

**LMA FUTURES: BRAINSTORMING/BRIEFING NOTES/SUMMARY**  
28-29 January 2004

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**28 January 2004**

8:00 am Breakfast

Greetings by Mayor Thomas M. Menino, BRA Director Mark Maloney, and Chief Planner Rebecca Barnes.

9:30am Bus Tour

See attached map for locations visited

11:30am Lunch

MASCO presentation: State of the LMA Executive Summary

See attached PowerPoint by Goody Clancy & Associates

2:00-7:00pm LMA Issues and Challenges- Urban Design, Workforce, Growth and Transportation; City Agencies (meeting minutes below)

**Tim Conway**, *CEO, Dana Farber*, welcomed attendees and provided personal and professional background. Noted that the leadership of the institutions is about discovery, cure, opportunity, synergy, families, economic stimulus, Boston, Brookline, diversity, and the burden/responsibility of being the "go to place." The challenge is putting all these things together for maximum impact.

**Andrew Grace**, *Boston Redevelopment Authority*, provided a brief run-down of the afternoon agenda and info packet previously mailed out to advisors. He introduced speakers from the various City agencies and departments

**Kairos Shen**, *Director of Planning, Boston Redevelopment Authority*, discussed/introduced the City's Interim Guidelines (IG) as a backdrop for the urban design portion of the presentation.

**Bob Kroin**, *Urban Design/Boston Redevelopment Authority*, addressed the difficulty of planning for an area (LMA) that is seemingly at its limit, yet is faced with multiple proposals and must respond to them. The guidelines began with observations about the neighborhood assets, specifically but not limited to open space. Open space serves as an orienting device in a complicated area. The Interim Guidelines set provisions that incorporate no-build, limited shadows in designated areas, as well as height restrictions as a means of protecting parks and boulevards. Base line requirement is that it does not interfere with viable/important development.

**Kairos Shen** stated that this event is a necessary first step before a long-term plan is in place. An issue that still needed further discussion is the "elsewhere" factor, a reference to potential development sites outside of the Longwood Medical Area. He suggested that the Interim Guidelines (IG) be viewed in a more holistic fashion, as they do not address a primary question → Is fitting everything in the LMA the solution? The Interim Guidelines, **Kairos Shen** contended, is trying to be clear on how we might manage it.

**Linda Kowalcky**, *Boston Redevelopment Authority*, presented issues related to housing. She stated that housing was an issue of considerable debate and that the City has seen, at least initially, the relationship between housing and institutions to mean dormitories. As the growth of institutions increased; substantial impacts on the housing market started to be felt.

Kowalcky also stated educational enterprises are now beginning to see housing as a necessary support to their growth. She shared relevant statistics and referenced some institutional pipeline housing projects such as the Fenway Mixed-Use Project on Boylston/Brookline Avenue at the edge of the Fenway neighborhood that incorporates institutional housing with rental conventional housing. Future housing challenges in the LMA include a disparity between graduate and undergraduate housing and the ever-increasing need for affiliate housing. The IG is a way to focus institutions on housing collectively.

**Kairos Shen** pointed out the *elsewhere notion vs. the super cluster*. He stated that in order for Boston to succeed, impacts and benefits should be shared by entire city, not one area.

**Conny Doty**, *Director of Mayors Office of Jobs and Community Services (JCS)*, presented workforce development issues. She discussed "career ladders". The future of Boston is connected to the investment made in our neighborhoods, specifically the people. JCS acts as a broker between Federal/City and Community Services. The goal is economic sustainability for families. Every year funding is reduced (i.e. 15% fewer dollars for workforce training from Federal Government to date). Jobs and Community Services looks for other resources. Doty noted that in order to meet the needs of a knowledge-based economy, basic skills/problem solving skills have become essential. There is currently a high vacancy rate in middle tech employment areas, which could potentially provide good family sustaining jobs. Connection and bridges to these opportunities are extremely important.

**Ken Barnes**, *JCS*, listed several current programs making strides: Walk-to-Work, English as a Second Language (ESL), and Boston Workforce Development Initiatives. Employer involvement is key. It becomes an issue of bringing the programs to scale, as well as the appropriate use of funds and resources/ long-range planning.

**Nicholas Retsinas**, *Director of Harvard University's Joint Center for Housing Studies, an advisor*, asked to what extent are open space areas and/or landmarks assets to the LMA or broader community? And do they fall into the category of practice not theory? **Bob Kroin** maintained that connections between assets and the LMA are getting slimmer. Parks should be treated according to the parks system. Because of the shortage of land, they are disappearing. **Kairos Shen** added that there are trade-offs and judgement calls made by the City. There is the need for a long-range view in order to make better-informed decisions.

**Meredith Spear**, *Director of Facilities, Kurt Salmon Associates, an advisor*, stated there is an inherent struggle with the Interim Guidelines. Whose priorities are served first? And what is the role of the Interim Guidelines? **Kairos Shen** maintained the Interim Guidelines are there to protect the public realm.

**Representative Jeffery Sanchez** suggested that from a historical perspective, the LMA institutions directed and took charge of the public process. Community outreach agencies have played a major role in getting a place at the table. There are unique challenges in the Mission

Hill neighborhood, two being the high cost of housing and rampant development. He is concerned with making sure residents are programmed into the public process. The main issue is quality of life.

**Nicholas Retsinas**, *an advisor*, contended that the benefits are different for the groups represented.

**Councilor Michael P. Ross** noted the history between the City and neighborhood. He stated that every plan should begin with goals and values. The real assets are the people. The investment should be in them.

**Alex Krieger FAIA**, *Principal, Chan Krieger & Associates, an advisor*, requested facts and figures on those who work in the LMA. **Sarah Hamilton**, *Medical Academic and Scientific Community Organization, Inc. (MASCO)*, noted that 35% of LMA workforce are Boston residents. Of Boston residents, 15% are from Dorchester; 5% live in Mission Hill. **Sara Hamilton** agreed to provide statistical information and backup to support these numbers. **Alex Krieger**, pointed out the gentrification and displacement dynamic.

**Patricia Flaherty**, *Mission Hill Neighborhood Housing Services and resident*, stated that working collaboratively with institutions is just a drop in the bucket. She is skeptical when institutions propose housing. In her experience, there has seemed to be a lack of investment in existing housing stock. Mission Hill cannot compete with students and speculators. Goal is to maintain existence as a working class neighborhood.

**Klare Allen**, *Safety Net and resident*, asked how Melnea Cass Boulevard fits into the "elsewhere program" being discussed? Roxbury is impacted in similar ways. What are the benefits, as they relate to outside the LMA? **Kairos Shen** stated that Melnea Cass Boulevard is one of the potential locations for "elsewhere". There is not a clear idea of how the expansion of the LMA can share its benefits throughout the City.

**Bruce Bickerstaff**, *Roxbury Neighborhood Council and resident*, stated that Roxbury needs to be a part of this idea of balance. Communities as a collective need to view the LMA area as an asset.

**Bob Atlas**, *President, The Lewin Group, an advisor*, stated what needs to be included in the vision is the provision for primary care. Clinical/Research/Teaching are the predominant uses; this creates bigger gap between institutions and community because primary care is not being delivered. **Meredith Spear** added that the issue is one of ambulatory care, not primary care. The city, she states, seems to be in good standing in that area.

**James Jennings**, *Professor of Urban and Environmental Policy and Planning, Tufts University, an advisor*, contended that the issue is one of decoupling healthcare and biotech. Can some of the pressures the LMA is feeling for more space be separated? The numbers, he suggested, point to biotech as the economic panacea. Perhaps there is the need to look at more regional approaches of the issue. Not quite sure if the license to look outside the box has been issued.

**Steve Gunderson**, *Partner and Managing Director, The Greystone Group, an advisor*, asked how you connect a 35% job increase to meet growth? **Sara Hamilton**, *MASCO*, noted a future

prediction of 10,000 jobs, skilled and entry level, in the next 10 years. **Conny Doty** added that many workforce clients do not immediately consider the LMA as a source of employment. Community based organizations play a major role in networking for the clientele.

**Roy Budd**, *Workforce Consultant, Solutions Inc., advisor*, questioned the ability to generate the projected necessary future employees. There is a need, to balance scale and leverage resources are we making connections between employees and employers? **Representative Jeffrey Sanchez** mentioned the idea of conducting a needs assessment in Mission Hill.

**Glen Comiso**, *Biotechnology/Boston Redevelopment Authority*, stated that there are increased employment opportunities in the biomedical industry. 26%-30% are high school diploma and associates degrees candidates. With the proper job training, more jobs are accessible.

**Jane Garvey**, *Executive Vice President and Chairman, Association of Public-Safety Communications Officials, International (APCO), and advisor*, mentioned that important elements of the next steps include goals and values. What are the collective goals and values? Do the Interim Guidelines reflect them?

**Nicholas Retsinas**, *advisor*, added that there is a need for understanding the appropriate calibrations as we look at the actual employment opportunities.

**Rebecca Barnes**, *Chief Planner of the Boston Redevelopment Authority*, introduced the topic of City Perspective: Growth and Transportation. She stated that Boston is place of demonstrated growth and the population is increasingly diverse. Job creation is a necessity and tradeoffs are essential. The perspective new square footage and the fast pace of change are the issue. Equally important are the community benefits to be gained. She thanked the community representatives for their attendance and participation. Our efforts, **Rebecca Barnes** stated are focused on looking at the whole area. Our challenge is to build relationships and deal with multiple impacts, and then, timing through short/long-term planning.

**Sonal Gandhi**, *Boston Redevelopment Authority*, provided an overview of the Institutional Master Plan (IMP) process. She stressed the importance of community involvement. And outlined some of the many provisions included. **Gandhi** discussed some of the trends of public/private partnerships and how the impacts are not fully known.

**Vineet Gupta**, *Boston Transportation Department*, presented transportation issues, with the focus on implementation and funding.

**Dick Garver**, *Boston Redevelopment Authority*, discussed short/mid/long-term components of a possible transportation plan. Roadway and transit projects have big-ticket costs. **Garver** mentioned the possible necessity of State appropriations and the desirability of the Urban Ring being a part of the short/mid/long-term planning.

7:00-9:00pm Community Roundtable Discussion with Advisors
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**Alex Krieger**, *advisor*, The Urban Ring seems to be perpetually 20 years away. We need to shift focus to the silver bullet, and make it 10 years away, not continually 20. Harvard

University should invest in the Urban Ring. Must be a way for Transportation Demand Management (TDM) to make a difference too. Signalization can make a big difference. Let's do the tweaking now. Better management will improve conditions, capacity, and flow. Let's keep at the adjustments, fine-tuning. Let's also look at some radical proposals like congestion pricing, or a user fee for traveling through the LMA

**Alison Pultinas**, *Friends of Historic Mission Hill and resident*, stated that congestion is expected now during peak hours. The LMA is a downtown. How do we get transit there? Right now, it is very dispersed. If we look at mixed-uses, demand for single occupancy vehicle trips will go down.

**Maggie Cohn**, *Mission Hill Main Streets and resident*, stated the MBTA must be a part of any future conversation. The E Green line is consistently the one they pull trains off. This is a huge problem. Whose needs are really being served by this? Better bike routes need to be considered as well. And the LMA needs to be looked at from a citywide transit improvement perspective as well.

**Pam Beale**, *Kenmore Business Association and resident*, asked to look at a 20 hour T, with 3 shifts for the LMA. The current design process to get anything done is very long. Is there a way to expedite/shorten the design process and accelerate the idea process so things can get done quicker?

**Dick Garver**, *Boston Redevelopment Authority*, Phase II of the urban ring is projected to cost \$578 million. Is this the right strategy to be pursuing? Are there other areas where that money could be spent more meaningfully?

**Kristin Schneider**, *Adaptive Environments*, the urban ring is what we need. State legislature might be more persuaded if people and the institutions contributed to the cost.

**Adam Schulman**, *Boston Transportation Department*, BTD is constantly tweaking, working on TDM, there is more to be done. We need to develop a new language to discuss traffic, by saying failure, it always infers a bad situation. These intersections are not suburban ones; they are urban, very urban. This area is a downtown.

**Kristin Schneider**, *Adaptive Environments*, there is a danger to incrementalism, little by little increasing the development in the area. Are we merely balancing now, or are we actually going backwards? 1. Safety is decreasing because of traffic and 2. Exhaust from increased traffic diminishes the quality of life in the neighborhood. Congestion is at a breaking point, we are butted up against each other. Enough is enough. No more incremental growth.

**Donovan Walker**, *Safety Net and Roxbury resident* stated that the Roxbury residents do not get the same value of the LMA as Mission Hill and/or the Fenway. Main concern is displacement.

**Klare Allen**, *Safety Net and Roxbury resident*, expressed concern with LMA linking Melnea Cass to satellite parking uses. No stand-alone parking for the LMA is allowed in Roxbury. Why the residential height bonus, and does it also apply to neighborhoods that are within 1/2 to 1 mile radius of the LMA? What impact, if any, will the Urban Ring tunnel have on homes?

**Kairos Shen** mentioned that the Roxbury Master Plan includes statements that prohibit stand-alone parking in the neighborhood. The residential height bonus is a way to increase the supply of housing in a very tight supply restricted market. The height bonus does not apply to adjacent neighborhoods. Each residential project that gets proposed is evaluated on its individual merits and appropriateness to the neighborhood it is located in.

**DAY 2**

**29 January 2004**

9:00- 11:00am

Conversation with Institutions – Clinical, Research, & Education Presentations

**Paul Levy**, *President, Beth Israel Deaconess Medical Center (BIDMC)*

Teaching hospitals are business enterprises. LMA works well: in terms of transportation; good sense of community; diversity of people and staff. It needs greater densification, more local housing to increase foot commute, mass transit emphasis, and more institutional and physical “bridges” (across avenues, connecting buildings).

Clinical – inpatient/outpatient – does not generate revenue; used to be profitable; no longer is.

Now a competitive deregulated environment. Variety of funding sources needed:

Medicare/Medicaid (one pays better than the other), state appropriations, private insurers, BlueCross, Harvard Pilgrim, and Tufts. Most hospitals in Massachusetts run a deficit; 2-3% profit margin at best. LMA hospitals invent treatments that are not yet covered by insurers. Research needs to be subsidized. LMA combines cellular level and clinical research, and tries them out on patients. Teaching needs to be subsidized; training clinical students to become future doctors. Funding for graduate education through Medicare. Funding for undergraduate education – modicum of funding. There is a challenge in operating hospitals efficiently.

External sources of funding; 1. Sale of intellectual property, 2. Philanthropy, 3. Real estate development opportunities; Sell property rights; Develop property and rent space to others. Very small margin business and high fixed costs; Must buy new medical equipment every 3 years to stay a leader in the field. There are fixed costs pertaining to staff, nurses etc; very low profit margin business where every little thing counts.

Culture of institutions, Boston has the world’s best staff, Clinical care is excellent, research to further interests, love to teach (students keep them sharp), close proximity of one to another, concerned about relationship with community. Non-profit charter – mission to provide care to all neighbors in the vicinity but also to be good neighbors; affiliated with community health organizations and also involved in job force development.

**Dr. Stephen Sallan** – *Dana Farber Cancer Institute*; Impact of research on clinical care – is too much research affecting quality of clinical care? Absence of difference between research and clinical care: as a “model” for care/research.

**Nancy Andrews** – *Harvard Medical School*; Fuzzy line between basic research, clinical research, and biotech – this is the strength of the LMA community; the first is separate from the patient, the second involves the patient, and the third is a transition from what happens in the

laboratory to developing a treatment for patients. Lots of interchanges with patients. Need liaisons with biotech companies – academic institutions aren't set up to do this as well (laboratory work.)

**David Kirshner** - *Children's Hospital*; Income from discoveries – yes, but pluses and minuses. Concern about driving real estate costs up by having biopharmaceuticals in LMA now. Bonds are allowed to be issued for charitable purposes. Fear of staff being recruited from hospitals to biotech/biopharma firms. Stockholders of biopharma are impatient – pressure – not as patient as BIDMC or DFCI.

**Cynthia Walker**, How is the academic component funded? Half of budget is research; other for teaching.

**Eric Buehren**, *Harvard Medical School*; Outreach efforts of medical schools- HMS used to own much property and many businesses in the neighboring communities. Some real estate developments in Mission Hill. Some housing development to replenish 1970s loss of housing due to expansion. Better relations today; providing necessary facilities. Partnerships with health institutions and CDCs in neighborhoods. Med. schools – not a lot of entry level positions; need to upskill staff – staff development. Need to do a better job of transportation planning.

**Paul Levy**, How necessary is proximity to growth? Incredible amount of interaction between basic science research and clinical partners; sometimes they're the same person. Existing faculty reluctant to move to annexes not in close proximity; new faculty also reluctant. Some clinical functions can be moved elsewhere. Some patients from suburbs prefer to have surgeries performed on downtown LMA and not elsewhere where their primary care physicians are located (suburbs.)

Most serious problem is traffic. Need to improve transit – e.g., Yawkey commuter station for Red Sox games. Charge high parking fees to deter traffic, provide extensive transit subsidies, have to do better, need to provide more housing to lower traffic.

**Nancy Andrews**, Big advances in sciences – collaboration with coworkers throwing ideas around at lunch, etc.

**Rebecca Barnes**, *Boston Redevelopment Authority*; Regional context. Internal LMA competition but also different identity than NEMC, MGH, etc. How does the research, academic and clinical picture look regionally? Harvard teaching hospital affiliation is an important "structure" regionally. Joint research and clinical appointments. Less likely for joint LMA/NEMC appointment due to Harvard / Tufts medical school affiliation difference. LMA / MGH distance hinders. LMA not likely to become an island unto itself by providing so many amenities and services. Need for housing – not a self-contained community. Need to do more catalytic housing projects

**Jane Garvey**, *advisor*, Jobs and training- Positive changes with community program. Lots of pilot programs need to be brought to scale. Community more concerned with jobs, training, and housing than traffic. Augment pilot programs. Unusual workforce; med. school staff is top-heavy, few entry-level positions. Hospital has more entry-level. Very "human capital" work environment. Providing education and training opportunities to local community is a big

challenge. Large amount of workers come from within ½ mile (actual figures to be handed out; ~35% are Boston residents.) What's the career path of a newcomer from an entry-level position? How can this be done? This could be done better.

**Bob Atlas**, *advisor*, Notion of science and clinical research needs to be clustered. Laundry, equipment repair, etc. – given lack of space, high real estate costs; can these things be moved out? Can these facilities and services be shared? BIDMC came out of a merger – actually reduced SF by 12% - mostly administrative space. No plans to expand amount of space now. Jointly moving pathology labs and food services? Doesn't look like it pays now but still willing to consider.

Job projection versus promises to community. Setting up for failure; most of these new jobs for 2010 (35% growth) are medium to high skill jobs. English-language training and radiology programs for immigrants; Mass. College of Pharmacy does this type of thing. No need to predict job force segments in anticipation of growth as a "science"; do not set an unreasonable standard. Look to own interest, monitor along the way in terms of job needs

**Rebecca Barnes**, *Boston Redevelopment Authority*, Lot of effort Central Artery/Tunnel – unions required to hire minority and local community members – doesn't happen naturally. Community looks for construction jobs as well as since they are good for those without training or education.

**Meredith Spear**, *advisor*, is it possible for clinical/research to be out of balance? Possible, but not likely was the response given. They do not necessarily grow in parallel but mutually arrive at the same place.

**Jim Segel**, *Temple Israel*, The Temple has been in the city for the 150 years, & at this site since 1927. Largest New England congregation. The weekend is the most active period, then Friday service, and preschool from Monday through Friday at 9am. Volunteer organization. Concerned with traffic, height/density; against housing; concerned about Joslin construction period backing up traffic; Boston Latin getting out of school; Red Sox game, especially gridlock in April when two or more of these happen in conjunction; snow problems.

MBTA Green Line needs improvement. BIDMC new roads a good idea for outlets. Narrow streets a problem. Inventory of housing and job growth needs to be done by BRA/MASCO and should work with the institutions on providing housing.

**Holly Ludewig**, *Director of Planning, Gardner Museum*, Celebrating centennial; historic collection does not change at the museum. 200,000 annual visitors – as high as it can go due to wear and tear. Concerned about growth of surrounding areas. Protect scale and intimacy of museum setting. Traffic vibrations shake the building. Concern with car traffic, t-traffic and construction vibration pedestrian safety and wayfinding.

**Dan Cheever**- *President, Simmons College*, Colleges of Fenway includes 13,000 students & 2,000 employees. Awards degrees from associates to doctoral. Collectively \$250M budget. Can cross-register, teach jointly, bid collectively for administrative services. Compete for research funds, guided by MASCO, 8% growth a year, opening off-campus sites.



Three concerns- 1. Improve transportation networks of all kinds- no single answer to acute problems. 2. Affordable housing for students and staff, especially for the 6,000 graduate students. 3. Large buildings might overwhelm parkland qualities – protect pocket parks, etc.

Changing demographics of students. How does this affect residential building needs? Wentworth – 2,800 undergrads only; change from commuter school to residential campus in 2005: 1,900 residential students. Retention of students – lifeblood. Wheelock – afternoon classes for part-time students to coincide with use of MASCO garage. Provide escort service to T-stops and garage. Boston Parks & Recreation, used to be dangerous to cut through the park; now much safer, foot traffic through the park has increased

Massachusetts College of Art – A public institution, Jobs available for these students in the area. Dependent on the T – 20 student parking spots only. Have been forcing students to use the T. LMA and City linked – symbiotic. Boston has 20% poverty rate, affordable housing needed. Public health and school problems. Need to address problems collectively.

**James Jennings**, *advisor*, Could affordable housing be taken care of off-site? Perhaps ½ mile away? Seeking partnerships for providing affordable housing for students and staff. How to intersect with communities? Most deal with medical degree involved in the community health clinics – proximity of LMA to neighboring community is important. Work with local public school, literacy programs, etc., after-school programs. Community residents – issues with college student behavior – no-drinking policies instituted on campus.

Lunch and Advisor's Initial Impressions – 12:00-2:00pm

**Meredith Spear**, *advisor*, Impressed with level of community involvement. Housing and jobs – need shared solutions – housing more so. Need better projections of information, square footage, jobs, etc. The need that exists is not for an unskilled workforce. Too few entry-level jobs; high turnover. Disagree about not pushing out clinical – becoming a research triangle – should protect vibrant patient care community – many research-oriented buildings being constructed.

Need parking garage connected to hospitals – patients with limited mobility – get patients off the streets – patients can't rely on mass transit – "door to door service." Without clinical program and patients can't do the research. Patients come first.

Help institutions to clarify – contextualize. Not dwell on high level issues – framework guidance. Subdivide by expertise. Institutions' own planning staff; Are they a vehicle for dialogue?

Interim guidelines – helped create dialogue about reporting how housing requirements are met for example. Annual or biannual get-together; check-in on workforce, housing, transportation issues. Can and should the BRA be more than a regulator? Should work where architecture community convinces clients what the BRA/City needs. Guidelines good but not metrics; more effective if they are not dimensionally based. Focus on use, then after it is okayed, move into metrics/dimensions. Get together with institutions on specific topics.

MASCO needs job inventory – weak in this area. MASCO good for coordination of services but not necessarily for reviewing development proposals. Design survey on paper from community

– get concerns, needs and recommendations. Need hard data from community and MASCO projections. Do not let the market take its course and intervene.

Improve technical education – inventory of courses, number of slots, quality of courses, fulfilling needs. Disconnect between educational programs and hospital needs – expensive. Inventory on finances and resources for providing higher and technical education.

Create a trust. Private, foundational, philanthropic sources of funding. Institutions have vested interest – should contribute funds to existing workforce development programs – companies are following workforce.

**James Jennings**, *advisor*, The Institutions appeared slightly defensive. A framework is needed; more discussion of regional thinking, and a awareness of jurisdictional politics. Emphasize symbiotic elements of framework, not just a laundry list of promises to community, connecting issues and strategies.

Neighborhoods are important. What happens to socioeconomic infrastructure of neighborhoods? Small businesses, subcontracting of local businesses? Minority owned businesses? Women-owned? Also problems with community based health centers – not as a lovely of a portrait as painted. Relocation of basic services to community but not necessarily in quantity and quality.

**Nicholas Retsinas**, *advisor*, Should a planning charrette be held with the institutions? Many ways to reach out to adjacent community; one way is to invite local food vendors versus national retailers into the LMA. The city has an obligation – tale of two communities; One thrives, asks city to aide its continued prosperity. Where does growth take places and where are its effects felt? More equitable projects; City need to increase rent. Master plan should be for the whole community – not just LMA boundary.

**Jane Garvey**, *advisor*, Data collection and meeting with institutions and community to deal with specific issues – also puts city in leadership position to bring both together. Providing dialogues and a forum. Transportation – short-term initiatives could be ratcheted up more – what’s working? Can it be improved? Right of way improvements too slow? Environmental issues in the way?

Urban Ring – need a strong local consensus. Need this for federal funding and review. Federal policy – runs 3-5 years of buses to demonstrate ridership need. Need political or community leader to champion the urban ring cause. Right now, perceived as so far away in the future.

Suspicious of clinical/research joint positions as claimed by institutions. Inpatient admissions 25% higher – migration. The outer tier of suburbs skips inverted doughnut – specialty care in the inner circle, urban neighborhoods. Not a strong desire to cater to poorly insured neighborhood residents. Create an annual community benefits report – state requirement of hospitals to maintain non-profit status. How does housing affect health care?

Steer community benefit activities to BRA goals. Decompressing the space – moving non-core activities. Unionized versus non-unionized labor force – job training problem. Lesser institutions in danger of being bought out by more profitable ones. Competition for real estate is influenced by research encroaching onto the academic area. Impact of sewage, heat, and electrical

“needs” for the LMA’s growth on neighboring community. Colleges feel threatened for real estate – from commuter to residential.

College diversity – institutions not really educating the neighboring community any longer. Harvard University – life sciences campus in North Allston; Public Health School asked to move there. BioSquare – location competition. Bringing to scale the workforce development pilot programs. Major grants with Partners and two community health organizations. Mission Hill feels excluded from this consortium. Struggle between communities for these resources.

Need to get with local community colleges for job training. Data collection needed – before experts can come back in a forum but also doing BRA staff brainstorming exercise. Expertise will try to draft a bullet point memo with thoughts and reactions – will write back with data needs.

Guest Speaker: Fred Salvucci, *former Massachusetts Secretary of Transportation* 2:00-2:30pm

We are fortunate to live in a city with places like New England Medical Center (NEMC), Longwood Medical Area (LMA), Massachusetts General Hospital (MGH), and etc. Institutions are affected by state lack of funding for healthcare. Don’t take institutions for granted; they need to be paid for services rendered or they could leave despite arrogance of Boston location. Questioned extorting money from institutions to fund projects that public sector should be funding.

Density issues - Containing LMA institutions in one place diffuses conflict with neighborhood residents; if they were to be dispersed, one would amplify externalities. Helps if stay concentrated. Transportation depends on density. But regard density as beyond functional issues. Aesthetics issues; Number of cars affects this beyond usual urban design concerns. Don’t provide parking spaces proportional to how many SF will be built. The area has an actual physical constraint. Limit it that way.

Urban Ring (UR)– mistake not to have branch going to north Allston from the LMA. Don’t expect institutions to pay for UR. They can pay for conceptual planning and design for guidance for their own development. By doing this preliminary planning, it’s easier to get federal funding. Prioritize most important piece of UR due to lack of funds. Some are more important to relieve congestion, then the rest can be done. Build more strategic pieces with potential to relieve congestion. UR necessary to support density to avoid LMA institutions relocating to Houston or maybe you can have institutions dispersed throughout city.

U-Pass – University transit pass, successes in Seattle. In bulk purchase the makes public transportation free for students. MBTA doesn’t have enough money to fund UR: LMA & MBTA partnerships? Advantage of U-Pass; getting fares but some empty seats – filling empty seats in off-peak hours, giving free or cheap transit to students and building a ridership constituency, gets better customer service from Transit Authority due to large customer.

LMA could help dialogue of the UR by starting the planning. Funding for the UR design. Gas tax under more favorable administration. State level funding, MBTA uses portion of sales tax, State level strategy for transit funding...need taxing.

LMA shuttles. Can LMA partner w/ MBTA for supplementing a transit service? LMA shuttle is heavily subsidized. Hong Kong's similar service works due to higher densities. Centralized and decentralized LMA growth. Frequency better than mode technology. Frequent rubber tire vehicle vs. infrequent subway. Connect to UR to commuter rail and rapid transit – encourage suburbanite to use transit.

Breakout Group: Housing 2:30-3:30pm
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Increase linkage payments in relation to housing – gap-financing helps. Why should institutions collaborate? What is the incentive? Must appeal to immediate self-interest and becomes almost like extortion with new projects. Tying subsidy to low-wage workers – plausibly in the interest of the institution.

Neighborhood would be less opposed to housing for employees if more residents of the community were actually employees of LMA. What can the city do? 1) Must deal first with interim guidelines 2) Article 80 process should be changed. The BRA struggles with restrictions from institutions – they need specific dimensions/space for labs, R&D space.

What can the city do to encourage/force institutions to find more value in developing creative partnerships? – I.e. One Brigham Circle development included Mission Hill Neighborhood Housing Services, Harvard/Partners Healthcare. Maybe the city should advocate or approach developers and lenders. Fundamental problem is the lack of supply and lack of buildable land.

**Kristin Schneider**, Can increased density be supported by transportation infrastructure? Can we increase the size of the “pie” so that the individual pieces shared by various communities are bigger? The community feels it is battling BOTH the BRA and institutions.

**Donovan Walker**, We just want to know about the plans and be part of the process. Institutions pit neighbors against neighbors; Community needs to be involved in the planning from the very beginning.

**Pat Flaherty**, This summit process has helped start the “atonement” for the BRA’s past “sins.” Planning can’t just be about reactive mitigation. We need to question not only should there be growth, but also can we accommodate growth?

**Kairos Shen**, We in the public role must look to the future, not just the past (as controversial as it may be.)

**Donovan Walker**, If you want the community to support institutional development, there has to be something beneficial for us. There is no dialogue with institutions regarding jobs and hiring residents. No hard data available – it’s difficult to get from institutions (why?)

**Nick Restinas**, City should require the transparent collection of data/statistics from institutions about employee information. Then make this data available to community to help influence institutions’ lending patterns and hiring practices.

Please make list of participants available – community people, advisors, BRA/city staff