



I wish to submit comments and questions to the Martha's Vineyard Commission for its review of DRI 324-M, the New Building Plan for Martha's Vineyard Hospital.

My concern focuses on the renovation of the 1972 hospital building for medical and administrative office space.

I have worked in the 1972 building for over 20 years, either as a hospital employee, or as an employee of other health agencies that either rent offices in the 1972 building or conduct daily business there. No one can give more compelling witness than those of us who work in the hospital for the need of a new hospital building. I whole-heartedly support a new hospital building, and have made contributions to this effort within my means, and I hope to give more in the future.

I could not agree more with the management of Martha's Vineyard Hospital and its architecture team that is leading the new building plan with their assessment that the 1972 building is in a serious state of disrepair, and a new hospital is desperately needed. I supported its initial plan to build a new hospital and a new medical office building, destroying all of the 1972 building. I was disappointed that this plan was revised to replace only the hospital itself and to convert the 1972 building into medical and administrative office space.

My concern is that the 1972 building is in such a state of disrepair that renovating it adequately even for office space may be more of a challenge and more expensive than the hospital management and architect team are anticipating, or that they are communicating to the public. At the very least, we need more details of the renovation plan.

Please forgive me if I have missed documents relating to this DRI on the Martha's Vineyard Commission website, but I have not found a budget either for the entire project or for the renovation project. I also could not find even the most spare description of the renovation plan or any drawings. I understand that detailed drawings depend upon what practices or health agencies will eventually occupy the renovated 1972 building. But I believe the renovation will require more than just reconfiguring walls and putting up new sheetrock.

These are my concerns about the renovation:

Heating and cooling:

Anyone who has been a patient or has had a family member as a patient at Martha's Vineyard Hospital will tell you that temperature control is very poor. This is true for all the employees in the 1972 building, and I believe in the "old" hospital building as well. The new boiler will prevent the heat from failing altogether as happened at times last winter, however, it is often uncomfortably cold or uncomfortably hot in the 1972 building. What is the plan for correcting this and creating zone systems in the renovation so temperature in individual offices can be better controlled?

Windows:

Many of the casement portions of the windows in the 1972 building are broken, and are dangerous, with sharp metal props that open the window, sometimes protruding into the room 12 inches. I suspect all the windows, in the rooms and in the glass corridors are not double-paned or have other energy efficient design. Will all the windows be replaced?

Air quality:

An employee in the medical practice office where I now work recently decided to resign because of intolerable headache and sinus congestion that she experienced only in the 1972 building work setting. Other fellow employees in my wing describe more minor respiratory symptoms. Often a bad smell occurs when the heat comes on. When I work as a per diem nurse on acute care, I always become extremely thirsty. Could the air quality be tested and if problems are discovered, will corrective measures be put in place?

Plumbing:

Again, anyone who has been a patient or has had a family member as a patient at Martha's Vineyard Hospital will tell you that the bathrooms in the acute care rooms are very narrow and cannot accommodate wheelchairs. They also have only toilets; sinks are located outside the bathrooms. This may be acceptable for patient care rooms, but not at all for offices. These toilets are also very low to the floor and flush high volumes of water. If these acute care rooms are to become offices, what is the plan, if any, for redesigning these bathrooms? (In at least one past renovation, specifically the conversion of part of the old long term care wing into the Rehab and Wellness Center, these bathrooms have been left with no changes.)

In the current 1972 medical office wing, many faucets drip and leak, and occasionally the water runs rusty.

Also, there is oxygen and suction piping in the walls of acute care, can this piping remain in place or will it be removed?

Wiring:

There is inadequate wiring in the 1972 building, particularly in the number and accessibility of outlets. In addition, most offices will need computer network wiring. What is the wiring plan?

Exterior:

The roof has been replaced and the grounds improved. However, all of the shingles on the 1972 building wings are long overdue for replacement. Even with the many windows, that is a considerable number of shingles. Also carpenter bees are often seen in the spring, with nests in the exterior woodwork. With a heavy rain, at times a foot of water collects along the foundation. What is the plan for the exterior so that it lasts for the anticipated lifespan of this renovation?

These last three concerns are not concerned with the renovation of the 1972 building but beg the question, "Why are we keeping the 1972 building at all?"

Energy Efficiency:

It has been acknowledged that the long corridors of the 1972 building, some mostly glass, waste a lot of energy, both in heating and cooling costs, but also in human costs of the effort it takes to walk from one end to the other. This might be offset if the flat roof could be utilized for solar panels, but so far, the new hospital building planners have been unreceptive to this.

Aesthetics:

This hospital building plan now before the Martha's Vineyard Commission is made up of the 1972 building, a remnant of the "old" hospital building, Windemere, and the new hospital. This is a conglomeration of 4 disparate buildings. If you were to ask a MCAS student which one of the 4 is most out of character with the others, there is no doubt it would be the 1972 building.

Parking:

The original hospital building plan, with a new hospital and a new office building allowed much more space on the campus to accommodate parking. This current plan before the Commission, with the 1972 building intact has only 7 additional parking spaces. This is an inadequate parking plan, especially with growth in patient care anticipated.

(An additional concern unrelated to the 1972 building, but relevant to parking is the bikepath design of the current hospital building plan, in which the bikepath is drawn immediately behind a row of parked spaces. Thank goodness the emergency room is close by.)

In conclusion, I ask the Martha's Vineyard Commission to discuss these above concerns with the Martha's Vineyard Hospital management and new hospital design team. It may be they have considered and addressed these concerns, but are just now submitting those details to the Commission. If so, I applaud them. If not, I respectfully ask that these concerns be treated seriously and appropriate proposals developed, with details including costs shared with the public.

I ask the Commission to keep these overarching questions in mind as the above concerns are addressed:

What is the overall budget for the entire new hospital building project, and for the renovation of the 1972 building broken out?

What is the projected lifespan of the 1972 renovation? (In other words, will it need to be replaced in 5 or 10 years anyway?)

And for my education, do Commission reviews of renovation projects automatically include a building inspection? If not, should one be requested?

Thank you,
Catherine Brennan RN
P.O. Box 941
109 Great Plains Road
West Tisbury, MA 02575
508-693-7305
cbrennan@vineyard.net