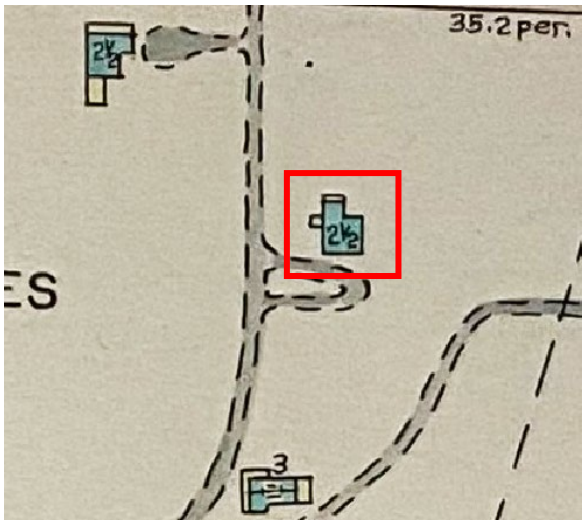


Figure 33: 1939 Franklin Survey Co. Map illustrating the 1920 north porch addition.



Figure 34: 1950 Sanborn Map illustrating the 1920 north porch addition.

- c. 1980 – a three-story stucco-clad fire tower and stair added to the south, rear, elevation which included the demolition of the pent eave roof along the first floor (Figure 35)
- c. 1985 A glass greenhouse was added to the west, rear, of the building. The glass greenhouse is no longer extant.

Current Status: Greystone has been redeveloped into long-term rehabilitation facilities for patients with continued medical and behavioral disorders. The residential nature of the building thus has been retained and reused for this new purpose. The building is in good condition and located south of the East Gate along the access road to the central section of the campus.



Figure 35: 2023 image of 1980 stucco addition.

Hygeia (1911): The two-story building originally housed hydrotherapy facilities for patients, residences for nurses, and a natural science museum. (Letter H on Figure 1)

- 1911 – The two-story, gable roof brick and building was constructed with cupola in the center of the roof ridge (Figure 36)

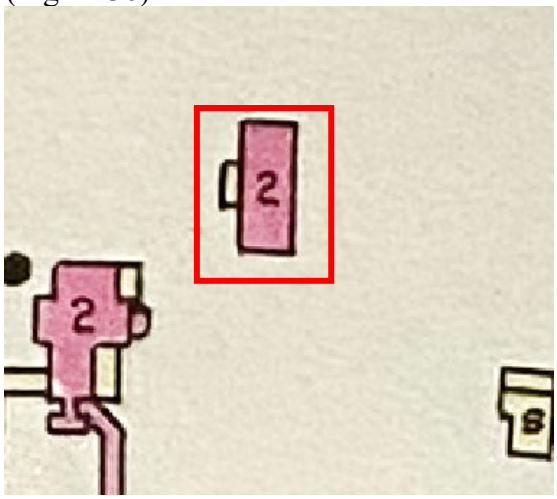


Figure 36: 1939 Franklin Survey Co. Map depicting 1911 Hygeia building.

- c. 1987 – With PHC approval, an exterior metal fire stair and interior bathroom was added to the north elevation within a stucco addition (Figure 37)

Current Status: The Hygeia building has been redeveloped at the interior to be used as outpatient and adjunctive therapy facilities. The building is in good condition and located within the main, central section of the hospital campus. Its continued use as medical facilities has prompted its repair and maintenance since its construction.



Figure 37: 2023 image of 1987 stucco addition (left) to the north elevation of the building

Cherry Lounge (c. 1925): The one-story, rectangular three-bay Colonial Revival building was originally constructed as a staff lounge for non-residing staff members. To date, no major exterior renovations have occurred at this building and it remains in its original location. (Letter I on Figure 1) (Figures 38-39)

> **Current Status:** The building is currently used as offices for the Scattergood Foundation. The building continues to serve the needs of the medical hospital and is in good condition.

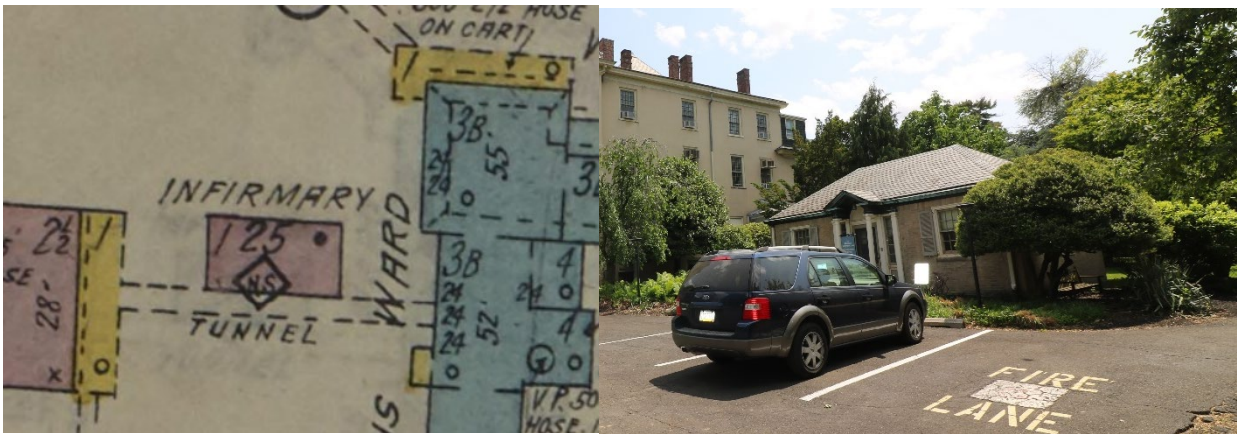
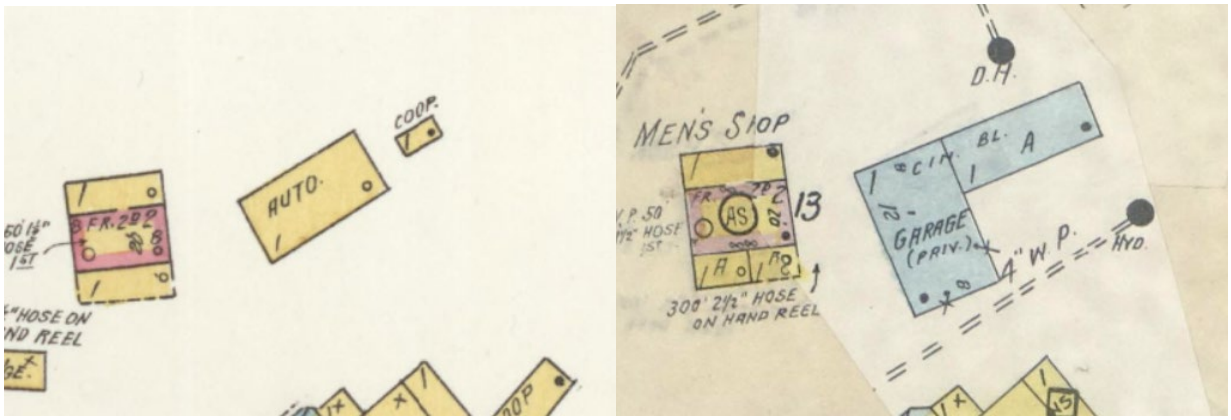


Figure 38-39: 1950 Sanborn Map (left) and 2023 image (right).

Garage (c. 1950): The L-shaped garage building was constructed as a new building to house vehicles and storage equipment on the site. The concrete block with stucco exterior garage building features a gable roof and overhead garage doors. To date, no major exterior renovations have occurred at this building and it remains in its original location. (Letter J on Figure 1) (Figures 40-42)

> **Current Status:** The garage retains its use as a storage facility for automotive and grounds equipment vehicles. The garage is in fair condition and located in the central portion of the campus and is accessible via asphalt access drives.



Figures 40-41: 1920 Sanborn Map (left) and 1950 Sanborn Map (right) highlighting the replacement of the old auto garage with the current one (see image below).



Figure 42: 2023 image of 1950 Garage

NON-CONTRIBUTING BUILDINGS

The following section includes a developmental timeline of extant, non-contributing buildings within the Friends Hospital campus.

Webster House (1957): The two-story rectilinear brick and glass building with one-story entrance room at the north elevation was constructed along the west perimeter of the parcel as a staff dormitory and infirmary. In c. 2010, five modern mobile home buildings were constructed north and east of the building. The building was constructed in a functional modern architectural style. (Letter K on Figure 1) (Figures 43-45)

> **Current Status:** The building is currently used as Excel Academy educational facilities for students. The building is no longer used for dormitory facilities but has undergone redevelopment for a different usage. The building remains in good condition.

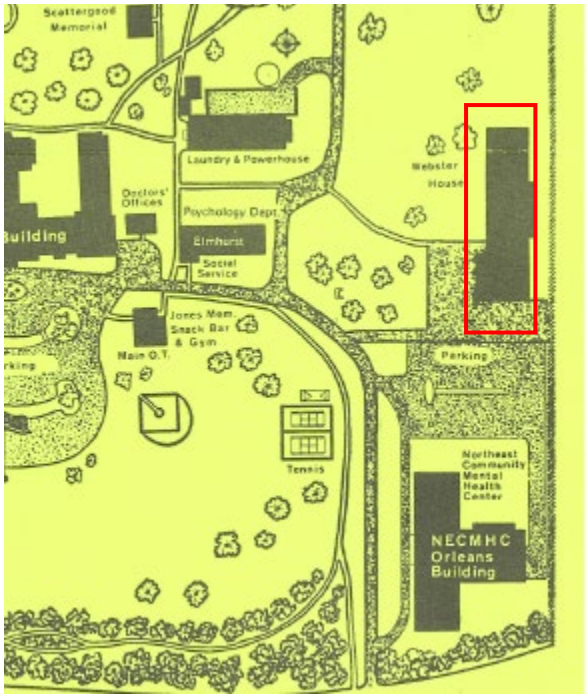
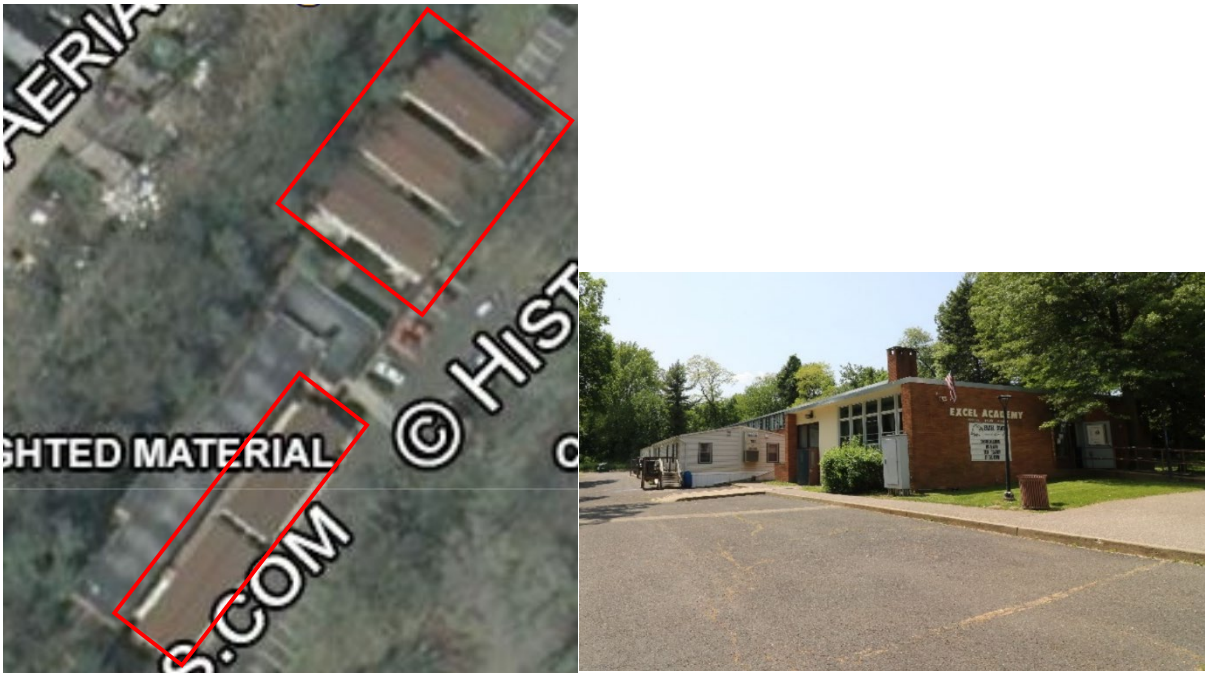


Figure 43: 1970s map of 1957 Webster Building



Figures 44-45: 2010 aerial imagery illustrating addition of mobile buildings adjacent to the Webster Building (left) and 2023 image of Webster Building (right).

Orleans Building (1966): The roughly T-shaped building is located to the northwest perimeter of the parcel and was constructed to house outpatient care facilities and rooms for classes and meetings. The brick and glass building is constructed of brick and features a hipped and flat roof. (Letter L on Figure 1) (Figure 46)

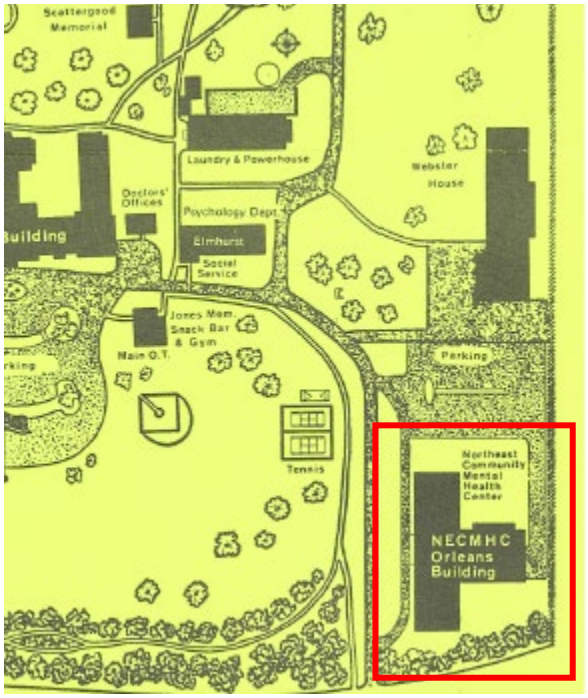


Figure 46: 1970s map of T-shaped 1966 Orleans Building. Red outline indicates building.

- **c. 1992** – A one-story addition to the southwest, rear, of the building constructed (Figure 47)

  Current Status: The building is currently used as the Northeast Community Center for Behavioral Health. The building retains its usage as a medical facility and remains in good condition. The building is located along the West Gate entrance.



Figure 47: 2023 image of 1992 addition to Orleans Building.

Internal Medicine Building (c. 1970): The single-story stucco ranch building was originally constructed as a single-story residence to the east perimeter of the hospital campus. (Letter M on Figure 1)

Current Status: The building is located to the east perimeter of the campus and is used as an outpatient treatment facility. The building retains its use as a medical facility building despite its past residential usage. The building is in fair condition.

Staff Residence (c. 1970): This building was constructed to house staff residences. The building is one-story and L-shaped with a stucco exterior and flat roof. (Letter N on Figure 1)

> **Current Status:** The building is located to the east perimeter of the campus and is used as residences for staff. The building continues to be used as residential spaces and is in fair condition.

William Tuke Building (1976): This large, two-story, double wing building was constructed as a patient residential building to the southeast of the Scattergood building. The building features community rooms including an auditorium, gymnasium, and art and horticultural rooms. The building is a modern addition to the campus, with a concrete block exterior and flat roof. (Letter O on Figure 1) (Figure 48)

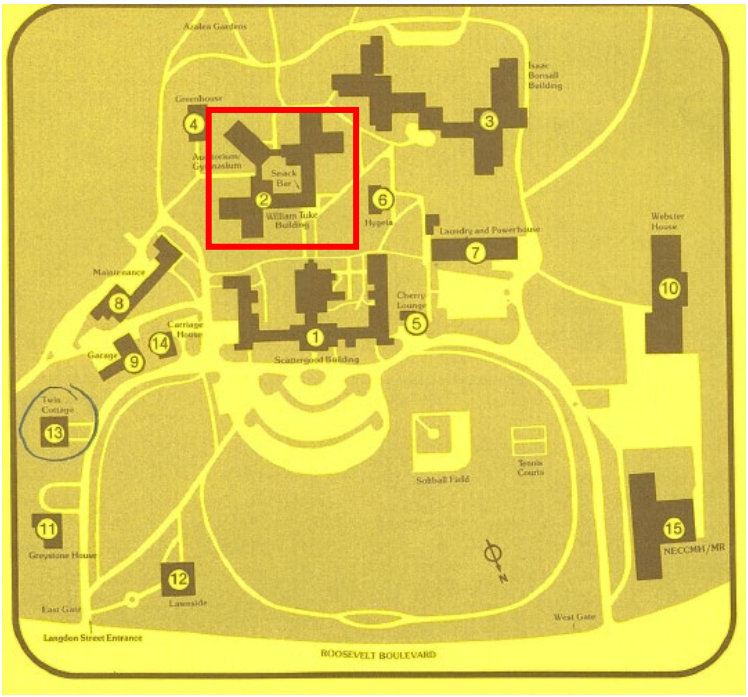


Figure 48: 1980s map illustrating William Tuke Building. Red outline indicates building.

- 1981 – A dining room addition is constructed along the north elevation of the eastern wing (Figure 49)



Figure 49: 1980s map illustrating William Tuke Building illustrating 1981 addition

Current Status: The William Tuke Building continues to be used as patient wards with amenity facilities. The building replaced pre-existing wards in the Scattergood building with modern codes and finishes. The building survives in good condition.



Figure 50: 2023 image of the north elevation of the William Tuke building

Isaac Bonsall Building (1981): The building was constructed to house patients and replace historic ward buildings (Morris and Hall Memorial buildings). The buildings are two-stories and roughly L-shaped with a concrete exterior. The building is located to the southwestern perimeter of the parcel. (Letter P on Figure 1) (Figure 51)

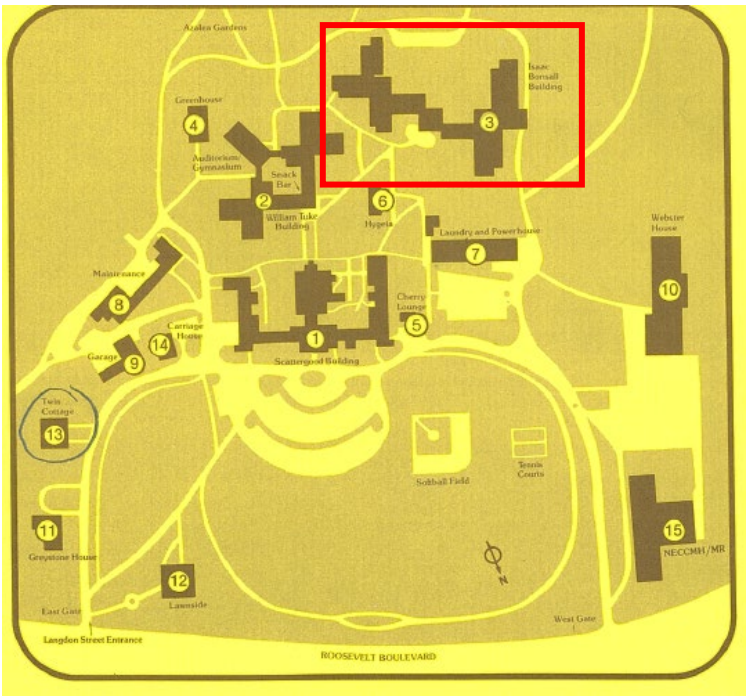


Figure 51: 1980s map illustrating Isaac Bonsall Building. Red outline indicates building.

Current Status: The Isaac Bonsall Building is located within the central section of the campus and exists in good condition. The building features residential wards, which replaced earlier Hall Memorial and Morris Memorial residential ward buildings. The building retains its association with the medical campus.



Figure 52: 2023 image of Isaac Bonsall Building

Hillside House (1988): The one-and-a-half story building located to the east side of the Garage was constructed to accommodate additional long-term care facilities. The building features a clipped gable roof with gabled dormers and stucco exterior. (Letter Q on Figure 1) (Figure 53)

> **Current Status:** The Hillside House is used as a long-term care facility and exists in good condition. The Hillside House is located within the central section of the campus.



Figure 53: 2023 image of Hillside House

Greenhouses (1992): The glass and metal greenhouses replace earlier c. 1875 greenhouses in the same location that were removed from the property in 1975. The greenhouses feature a c. 1980 stucco gable end. The greenhouses continue to serve the horticultural needs of the hospital campus. (Letter R on Figure 1)

> **Current Status:** The greenhouses continue in its intended use and survives in good condition.

Admission, Evaluations and ECT/Dining Facility (1992): A new stucco exterior two and three-story addition to the William Tuke Building is constructed to the southeast perimeter of the

building. The addition houses dining facilities and loading dock are banked into a hillside with a flat roof and concrete exterior. (Letter S on Figure 1) (Figures 54-55)



Figures 54-55: 1981 aerial image (left) and 1999 aerial image (right) illustrating new facilities attached to the William Tuke Building. Red outline indicates location.

Current Status: The building continues to be used as a dining hall facility and ECT, admissions, and evaluations facility with emergency vehicle access. The building is in good condition and located adjacent to the William Tuke Building. The building retains its use as a medical facility in the center of the hospital campus.



Figure 56: 2023 image of the Admission, Evaluations and ECT/Dining Facility

SITE AND BUILDING CHANGES FOLLOWING DESIGNATION TO PHILADELPHIA REGISTER OF HISTORIC PLACES

Since the beginning of the Friends Hospital complex, the district has undergone demolition and redevelopment campaigns to accommodate modern usage and promote vehicular passage through the site. Both the grounds and buildings have been altered to permit continued use of the site in its historic function. Significant alterations to the site have occurred during the past 48 years following historic designation, at a time when the site has been most at-risk for closure due to Hospital relocation associated with an aging physical plant. In the section below, the major demolition and reconstruction campaigns undertaken since designation are outlined. (Figure 57)

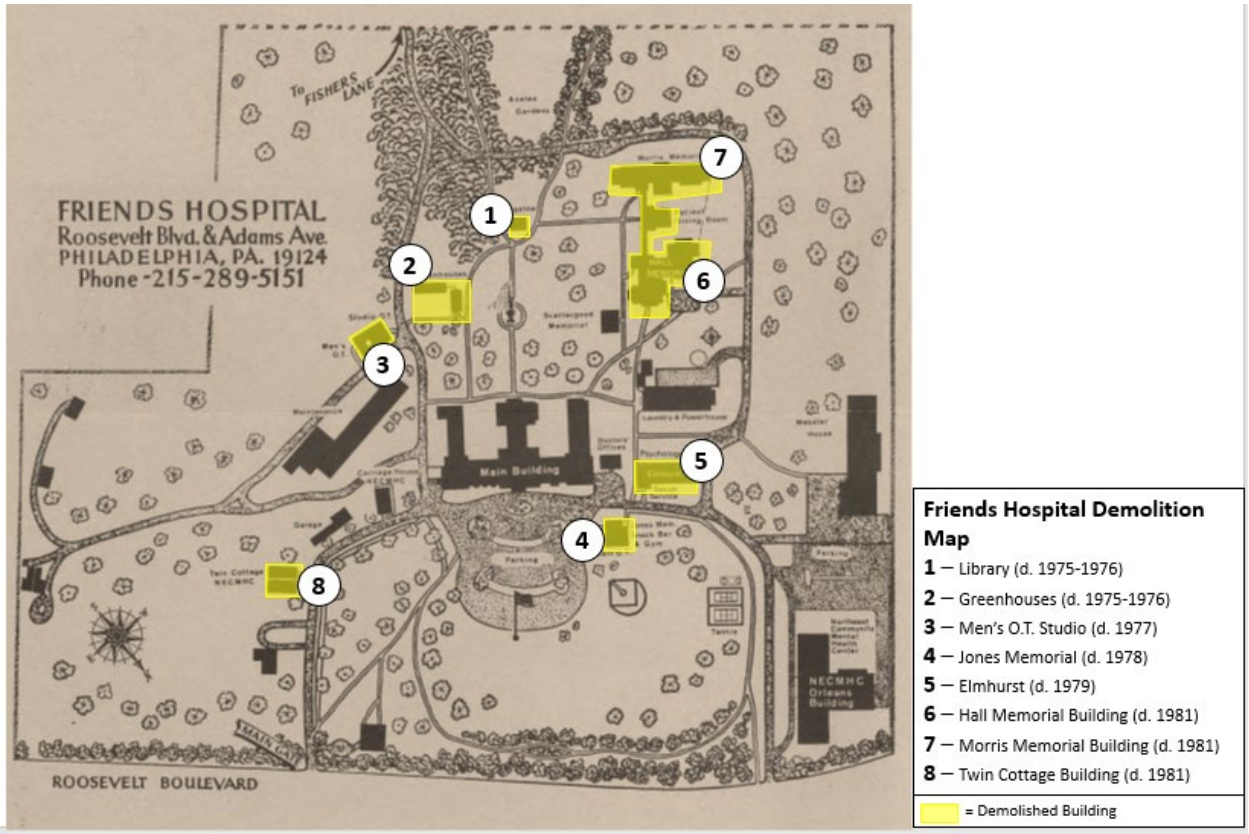


Figure 57: c. 1970 Friends Hospital Map illustrating major building demolitions during the 20th century

Timeline of Demolition and Reconstruction Campaigns

1973: Prior to the formal PHC designation, changes to the complex were discussed and documented with PHC including a letter that outlines the proposal of the Friends Hospital to relocate from their current location to a new one. The letter was sent from the PHC to Friends Hospital (See letter below). The existing parcel was proposed for redevelopment into a modern shopping center. This project was not realized. As part of this review process, the Commission indicated support for demolition of outbuildings, later additions to the main building and construction of new high rise apartment buildings fronting Roosevelt Boulevard so long as a vista to the main building was maintained.

12 June 1973

Russell W. Richie, President
The Friends' Hospital ← Roos Blvd.
Philadelphia Saving Fund Society Building
1212 Market Street
Philadelphia, Pennsylvania

Dear Mr. Richie:

The Philadelphia Historical Commission at its Stated Meeting, June 7, 1973, reviewed, with Mr. John Mitkus, Executive Director of the City Planning Commission, the proposal of the Friends to relocate their hospital facilities. Such a move would be, in the opinion of the Historical Commission, a sad loss to the City for both the environmental and historical value of this property. Of special concern to this Board, if the hospital facilities must be moved, is the planned use of the buildings and grounds on this ninety nine acre site. The Friends' proposal to establish a shopping center at this location is of much concern to the Philadelphia City Planning Commission and the Philadelphia Historical Commission especially since street traffic is already a problem in this area.

Because of the historic value of the original William Strickland hospital building (1815-17) with its surrounding landscape, an environmental impact study will be required for any rezoning. The value of the site as part of a water shed with its open space is important to the area and will be given much consideration. If possible, the Commission would prefer for the Friends' Hospital to remain on its site and use their property to its fullest advantage.

As an alternative, the Roosevelt Boulevard frontage might be sold, perhaps even with a ground rent, for high rise apartments with underground parking, keeping a central vista to the Strickland building. Parts of the rear tract might be developed for income around the proposed Pulaski and Northeast Expressways (although presently delayed, will probably be built eventually) and offer further income for a new hospital building which could be designed compatably with the original building, either with underground or screened parking facilities. The Philadelphia Historical Commission will permit the demolition of the later structures on the hospital grounds as well as the demolition

Figure 54: 1973 PHC letter regarding proposed reuse of site

1975-1976: Following the PHC designation of Friends Hospital, the c. 1875 metal and glass greenhouses and c. 1838 Bungalow-style Library are removed from the property to create space for the construction of the Tuke Building. (Figure 58)

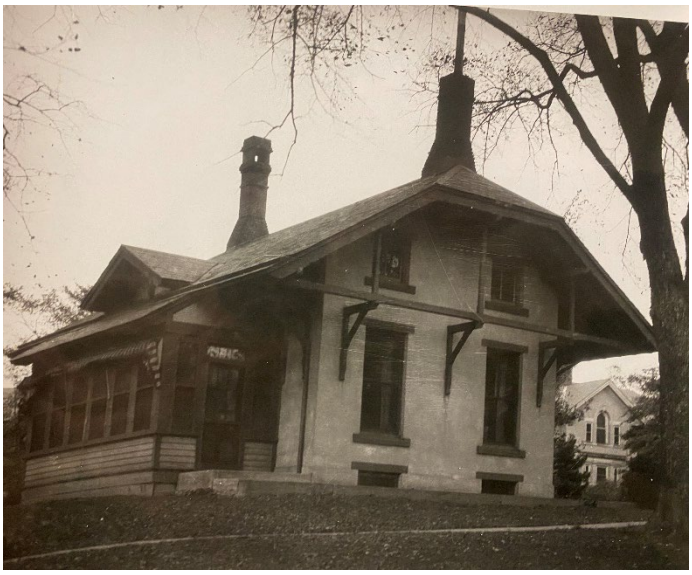


Figure 58: 1927-1928 image of Library Building. The Library Building was demolished in 1975-1976. (*Philadelphia Historical Commission Archives*)

1977: Following the PHC designation of Friends Hospital, a demolition permit was issued on May 11, 1977 for the Men's O.T. Studio (N.D.) building which was vacant and no longer feasible for reuse. The building was demolished in 1977.

1978: With PHC approval in a letter on April 6, 1978, the three-story stone, c. 1889 Jones Memorial occupational therapy and gymnasium building was demolished c. 1978 as a result of vacancy and to accommodate new front parking lot. The building was historically located northeast of the Cherry Lounge. (Figure 59)

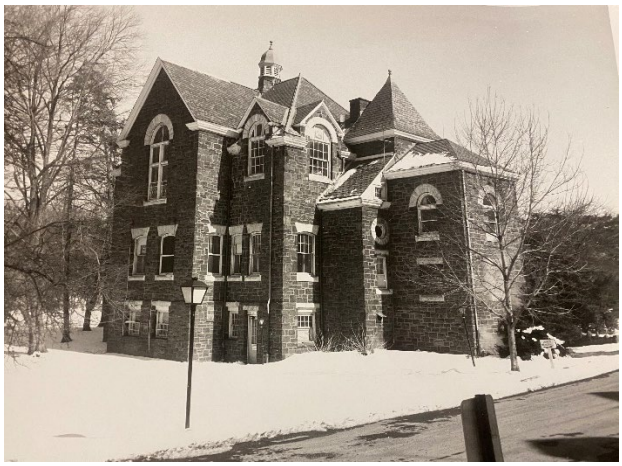


Figure 59: c.1970 image of Jones Memorial Building. The building was demolished in c. 1978. (*Philadelphia Historical Commission Archives*)

1979: With PHC approval in a letter on November 19, 1979, the two-story brick Elmhurst Building (1896), located west of the Scattergood Building, is demolished to provide space for the construction of a new surface parking lot for approximately 50 cars. Despite its historic

contribution to the campus, the building was deemed too costly to maintain and its usage is no longer feasible.

1981: With PHC approval in a letter on February 5, 1981, The Hall Memorial Building (1893) and Morris Memorial Building (1909) were demolished to accommodate the construction of the Isaac Bonsall patient wards, which would update ADA codes and provide better, more modern facility features. (Figures 60-61)



Figure 60: c.1927-1928 image of Hall Memorial Building. The building was demolished in 1981. (*Philadelphia Historical Commission Archives*)



Figure 61: c. 1980 image of Morris Memorial Building. The building was demolished in 1981. (*Philadelphia Historical Commission Archives*)

1984: With PHC approval in a letter on January 12, 1984, the Twin Cottage Building (1896), located south of Greystone is demolished as a result of vacancy and disrepair. The building historically housed employees and their families.

HERITAGE CONSULTING GROUP

Heritage is a national firm that assists the owners and developers of older and historic buildings in understanding the relative significance of their resources, navigating the regulatory redevelopment processes, and securing financial opportunities from federal, state and local incentives. The firm is staffed by seasoned historic preservation professionals who meet the Professional Qualifications Standards under the category of *Historic Architecture* and *Architectural History* in the Secretary of the Interior's Standards and Guidelines*, Code of Federal Regulations, 36 CFR Part 61.*

EXHIBIT 9

D3 DEVELOPMENT LLC

June 2, 2023

Joe Pyle, MA, President
Thomas Scattergood Behavioral Health Foundation
Philadelphia, PA

RE: Friends Campus, 4641 Roosevelt Blvd, Philadelphia, PA 19124
Updated Analysis to Renovate / Move the Lawnside Building

Joe,

As part of the planning and development efforts for the anticipated Health Center at Friends Campus, and as requested, an updated analysis has been prepared to determine the feasibility of either renovating or moving the Lawnside Building.

The proposed renovation of the Lawnside building would, at a minimum, include stabilizing the current foundation, structure and walls, making extensive updates and repairs to the building envelope and fenestration, reworking the interiors to include code-compliant life-safety systems, modifying existing floorplans to meet ADA, circulation and accessibility requirements, updating incoming utility services, and making significant interior modifications for new mechanical, plumbing and electrical systems.

At 2,200 square feet, there are few economies of scale, and for the current condition of the property, both inside and out, as well as the upward inflationary pressure on construction costs, it is anticipated that total renovations would cost between $375 to $450 dollars per square foot. Therefore, a conceptual total project budget, including design, engineering, permitting and other soft costs, could fall between $825,000 and $990,000. This does not include additional costs to add vehicular access and parking, which may not be feasible based on the limitations on site. If a reasonable solution is found for parking, however, this could take the overall budget closer to or over $1,000,000.

In addition, an updated and current analysis was prepared to determine the potential costs to relocate the Lawnside building to a nearby location on campus in conjunction with the renovations above. Because of the condition of the building as well as the articulated shape of the structure, the estimated costs to relocate the building, including necessary sitework, utility disconnections and relocations, new foundations, bracing and blocking, structural stabilizations, the preparation of the move route, associated engineering reports, and the relocation/reconnection itself would be approximately $675,000, equating to just over $300 per square foot.

In our direct experience, rental rates for nonprofit and health-and-human-services tenants in that region are in the range of $17.00 to $24.00 per useable/rentable square foot per year. The renovations above will yield, even with more efficient assumptions, a useable/rentable square footage of approximately 1,650 square feet. Using an average of $20.50 per square foot, the potential annual gross income would be approximately $33,825, with a negligible cash flow, if any. Using these assumptions above, the redevelopment of Lawnside into a modernized, functional facility would be significantly cost prohibitive and not financially feasible. Any potential income, even over a long-term projection, would not be nearly significant enough to cover the costs to renovate and operate the building.

Thank you,

Gabe Canuso, Principal

MEETING OF THE ARCHITECTURAL COMMITTEE
OF THE PHILADELPHIA HISTORICAL COMMISSION

TUESDAY, 25 AUGUST 2020
REMOTE MEETING ON ZOOM
DAN MCCOUBREY, CHAIR

CALL TO ORDER

START TIME IN AUDIO RECORDING: 00:00:00

The Chair called the meeting to order at 9:00 a.m. The following Committee members joined him:

Committee Member	Present	Absent	Comment
Dan McCoubrey, FAIA, LEED AP BD+C, Chair	X		
John Cluver, AIA, LEED AP	X		
Rudy D'Alessandro	X		
Justin Detwiler	X		
Nan Gutterman, FAIA		X	Arrived at 9:19 a.m.
Amy Stein, AIA, LEED AP		X	

Owing to public health concerns surrounding the COVID-19 virus, all Commissioners, staff, applicants, and public attendees participated in the meeting remotely via Zoom video and audio-conferencing software.

The following staff members were present:
Jon Farnham, Executive Director
Kim Chantry, Historic Preservation Planner II
Laura DiPasquale, Historic Preservation Planner II
Meredith Keller, Historic Preservation Planner II
Megan Cross Schmitt, Historic Preservation Planner II

The following persons were present:
Paul Steinke, Preservation Alliance for Greater Philadelphia
John Mondlak
Gabe Canuso
Jennifer Wieclaw, Esq., Duane Morris
Charles Long
Sami Jarrah
Christian Busch
Paul Boni, Society Hill Civic Association
Marc Kittner
Seth Cohen, VSBA
Patrick Grossi, Preservation Alliance for Greater Philadelphia
Susan Wetherill
Timothy Kerner
Sergio Coscia, Coscia Moos Architects
Randy Baron

ITEM: 329 Lawrence Ct MOTION: Denial as proposed, but approval with revisions MOVED BY: Gutterman SECONDED BY: D'Alessandro					
VOTE					
Committee Member	**Yes**	**No**	**Abstain**	**Recuse**	**Absent**
Dan McCoubrey	X				
John Cluver	X				
Rudy D'Alessandro	X				
Justin Detwiler	X				
Nan Gutterman	X				
Amy Stein					X
Total	5				1

ADDRESS: 4641 E ROOSEVELT BLVD
Proposal: Remove building, construct health center
Review Requested: Review In Concept
Owner: Thomas Scattergood Foundation
Applicant: Joseph Pyle, Thomas Scattergood Foundation
History: 1813; Friends Hospital
Individual Designation: 1/14/1975
District Designation: None
Staff Contact: Laura DiPasquale, laura.dipasquale@phila.gov

BACKGROUND:
This in-concept application proposes to demolish a historic building and construct a new municipal health center on the grounds of the historic Friends Hospital in the Frankford section of Philadelphia. Established by the Quakers in 1813 as the first private psychiatric hospital in the United States, the Friends Hospital complex is composed of numerous historic and modern buildings set on 99 acres. The local designation of Friends Hospital is largely undocumented and the buildings on the site were not classified as contributing or non-contributing. It appears that the hospital was designated in the early 1970s in response to the proposed Pulaski Expressway, a highway that would have connected the Betsy Ross Bridge to Route 309, cutting across the hospital grounds. In addition to its local designation, Friends Hospital is a National Historic Landmark. The building proposed for demolition, known as Lawnside, was constructed in 1859 as the superintendent's house and is classified as contributing in the National Register designation. Any state or federal funding or other involvement in the health center project may trigger a Section 106 review, a federal preservation review, which may preclude demolition.

The Department of Licenses and Inspections is prohibited by Section 14-1005(6)(d) of the preservation ordinance from issuing a demolition permit for a locally designated building except in two cases. The section stipulates that "No building permit shall be issued for the demolition of a historic building … unless the Historical Commission finds that issuance of the building permit is necessary in the public interest, or unless the Historical Commission finds that the building … cannot be used for any purpose for which it is or may be reasonably adapted." The demolition of Lawnside is prohibited unless the Historical Commission finds that the demolition is necessary in the public interest and/or the building cannot be feasibly reused, the hardship exception.

The application documents the analyses the City's Department of Public Health has undertaken to select a site for Northeast Philadelphia Health Center. The City considered 44 sites and selected the Friends Hospital site. The application also includes analyses that the City, Scattergood Foundation, VSBA, and other consultants have undertaken to identify a site on the grounds of Friends Hospital that can accommodate the new health center. The project has very strict requirements for the new building and parking that involve security, ease of access by foot, mass transit, and car, drop off and pick up, parking, and flow through the building. The impact of the building on the historic site, especially potential impacts on view sheds, were also considered. The application presents three options for siting the new building, the preferred Option A as well as Options B and C. In order to accommodate a new 98 foot by 287 foot building and parking lot, the application proposes to demolish Lawnside. All three options include the demolition of Lawnside. The application claims that the project is necessary in the public interest; the area needs a new health center and this location and configuration is the best for that center.

The Historical Commission has been confronted with similar questions recently related to a church complex at 4th and Race Streets in Old City and the Lutheran Seminary in Mt. Airy. Both cases involve non-profit organizations seeking to construct new facilities. The church sought to construct a homeless shelter, but had an eighteen-century building standing within the construction zone. The Historical Commission ultimately approved a plan to move the historic building to create a space for the new facility. The seminary project is not as far along in the planning, but the Historical Commission did reject the seminary's suggestion when designating that the Commission list a house on the site as non-contributing so that it could be demolished for new construction. The Commission did conceptually support the plans for new construction, but suggested that the house could be integrated into the new project or relocated elsewhere on the large, open site.

SCOPE OF WORK:

- Demolish 1859 building known as "Lawnside"
- Construct health center

STANDARDS FOR REVIEW:

- *Standard 9: New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.*
    - The application proposes to demolish a historic structure, thereby failing to satisfy this Standard.
    - Without the demolition of Lawnside, the application would meet this Standard.
- *Section 14-1005(6)(d) of the preservation ordinance: No building permit shall be issued for the demolition of a historic building … unless the Historical Commission finds that issuance of the building permit is necessary in the public interest, or unless the Historical Commission finds that the building … cannot be used for any purpose for which it is or may be reasonably adapted.*
    - This application has demonstrated that the demolition of Lawnside for the construction of the health center is in the public interest, but it has not demonstrated that it is necessary in the public interest. It has likewise contended but has not demonstrated that Lawnside cannot be reasonably adapted for a new use. The feasibility of integrating Lawnside into the new construction or moving and rehabilitating Lawnside should be considered.

STAFF RECOMMENDATION: The staff recommends that additional analyses should be undertaken to determine whether it is feasible to reuse Lawnside in its current location or at a nearby, new location on the large site.

START TIME OF DISCUSSION IN ZOOM RECORDING: 01:11:33

PRESENTERS:

- Ms. DiPasquale presented the application to the Architectural Committee.
- Architect Seth Cohen, owner's representatives Joseph Pyle and Gabe Canuso, and Department of Health representative Sami Jarrah represented the application.

DISCUSSION:

- Mr. D'Alessandro asked how a proposal that demolishes a building designated as historic can be in the public interest.
    - Mr. Farnham responded that the preservation ordinance allows the demolition of historic buildings when the Historical Commission finds that the demolition is *necessary* in the public interest. The word "necessary" is key and implies that demolition is the only way of achieving the project. The task before the Architectural Committee and Historical Commission is to weigh the public's interest in this historic building versus the public's interest in a new health center in this precise location.
- Mr. Pyle introduced himself as the president of the Scattergood Foundation, the owner of the hospital, and explained that the Scattergood board takes the request very seriously and is excited to build a new health center, which is very much in need. He explained that Lawnside, the historic house, has been unoccupied for over 20 years, and that attempts to find tenants in the past have failed because of its poor physical condition and small rooms. He opined that the building is not serving the public good, but that a new health center would. In its mission to use the hospital as a therapeutic tool, the Board of the Scattergood Foundation, which has run the Hospital for 200 years, supports the demolition of Lawnside, Mr. Pyle explained. He went on to conjecture that the early Quaker founders of Friends Hospital would have supported the demolition as well. He argued that a health center is of greater public good than the historic building. The Scattergood Foundation has three areas of focus, one of which is advocacy around mental health, and integrating physical and behavioral health. He argued that in the interest of the public, taking a behavioral health campus with a community mental health center, and then adding a physical health center and integrating those programs would be in the best interest of Philadelphians.
    - Ms. Gutterman responded that no one takes exception to the foundation's mission, but questioned whether analyses were done on the remaining areas of the site that would not require the demolition of Lawnside.
    - Mr. Cohen responded affirmatively, noting that they have looked at various locations on the site.
    - Mr. Cluver responded that the Committee accepts that the facility is a necessary facility, but the question remains why the new building must be constructed in this exact location on the property and demolish a historic building.
- Mr. Jarrah explained that the City's Department of Public Health operates eight primary care health centers that serve 70,000 patients each year. This health center

would be the ninth. The need for the center is based on an analysis done in partnership with the University of Pennsylvania on the City's Safetynet System, ambulatory care services citywide, and analysis of current demands for City services. He explained that the current wait time for appointments in this part of the city is four months, which led to a search for a new location for a health center in the northeast, as detailed in the submission materials. This site was the most ideal. The key elements of the building are proximity to public transportation, access to Roosevelt Boulevard, and the need for disabled parking spots close to the entrance. Safe and proximate accessible services is a key public interest goal.

- Mr. Cluver noted that the Committee was provided with three site plans initially and then another two, and questioned what is wrong with the shifted building footprint option that retains Lawnside.
    - Mr. Cohen responded that the Option A (Revised) is the only preferred solution that meets both the programmatic needs of the Department of Health as well as the overall site goals of the Scattergood Foundation.
    - Mr. Cohen explained that Option A (Revised) is ideal for ease of access to public transit and foot traffic. This building would be the first building people see as they enter the campus, making it easy to find. The siting of the proposed building was also selected both to honor the viewsheds of the main historic hospital building. Pulling it away from the curve of the entry drive provides general safety and ease of vehicular drop off. The siting of the building is also such that it allows them to restore the line of trees on the entry drive and to be minimally visible from Roosevelt Boulevard. He further explained that the massing of the building is program driven and that the linear nature of the building plan is necessary to provide efficient services.
    - Mr. Cohen also clarified that they looked at multiple options for access, of which their submission presented a few, but they were not intended to be viable options.
    - Mr. Cluver responded that there is no need to discuss Options B or C if they are not viable and the impact on the historic building is the same.
- Mr. D'Alessandro opined that Lawnside should be restored and incorporated into the new building, in the public interest.
    - Mr. Cohen responded that they feel the demolition is in the public interest. He noted that during their survey of Lawnside, they looked at potential programmatic elements that could be incorporated into the structure, but thinking of a modern health center with today's needs, they did not find an efficient reuse of the building. Over the past 15 years, Friends Hospital has had trouble finding uses for the building.
- Mr. D'Alessandro asked why Lawnside has not been properly maintained.
    - Mr. Pyle responded that Lawnside has not been maintained because it no longer fits the hospital or the foundation's mission. In the current healthcare climate, behavioral health services are not paid at the cost that it takes to operate a campus like this. Dollars that have been generated by the hospital have gone to support the core mission of the hospital. Lawnside, the former superintendent's quarters, is not a core mission. In the past, they looked at options to adaptively reuse the building for medical practices, a daycare, and a school, but could not find anyone who would reuse the building that was not cost prohibitive. The new healthcare center, however, would fit the mission and be in the best interest of the community.

- Mr. Canuso explained that the programming is not just a strict programming based on one scenario and one simple need, it is the culmination of many converging needs and requirements for the new building. It takes into consideration the specific desire to locate the building on the campus after a regional survey, the many community needs, including accessibility, the specific siting requirements and details of the overall Friends campus, and the designation of the campus and relationship of the main hospital building and viewsheds of that building. He opined that there is no better way to execute the design and necessary services.
- Mr. Cluver asked to look at Shifted Building Footprint Option A, conceding for a moment the necessity of the site, footprint, program, and general location.
    - Mr. Cohen responded that Shifted Building Footprint Option A does not work because it significantly alters the drop off and drive lane, eliminates the handicap parking spaces immediately adjacent to the entrance, the location of the drop off is right on the curved entry drive making it unsafe, and reduces the view of the main hospital to from the curve of the driveway. Additionally, there are significant trees and landscape that Option A tries to maintain that this option does not allow, and it extends the travel distance from the Septa stop slightly. It also makes for an awkward relationship to Lawnside that takes it out of context.
    - Mr. Detwiler responded that the retention of Lawnside is more important than an awkward relationship between it and a new building. He opined that the trees along the drive are worth thinking about and the viewshed of the main structure is important, but not at the cost of a significant nineteenth-century building on the site.
- Comparing Option A (Revised) and Shifted Building Footprint Option A, Mr. Cluver observed that if the applicants were to make the entrance drive more linear, and the entry and exit points were shifted to the right by 25 feet and the loop eliminated, the point of entry and exit would not be along the curve and the trees could be maintained.
    - Mr. Cohen disagreed, noting that in the shifted scheme, eliminating some of the pavement and drive lane traffic would not be enough to restore or preserve the landscape and would create undue traffic that results in everyone going through the central parking lot, which is something they are trying to avoid.
    - Mr. Jarrah added that they also have many patients with strollers and wheelchairs, so there is often queuing at the entrance as they wait for rides and paratransit.
- Mr. D'Alessandro suggested that Lawnside be relocated on the campus.
- Ms. Gutterman asked if the reason they are not proposing to locate the health center on the north side of the campus, where there appears to be plenty of space to do so, and where it would not require the demolition of any historic buildings, is because they do not want people driving through campus.
    - Mr. Cohen responded that the main entrance of the campus is at the corner of the proposed site, and the entry along Roosevelt Boulevard with regard to a major intersection and public transit is the safest way to enter the campus. The other end of campus is right along a bend in Roosevelt Boulevard, which is not ideal to enter and exit a health center. There are also issues related to contours and water on that part of the site, as well as utilities. He also noted that they looked at different configurations of buildings, including two and three-story buildings, and explored as many options as they could imagine.

- Mr. Detwiler asked whether the applicants are open to relocating Lawnside.
    - Mr. Pyle responded that, if they have not been able to have the funds to maintain the building in its current location, the cost of relocation and then upgrading the building seems to present a hardship. He opined that Scattergood has worked hard to maintain the campus in its historic state, but that he does not see the possibility of reusing Lawnside.
- Mr. Cluver asked whether the proposed building could be flipped on its vertical axis in the shifted footprint to allow for drop off near Lawnside.
    - Mr. Pyle responded that the current circle is not utilized because Lawnside is not utilized, but it also represents a significant safety concern to have people pull in right off of Langdon Street and Roosevelt Boulevard and immediately have to turn and orient themselves very quickly.
    - Mr. Cohen noted that they looked at entrances on all four sides, but did not feel that three of the four options were achievable. In the shifted footprint, it would be difficult to carry the drive through to the center parking area in a safe and efficient manner.
- Mr. Detwiler opined that the concessions being made for the automobile at the expense of a mid-nineteenth century building are unfortunate. He suggested that some slight modifications could be made to the proposed building program and siting—to shift the building slightly, carve away some of the green space, and create handicap spots along the triangle, while retaining or incorporating the historic building into the new design.
    - Mr. Cohen responded that he would think of it as the concession to the public health center that is so needed and the viewshed of the original hospital building.
- Mr. Detwiler explained that he respects the use of the building and the importance of it but questioned the lack of flexibility in its program and layout. He noted that he would prefer another story on it over the demolition of Lawnside. He noted that he remains unconvinced that finding a use for Lawnside has been overly explored.
    - Mr. Pyle responded that early on in the process, someone looking for a micro site for a health center deemed that Lawnside could not be used for those purposes. He noted that it would serve a tight niche since it is on a psychiatric hospital campus, and opined that it will not be a residence again. He opined that it does not support the elements of the mission of the hospital and it gets in the way of what is in the best interest of the public on this campus. He suggested that perhaps elements of the building, such as some of the stone of the façade, could be used elsewhere on the campus.
    - Mr. Detwiler responded that there are many campuses that reuse small residential buildings for office space, or some even attach them to new buildings. He stated that he remains unconvinced that the complete demolition is necessary.

PUBLIC COMMENT:

- Patrick Grossi of the Preservation Alliance for Greater Philadelphia explained that they have great respect and sympathy for the organization, but ultimately agree with the staff recommendation and encourage re-siting of the new construction, and if it is not possible, would further invite a full exploration of relocating Lawnside somewhere else on the campus or possibly off-site.

ARCHITECTURAL COMMITTEE FINDINGS & CONCLUSIONS:

The Architectural Committee found that:

- A new health center on the Friends Hospital campus, with the general footprint, program, and location of the proposed building is in the public interest, but the demolition of Lawnside is not in the public interest.
- The proposed building should be shifted slightly or modified slightly in program to allow for the retention of Lawnside.
- The retention of Lawnside is more important than the preservation of certain views of the main historic building from the entrance drive, and more important than the addition of trees.
- The creation of an awkward relationship between Lawnside and the new building is more appropriate than the demolition of Lawnside.
- The relocation of Lawnside on the campus is more appropriate than its demolition and should be explored.
- Additional siting options, including the possible incorporation of Lawnside into the design of the new building, should be explored.

The Architectural Committee concluded that:

- The concept of a new health center on the Friends Hospital campus, with the general footprint, program, and location is acceptable and in the public interest.
- The application does not demonstrate that the complete demolition of Lawnside is necessary in the public interest.

ARCHITECTURAL COMMITTEE RECOMMENDATION: The Architectural Committee voted to recommend denial, pursuant to Standard 9 and Section 14-1005(6)(d) of the preservation ordinance, with the recommendation that additional analyses should be undertaken to determine whether it is feasible to reuse Lawnside in its current location or at a nearby, new location on the large site.

ITEM: 4641 Roosevelt Blvd **MOTION: Denial** **MOVED BY: Detwiler** **SECONDED BY: D'Alessandro**					
VOTE					
Committee Member	**Yes**	**No**	**Abstain**	**Recuse**	**Absent**
Dan McCoubrey				X	
John Cluver	X				
Rudy D'Alessandro	X				
Justin Detwiler	X				
Nan Gutterman	X				
Amy Stein					X
Total	5				1

THE MINUTES OF THE 697TH STATED MEETING OF THE PHILADELPHIA HISTORICAL COMMISSION

FRIDAY, 11 SEPTEMBER 2020
REMOTE MEETING ON ZOOM
ROBERT THOMAS, CHAIR

CALL TO ORDER

START TIME IN ZOOM RECORDING: 00:00:00

Mr. Thomas, the Chair, called the meeting to order at 9:00 a.m. and announced the presence of a quorum. The following Commissioners joined him:

Commissioner	Present	Absent	Comment
Robert Thomas, AIA, Chair	X		
Emily Cooperman, Ph.D., Committee on Historic Designation Chair	X		
Mark Dodds (Division of Housing & Community Development)	X		
Kelly Edwards, MUP	X		
Steven Hartner (Department of Public Property)	X		
Kevin Hunter (Dept. of Planning & Development)	X		
Josh Lippert (Department of Licenses & Inspections)		X	
John Mattioni, Esq.	X		
Dan McCoubrey, AIA, LEED AP BD+C, Architectural Committee Chair	X		
Jessica Sánchez, Esq. (City Council President)	X		
Sara Lepori (Commerce Department)	X		
Betty Turner, MA, Vice Chair	X		
Kimberly Washington, Esq.	X		

Owing to public health concerns surrounding the COVID-19 virus, all Commissioners, staff, applicants, and public attendees participated in the meeting remotely via Zoom video and audio-conferencing software.

The following staff members were present:
Jonathan Farnham, Executive Director
Kim Chantry, Historic Preservation Planner III
Laura DiPasquale, Historic Preservation Planner II
Shannon Garrison, Historic Preservation Planner I
Meredith Keller, Historic Preservation Planner II
Allyson Mehley, Historic Preservation Planner II
Leonard Reuter, Esq., Law Department
Megan Cross Schmitt, Historic Preservation Planner II

The following persons attended the online meeting:

SCOPE OF WORK:

- Reconstruct existing roof deck and access structure at the rear.
- Install mechanical equipment.

STANDARDS FOR REVIEW:

The Secretary of the Interior's Standards for the Treatment of Historic Properties and Guidelines include:

- *Roofs Guideline: Installing mechanical and service equipment on the roof (such as heating and air-conditioning units, elevator housing, or solar panels) when required for a new use so that they are inconspicuous on the site and from the public right-of-way and do not damage or obscure character-defining historic features.*
    - The proposed location for the mechanical equipment is at the ridge of the main roof and the equipment may be visible from the public right-of-way in front of the house. The staff recommends that the applicant install this equipment in a less conspicuous location on the roof.
    - The proposed deck and access structure appear to be inconspicuous from the public right-of-way.

STAFF RECOMMENDATION: Approval, provided the mechanical equipment is installed so that it will be inconspicuous from the public right-of-way, with the staff to review details, pursuant to the Roofs Guideline.

ARCHITECTURAL COMMITTEE RECOMMENDATION: The Architectural Committee voted to recommend denial as proposed, but approval, provided the mechanical equipment is invisible from the public right-of-way, pursuant to the Roofs Guideline.

ACTION: See Consent Agenda.

ADDRESS: 4641 E ROOSEVELT BLVD

Proposal: Remove building, construct health center
Review Requested: Review In Concept
Owner: Thomas Scattergood Foundation
Applicant: Joseph Pyle, Thomas Scattergood Foundation
History: 1813; Friends Hospital
Individual Designation: 1/14/1975
District Designation: None
Staff Contact: Laura DiPasquale, laura.dipasquale@phila.gov

BACKGROUND:

This in-concept application proposes to demolish a historic building and construct a new municipal health center on the grounds of the historic Friends Hospital in the Frankford section of Philadelphia. Established by the Quakers in 1813 as the first private psychiatric hospital in the United States, the Friends Hospital complex is composed of numerous historic and modern buildings set on 99 acres. The local designation of Friends Hospital is largely undocumented and the buildings on the site were not classified as contributing or non-contributing. It appears that the hospital was designated in the early 1970s in response to the proposed Pulaski Expressway, a highway that would have connected the Betsy Ross Bridge to Route 309, cutting across the hospital grounds. In addition to its local designation, Friends Hospital is a National

Historic Landmark. The building proposed for demolition, known as Lawnside, was constructed in 1859 as the superintendent's house and is classified as contributing in the National Register designation. Any state or federal funding or other involvement in the health center project may trigger a Section 106 review, a federal preservation review, which may preclude demolition.

The Department of Licenses and Inspections is prohibited by Section 14-1005(6)(d) of the preservation ordinance from issuing a demolition permit for a locally designated building except in two cases. The section stipulates that "No building permit shall be issued for the demolition of a historic building … unless the Historical Commission finds that issuance of the building permit is necessary in the public interest, or unless the Historical Commission finds that the building … cannot be used for any purpose for which it is or may be reasonably adapted." The demolition of Lawnside is prohibited unless the Historical Commission finds that the demolition is necessary in the public interest and/or the building cannot be feasibly reused, the hardship exception.

The application documents the analyses the City's Department of Public Health has undertaken to select a site for Northeast Philadelphia Health Center. The City considered 44 sites and selected the Friends Hospital site. The application also includes analyses that the City, Scattergood Foundation, VSBA, and other consultants have undertaken to identify a site on the grounds of Friends Hospital that can accommodate the new health center. The project has very strict requirements for the new building and parking that involve security, ease of access by foot, mass transit, and car, drop off and pick up, parking, and flow through the building. The impact of the building on the historic site, especially potential impacts on view sheds, were also considered. The application presents three options for siting the new building, the preferred Option A as well as Options B and C. In order to accommodate a new 98 foot by 287 foot building and parking lot, the application proposes to demolish Lawnside. All three options include the demolition of Lawnside. The application claims that the project is necessary in the public interest; the area needs a new health center and this location and configuration is the best for that center.

The Historical Commission has been confronted with similar questions recently related to a church complex at 4th and Race Streets in Old City and the Lutheran Seminary in Mt. Airy. Both cases involve non-profit organizations seeking to construct new facilities. The church sought to construct a homeless shelter, but had an eighteen-century building standing within the construction zone. The Historical Commission ultimately approved a plan to move the historic building to create a space for the new facility. The seminary project is not as far along in the planning, but the Historical Commission did reject the seminary's suggestion when designating that the Commission list a house on the site as non-contributing so that it could be demolished for new construction. The Commission did conceptually support the plans for new construction, but suggested that the house could be integrated into the new project or relocated elsewhere on the large, open site.

SCOPE OF WORK:

- Demolish 1859 building known as "Lawnside"
- Construct health center

STANDARDS FOR REVIEW:

- *Standard 9: New additions, exterior alterations, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated*

from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.

- The application proposes to demolish a historic structure, thereby failing to satisfy this Standard.
- Without the demolition of Lawnside, the application would meet this Standard.

- *Section 14-1005(6)(d) of the preservation ordinance: No building permit shall be issued for the demolition of a historic building … unless the Historical Commission finds that issuance of the building permit is necessary in the public interest, or unless the Historical Commission finds that the building … cannot be used for any purpose for which it is or may be reasonably adapted.*
    - This application has demonstrated that the demolition of Lawnside for the construction of the health center is in the public interest, but it has not demonstrated that it is necessary in the public interest. It has likewise contended but has not demonstrated that Lawnside cannot be reasonably adapted for a new use. The feasibility of integrating Lawnside into the new construction or moving and rehabilitating Lawnside should be considered.

STAFF RECOMMENDATION: The staff recommends that additional analyses should be undertaken to determine whether it is feasible to reuse Lawnside in its current location or at a nearby, new location on the large site.

ARCHITECTURAL COMMITTEE RECOMMENDATION: The Architectural Committee voted to recommend denial, pursuant to Standard 9 and Section 14-1005(6)(d) of the preservation ordinance, with the recommendation that additional analyses should be undertaken to determine whether it is feasible to reuse Lawnside in its current location or at a nearby, new location on the large site.

START TIME OF DISCUSSION IN ZOOM RECORDING: 00:23:35

RECUSAL:

- Mr. McCoubrey recused, owing to his architectural firm's involvement in the project.

PRESENTERS:

- Ms. DiPasquale presented the application to the Historical Commission.
- Joseph Pyle of the Thomas Scattergood Foundation, Dr. Thomas Farley and Sami Jarrah of the Department of Public Health, attorney Michael Sklaroff, developer Gabe Canuso, and architect Seth Cohen represented the application.

DISCUSSION:

- The applicants explained the urgent need for a new municipal health center in the Lower Northeast part of Philadelphia. They explained that the Friends Hospital campus has been chosen out of 44 potential sites and seven finalists, and argued that the proposed footprint of the building in Option A is the only feasible positioning of the new building on the larger site. They opined that the siting of the proposed building requires the demolition of Lawnside, a contributing building to the National Historic Landmark-designated property, which has been vacant for 20 years, and no longer plays a role in the organization's mission. They argued that the reuse or relocation of the building is infeasible. In response to the Architectural Committee's recommendation for further study of alternatives to demolition, the applicants submitted supplemental information showing different alternative options on the site,

which they described as unacceptable, unsafe, and lacking accessibility. Option A, they explained, is ideal because it will be the first building on campus visible from the entry drive for those arriving by vehicle, SEPTA bus, or foot; provides efficient vehicular and pedestrian flow and traffic sequencing; maintains and restores landscaping and heritage trees along the entrance drive; and has favorable site contours and grading for accessibility and safety. Since a new health center is in the public interest, and the siting of the proposed building on the Friends Hospital campus with the footprint and location shown in Option A is the ideal position for the new building, they concluded that demolition of Lawnside is necessary in the public interest.

- Ms. Washington questioned whether the feasibility of other sites in the Lower Northeast were explored.
    - Mr. Farley responded that 44 other sites in the region were explored. Those sites were narrowed down to seven for site visits, and the Friends Hospital site was ultimately chosen from those seven. He opined that there are no other parcels close to the underserved populations.
    - Ms. Washington questioned whether Dr. Farley is aware of the Phil2035 plan for the Lower Northeast Planning District. She explained that she participated in those discussions as the Executive Director of the Frankford Community Development Corporation, and that in the discussions around the plan, which was developed through a thorough community engagement process, everyone was in favor of a municipal health center in the area, but the discussion focused on having a location closer to the Frankford Transportation Center (FTC), particularly on Frankford Avenue not just to support the needs of the health center but as a way to spur development along the commercial corridor. She opined that all the needs discussed by the applicants would be met at or near the FTC, such as the parcel at 5129-35 Frankford Avenue, and ideally would be collocated with a new supermarket. She questioned why the applicants have deviated from the plan, and why there have been no conversations with the community if the FTC was not feasible.
    - The applicants responded that the leads they got for properties near the FTC were determined to be infeasible.
    - Ms. Washington questioned specifically why the FTC sites were determined infeasible.
    - Mr. Jarrah responded that they engaged in a planning process and looked at available properties with the Department of Public Property and reached out early to the Planning Commission to talk about available properties. He explained that he cannot recall whether the specific sites Ms. Washington mentioned were reviewed, but that they looked at many available properties that were out of reach owing to parking and transit access.
    - Ms. Washington responded that FTC is the second-busiest transportation center in the city, second only to City Hall, is in a residentially-dense neighborhood, versus the Friends Hospital on Roosevelt Boulevard being closed off and literally in a gated community. She explained that she is a resident of the neighboring Northwood community and does not see how the Friends Hospital campus would be more ideal than the FTC. She explained

that she is disturbed that there was deviation from the Phila2035 plan and over the lack of community engagement in the selection of this site.
    - Mr. Jarrah responded that there is a community health center governance body that oversees the operations of the health centers and is made up of a majority of patient users who have been involved with community input. The board holds public meetings and invites testimony from the public. He noted that public input is part of the process moving forward.
    - Ms. Washington questioned when those meetings occurred, how they were publicized, who was invited or notified and how. She noted that the Historical Commission received a letter from Joe Menkevich stating that the Northwood Civic Association was not notified of the project, and that she herself is the director of the Frankford Community Development Corporation, and this is the first she is hearing of the plans, despite working closely with the Planning Commission and the Commerce Department. She stated that she does not see how the neighborhood partners were missed.
    - Mr. Jarrah responded that the purview of the Historical Commission is not the site selection, but the demolition of Lawnside and the construction of the new health center on the designated Friends Hospital campus.
    - Mr. Thomas responded that the Commission is not involved in the overall site selection, but that it is relevant if there are potentially other sites that could accommodate the health center because then the demolition of Lawnside would not be necessary.
    - Ms. Cooperman commented that if the Commission is being asked to approve the demolition of Lawnside in the public interest, then they need to make sure that the public interest has been served.
- Mr. Thomas noted that many of the issues raised in the public interest argument are economic, which would be better suited for a financial hardship application, which should include a thorough analysis and review by the Committee on Financial Hardship.
- Mr. Thomas noted that he serves on the board of advisors for the Tookany Tacony Frankford Watershed Partnership and is a former board member and is very familiar with the Friends Hospital site, traveling there by bicycle. He noted that the Friends Hospital campus is connected to the city's bicycle network, which is a convenient safe way to get there. He also noted that he appreciates all that the hospital has done to preserve the open space.
- Mr. Thomas noted that when one enters the Friends Hospital campus, one is overcome by a feeling of calmness and having arrived into a pleasant, safe, and beautiful place, which is the original purpose of the campus. He noted that Lawnside forms a kind of gatehouse, and expressed concern that what would now be facing Roosevelt Boulevard is a service entrance for a building which does not tell the story of the campus's history.
- Mr. Thomas opined that there are numerous other potential adaptive reuses of the historic building. He suggested that the applicants look for a-typical uses. He noted that the Commission cannot determine the potential for reuse without a financial hardship analysis.
    - Others disagreed and contended that financial factors must be considered to assess feasible alternatives to the proposed plan. For the Historical

Commission to find that a project is necessary, it must rule out other alternatives as infeasible, including financially infeasible.

- Mr. Thomas opined that the applicants should not scrap an entire scheme because it would require the demolition of one of the later additions to Lawnside, noting that partial demolition would be better than complete demolition.
- Mr. Thomas questioned the traffic pattern that loops back in Option A, noting that it appears that people are riding on the wrong side of the road.
- Mr. Thomas noted that the proposed building would be the first one visitors see when entering campus and that it will set the tone of the whole campus. He opined that the installation of service areas immediately adjacent to the entrance and to Roosevelt Boulevard are inappropriate, even if screened.
    - Mr. Cohen responded that the drawings are conceptual, but with respect to the service areas, they will be encased in a screened fence that shields the activities, along with significant landscaping along Roosevelt Boulevard to serve as a visual and audible buffer. He opined that they will help maintain the sense of calm and tranquility by restoring additional trees along the drive. He explained that the new building is intended to be a background building, while its location makes it readily accessible and allows for adequate time to orient oneself whether by foot or car.
- Ms. Washington commented that safe pedestrian access will be a problem at the Friends Hospital site owing to the dangerous Roosevelt Boulevard, which has terrible traffic flow and is very unsafe for pedestrians. She noted that most of the population is not going to be traveling by bicycle, but many will be traveling by foot from the neighboring communities of Northwood, Frankford, and the surrounding residential community.
- Ms. Cooperman expressed concern over the relationship not just of this project to Lawnside but to the overall property of Friends Hospital campus, which is characterized by its open space and sense of place of refuge. She argued that construction a very large building at the entrance, which is a crucial threshold experience of a park, fundamentally changes the character of this property. The whole property, not just a single building, is the designated resource. She noted that she appreciates the effort to maintain heritage trees, but opined that planting supplemental trees and putting up an attractive screen fence will not compensate for constructing a large building at a crucial viewpoint in the experience of the landscape of the property.
- Mr. Mattioni referred to the Architectural Committee's recommendation and the feasibility of the reuse or relocation of Lawnside on the larger site, noting that it is a very large property, which would seem to be able to accommodate the new construction as well as the retention of Lawnside. He stated that he does not feel there has been an adequate answer or exploration of why Lawnside cannot be dealt with in a more appropriate way. He also argued that Ms. Washington's and Ms. Cooperman's questions have not been adequately answered. Ms. Turner agreed. Mr. Mattioni noted that the Commission is being asked to approve conceptual plans that include the demolition of a property that has been allowed to fall into disuse and disrepair by the very people who are asking for the approval.
- Mr. Thomas noted that this is not an issue of preservation versus the essential services the hospital provides and seeks to provide. The Historical Commission is

looking for how to do both. He noted that preserving the character of this property also impacts the patients that they serve.

- Mr. Reuter clarified that this in-concept application proposes both the demolition of the historic Lawnside and the new construction of a two-story building in the location and footprint shown in Option A. He noted that the Commission has not encountered many public interest arguments for in-concept applications. He explained that the Commission is tasked with balancing the public interest of preserving the Lawnside building versus creating this hospital building in this precise location and will reach a determination as to whether the demolition of Lawnside is necessary to achieve that purpose. In order to make that determination, the Commission must determine whether there are feasible alternatives that would achieve that same public interest. Financial factors can be considered when reviewing claims of necessary in the public interest. A separate review by the Committee on Financial Hardship is not necessary.
- Mr. Thomas noted that they have discussed the flow of traffic around a box on a site plan, but have not addressed if the shape of the building can be adjusted. He questioned whether, assuming the top of the drawing as north, the northeast corner can be adjusted so that Lawnside can remain. He noted that many times historic buildings are incorporated into new construction, and that the concept of how to allow the new and old to coexist needs to be addressed. He noted that the application needs more analysis to show more potential designs for the shape of the building itself. He reiterated that partial demolition of a wing or rear addition of Lawnside is preferable to complete demolition.
- Mr. Farnham clarified that the applicants are asking whether they have demonstrated that this project is necessary in the public interest. He noted that the project is limited to the demolition of Lawnside and the construction of a two-story building with the footprint and driveway system shown in the Option A. The footprint, massing diagram, and floor plans are included in the submission to the Historical Commission. Exterior façade materials and detailing have not been submitted.
- Mr. Thomas noted that the question has come up as to whether the footprint is adjustable. He argued that Lawnside should not be demolished unless the applicants can show that this is the only shape and location that is possible. He opined that, since the proposed building is not directly in front of the main hospital building, it could be seen as a flanking building, but reiterated that minor adjustments could be made to the driveways, entrances, in a manner that is respectful to the historic building but still accomplishes the hospital's goals. He noted that there is room in the general proposed location to adjust the new construction to avoid demolishing all of Lawnside.
- Mr. Farnham noted that the architect submitted floorplans and described the interior flow at the Architectural Committee meeting. Ms. DiPasquale clarified that those floorplans were included in the submission to the Historical Commission as well.
- Ms. Cooperman noted that there are also broader concerns about the larger framework for the selection of the location of the new facility, and that there is public interest in that more generally. Ms. Washington agreed, noting that there is the public interest of the healthcare needs but also the total impact of the development on the surrounding neighborhood.

- The applicants noted that many issues have been raised that could be addressed, and questioned the best path forward procedurally, noting that time is of the essence. The applicants, the Commissioners, Mr. Farnham, and Mr. Reuter discussed the appropriate next steps, ultimately suggested the possibility of continuing the application for one month and supplementing it in the interim.

PUBLIC COMMENT:

- Mr. Farnham noted that two emails were sent over night directly to Chairman Thomas from architectural historians Aaron Wunsch and Michael Lewis in opposition to the demolition of Lawnside. He noted that it is a violation of the City's ex parte law to communicate with Commissioners directly on matters before the Commission.
- Laval Miller-Wilson supported the construction of the new health center and the demolition of Lawnside. He noted that he serves on the board of the Ambulatory Health Centers, which includes health center patients and holds public monthly meetings. He explained that the board has a neighborhood advisory committee for each of the eight health centers. He encouraged the Commission to prioritize safety and accessibility for the new health center and to approve the demolition of Lawnside. He argued that the City has identified the need for this area, and that the Friends Hospital location was selected through a long and thorough search, and that the project and demolition is clearly in the public interest.
- Patrick Grossi of the Preservation Alliance expressed understanding of the organization's mission and the need for a new health center in the Lower Northeast. He supported the staff and Architectural Committee's recommendations. He explained that he recognizes the spatial constraints having to do with pedestrian access and vehicular circulation, but questioned whether it would be feasible to consider a slightly smaller footprint. He acknowledged that such a proposal would likely involve losing some space and might require an additional floor level, but noted another VSBA-designed community center at Broad and Morris has three floors of services. He stated that he would invite consideration of smaller footprint with greater height. If the footprint and siting is inflexible, he continued, he does not feel there has been sufficient evidence or argument presented that shows that Lawnside is financially infeasible to mothball, restore, or relocate. He noted that Friends Hospital actively uses Greystone, which is another historic residential building. The assertions so far are not compelling and amount to a financial hardship claim without the supporting evidence required in a financial hardship application.
- Paul Steinke of the Preservation Alliance explained that it is good that the application is in-concept, because it requires further study as to how not to overly disrupt the historic landscape and Lawnside. Mr. Steinke noted that there have been claims by Mr. Pyle and others of economic hardship with respect to rehabilitating Lawnside, which they themselves have neglected. He noted that there has been no mention of Universal Health Services, which is the operator of the facility. He explained that Universal Health Services is a healthcare giant based in King of Prussia, Pennsylvania, which has 400 hospitals, behavioral health and ambulatory services facilities scattered through the United States and United Kingdom. He opined that they are a private for-profit company with billions in annual revenue, and would seem to have access to revenue that the rehabilitation of a small residential building should not be an impediment.

- Randal Baron suggested that, if one accepts the general location and footprint of the proposed building, it seems possible that by adjusting between Option A and Option B, it would be possible to shift the building towards the entrance drive and avoid Lawnside, without changing anything about the size of the building or the vehicular circulation. Secondly, he suggested that Lawnside could be reused as a group home, for which there is a tremendous need, and for which location on the grounds of a hospital would be viewed as a positive because it would also avoid the opposition frequently encountered in residential neighborhoods. Mr. Baron finally addressed the additional paving proposed for parking spaces. He noted that the Historical Commission has a long history of requiring the preservation of lawns, such as at the Naval Home, and suggested that the parking should be redesigned to move it more out of view.
- Jim Duffin echoed Mr. Baron's comments, noting that it seems possible for the proposed building in its general proposed location and footprint to be shifted, angled, or stepped in such a way that the driveway and circulation remain the same, but that Lawnside is retained and the new and old buildings are able to co-exist. He also noted that the $1 million cost mentioned by the applicants includes the relocation of Lawnside, not just its rehabilitation.
- Benjamin She opposed the demolition of Lawnside, and opined that the insistence on free-flowing car access is detrimental to pedestrian access, especially given the site's isolation from the neighboring community. He questioned whether it would be possible to move the parking to the main parking lot, and suggested providing separate pedestrian and vehicular access.
- Steven Peitzman agreed with previous comments. He noted that he is particularly interested in accessibility, and that this is a relatively isolated location with a cemetery on one side. He noted that many patients would have to cross Roosevelt Boulevard to get to a bus stop or to home, so this would be a largely automobile dependent facility. He noted that, as a partly-retired physician who volunteers at a clinic for the underserved, he is particularly sympathetic to the need for additional primary care facilities. Nevertheless, this campus is meant to be a beautiful and therapeutic tool, and is a National Historic Landmark, and while that does not have bearing on the local designation necessarily, it is the highest level of recognition of a historic property in the nation.
- Debbie Klak noted that she is a community preservationist and activist in the area and past president of the Historical Society of Frankford. She opposed the demolition of Lawnside because it takes away the integrity of the National Historic Landmark. When viewed from Roosevelt Boulevard, the campus has an expansive front lawn and all the subsequent hospital buildings built after the main building are to the rear. She also agreed with Commissioner Washington that the community was not informed of these plans. She suggested locating new construction behind the main building or looking elsewhere around the Frankford Transportation Center as suggested in the Phila2035 plan.
- Oscar Beisert of the Keeping Society of Philadelphia supported the construction of a public health center in the Lower Northeast, but argued that public health should not be used to justify bad planning. He agreed with Commissioner Washington that this proposal entirely ignores the town setting of the neighboring Frankford Transportation Center, which would be more accessible by foot to the neighboring

community and would likely not require demolition of any historic buildings. He noted that Friends Hospital is one of the most beautiful and intact historic properties along Roosevelt Boulevard, and that a key factor in its National Historic Landmark designation is the landscape. He opined that construction in the proposed location disrupts the historic landscape and destroys the most visible historic building on the campus, as well as the overall historic feeling of the campus from the public right-of-way. He noted that one of the key recommendations of the Mayor's Task Force on Historic Preservation was to integrate preservation into the larger planning process across City agencies, which this application fails to do. He urged the Historical Commission to deny the application and for the applicants to explore alternatives.

HISTORICAL COMMISSION FINDINGS AND CONCLUSIONS:
The Historical Commission found that:

- The proposed project is limited to the demolition of Lawnside and the construction of a two-story building with the footprint and driveway system shown in Option A. Exterior façade materials and detailing have not been submitted.
- The proposed project is In Concept only, and would require a final review with more complete information, including architectural plans, façade materials, and other details.
- Lawnside is a prominent building on a calm, tranquil, and verdant campus, and acts as a gatehouse to the entrance drive, setting the tone for the whole campus.
- Construction on the proposed site of Option A, including the demolition of Lawnside and the placement of service areas immediately adjacent to Roosevelt Boulevard and the entrance, would change the historic character of the property.
- Schemes that incorporate Lawnside into the new construction, even if they involve the demolition of rear additions to Lawnside, should be explored.
- Additional uses for Lawnside should be explored.
- Slight changes to the floorplan of the new construction to avoid impacting Lawnside, without substantially modifying the proposed vehicular paths should be explored.
- To demonstrate necessity in the public interest, the applicants must demonstrate that other locations do not present feasible alternatives.
- The application should not be approved unless the applicants can show that this is the only feasible footprint and location for the new health center.

The Historical Commission concluded that:

- The review of the application should be continued to the next meeting of the Historical Commission to allow time for additional analyses and supplemental submissions.

ACTION: Ms. Edwards moved to continue the review to the 9 October 2020 meeting of the Historical Commission. Ms. Washington seconded the motion, which passed by unanimous consent.

ITEM: 4641 E ROOSEVELT BLVD MOTION: Continue to the October 2020 meeting of the Historical Commission MOVED BY: Edwards SECONDED BY: Washington					
VOTE					
Commissioner	Yes	No	Abstain	Recuse	Absent
Thomas, Chair	X				
Cooperman	X				
Dodds (DHCD)	X				
Edwards	X				
Hartner (DPP)	X				
Hunter (DPD)	X				
Lippert (L&I)					X
Mattioni	X				
McCoubrey				X	
Sánchez (Council)	X				
Lepori (Commerce)	X				
Turner, Vice Chair	X				
Washington	X				
Total	11			1	1

REPORT OF THE COMMITTEE ON HISTORIC DESIGNATION, 19 AUGUST 2020

ADDRESS: 1617 WALNUT ST
Proposed Action: Designation
Property Owner: Rosenberg Family Partners
Nominator: Staff of the Historical Commission
Staff Contact: Meredith Keller, meredith.keller@phila.gov

BACKGROUND:
This nomination proposes to designate the property at 1617 Walnut Street and list it on the Philadelphia Register of Historic Places. The nomination contends that the building satisfies Criterion for Designation D. Under Criterion D, the nomination argues that the Seeburger & Rabenold-designed building conveys the aesthetics of the Italian Renaissance Revival style through its classical temple form, verticality, and classical detailing. While the ground-story commercial space has been altered several times, most recently in 2011, the modifications have remained sensitive to the building's original detailing and classical style.

STAFF RECOMMENDATION: The staff recommends that the nomination demonstrates that the property at 1617 Walnut Street satisfies Criterion for Designation D.

COMMITTEE ON HISTORIC DESIGNATION RECOMMENDATION: The Committee on Historic Designation voted to recommend that the nomination demonstrates that the property at 1617 Walnut Street satisfies Criterion for Designation D.

START TIME OF DISCUSSION IN ZOOM RECORDING: 02:37:45

PRESENTERS:

- Ms. Keller presented the nomination to the Historical Commission.