

VILLAGE OF RIDGEWOOD
 PLANNING BOARD
 TUESDAY, MAY 18, 2010
 COMMENCING AT 7:44 P.M.

.....
 IN THE MATTER OF: :
 VALLEY HOSPITAL : TRANSCRIPT OF
 PRESENTATION ON H-ZONE : PROCEEDINGS

B E F O R E:

VILLAGE OF RIDGEWOOD PLANNING BOARD
 THERE BEING PRESENT:

- DAVID NICHOLSON, CHAIRMAN
- MAYOR DAVID PFUND
- ANNE WARD, MEMBER
- MORGAN HURLEY, MEMBER
- CHARLES NALBANTIAN, MEMBER
- NANCY BIGOS, MEMBER
- TOM RICHE, ALTERNATE MEMBER

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 201-641-1812

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A L S O P R E S E N T:

- BLAIS BRANCHEAU, PP, VILLAGE PLANNER
- BARBARA CARLTON, RECORDING SECRETARY
- LAURENCE W. KELLER, WHITESTONE ASSOCIATES
- RAY SKORUPA, MPRI
- CHRIS RUTISHAUSER

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15	<u>NUMBER DESCRIPTION</u>	<u>EVID.</u>
16	(NO EXHIBITS MARKED.)	

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00:-20 **1** CHAIRMAN NICHOLSON: Ladies and gentlemen, if you would take your seats we'll get started.

00:-19 **2**

00:-17 **3**

00:-17 **4** All right. Ladies and gentlemen, before we start officially just three announcements please take a look around note the fire exits around you just in case. There are two hear on either side of the Board and four in the back (indicating).

00:-17 **5**

00:-17 **6**

00:-17 **7**

00:-17 **8**

00:-17 **9** If you have parked in anything other than a striped designated parking space, and in particular if you parked in the fire lane, I strongly advise you to move your car. It will be subject to towing if illegally parked.

00:-17 **10**

00:-17 **11**

00:-17 **12**

00:-17 **13**

00:-16 **14** In you would please turn off your cell phones, beepers and other personal electronic devices or put them on vibrate.

00:-16 **15**

00:-16 **16**

00:-16 **17** I'd like to call this regular meeting of the Ridgewood Planning Board to order.

00:-16 **18**

00:-14 **19** In accordance with the provisions of Section 10-4-8D of the Open Public Meetings Act, the date, location and time of the commencement of this meeting is reflected in a meeting notice, a copy of which schedule has been filed with the Village Manager and the Village Clerk and a copy of which schedule was mailed to The Ridgewood News and The

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00:-13 **1** MS. CARLTON: Ms. Ward?

00:-13 **2** (NO RESPONSE).

00:-13 **3** MS. CARLTON: Mr. Pucciarelli?

00:-13 **4** (NO RESPONSE.)

00:-13 **5** MS. CARLTON: Mr. Tsapatsaris?

00:-13 **6** (NO RESPONSE.)

00:-13 **7** MS. CARLTON: Mr. Riche?

00:-13 **8** MR. RICHE: Here.

00:-13 **9** CHAIRMAN NICHOLSON: Thank you, Barbara.

00:-13 **10**

00:-05 **11** As we always do at every meeting, at this point we ask for comments from the public on items not listed on tonight's agenda.

00:-05 **12**

00:-05 **13**

00:-04 **14** Is there anyone here for that purpose?

00:-04 **15** (NO RESPONSE.)

00:-04 **16** CHAIRMAN NICHOLSON: Seeing no one, we'll move on to our agenda item.

00:-04 **17**

18 We only have one agenda item tonight, and that is continued public hearing for the proposed change to the Master Plan relative to the H-zone and the Valley Hospital.

19

20

21

22 I won't repeat my comments from last night, I see a lot of the same faces. Just a short summary of how we will proceed.

23

24

25 As you may recall, there's a list of

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00:-14 **1** Record, newspapers of general circulation throughout the Village of Ridgewood. And a copy of which schedule was prominently posted on the bulletin board in the entry lobby of the Village Municipal Offices at 131 North Maple Avenue and on the Village website.

00:-14 **2**

00:-14 **3**

00:-14 **4**

00:-14 **5**

00:-13 **6** All of the foregoing notice procedures having been accomplished in accordance with the provisions of the Act.

00:-13 **7**

00:-13 **8**

00:-13 **9** Please rise for the flag salute. (Whereupon, everyone stands for a recitation of the Pledge of Allegiance.)

00:-13 **10**

00:-13 **11**

00:-05 **12** CHAIRMAN NICHOLSON: Barbara, would you take the roll please?

00:-05 **13**

00:-05 **14** MS. CARLTON: Mayor Pfund?

00:-05 **15** MAYOR PFUND: Here.

00:-05 **16** MS. CARLTON: Councilwoman Zusy? (NO RESPONSE.)

00:-05 **17**

00:-05 **18** MS. CARLTON: Ms. Bigos?

00:-13 **19** MS. BIGOS: Here.

00:-13 **20** MS. CARLTON: Chairman Nicholson?

00:-13 **21** CHAIRMAN NICHOLSON: Here.

00:-13 **22** MS. CARLTON: Mr. Nalbantian?

00:-13 **23** MR. NALBANTIAN: Here.

00:-13 **24** MS. CARLTON: Mr. Hurley?

00:-13 **25** MR. HURLEY: Here.

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1 speakers. Tonight is the last night for speakers to sign up to have their opportunity at the podium. The list is to my left on the stage. And I invite you to add your name to the list if you wish to speak, up until nine o'clock tonight. At nine o'clock tonight the list closes.

2

3

4

5

6

7 I have a list that was started when we first started the public hearing last summer. We have been working down that list, and we will start where we left off last night as soon as we tend to some other business first.

8

9

10

11

12 Over the course of the public hearings that we've had, questions have been asked of the Board's professionals and consultants on nights when they have not been able to be present.

13

14

15 And as I had indicated, eventually those questions would be answered for the record.

16

17

18 So, I'm going to turn the microphone first over to Board Counsel, Gail Price, to run down those questions and put on the record the answers from our professionals who are all with us here this evening.

19

20

21

22

23 Gail?

24 MS. PRICE: Thank you, Mr. Chairman. The Board professionals have been

25

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1 previously sworn and they remain under oath this
 2 evening for the continued hearing.
 3 I had an opportunity to review all of
 4 my notes from prior hearings, together with questions
 5 that were asked last night and today.
 6 I prepared a list of the outstanding
 7 questions that I was able to locate and forwarded
 8 them to Blais, Chris, Joe, Ray and Larry, and asked
 9 if they could prepare responses to the questions that
 10 I was able to locate in my notes.
 11 I recognize that last night, Mr.
 12 Chairman, I think that you asked if Larry could have
 13 his response to the question that was asked last
 14 night done for the 24th, so I'm not sure if he'll
 15 have his response ready for tonight, but we'll take
 16 it as they come.
 17 If we could do first, going back,
 18 outstanding questions from the July 15, 2009 hearing.
 19 Chris, the first questions were directed
 20 towards you and they dealt with the Ridgewood water
 21 connection with United Water. And the first question
 22 was:
 23 "Has, in fact, Ridgewood Water
 24 established a connection with United Water".
 25

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1 2005.
 2 MS. PRICE: There were some follow up
 3 questions on water consumption, but I'm going to do
 4 one hearing at a time.
 5 The next set of questions at that same
 6 night, Joe, they were directed at you in terms of
 7 traffic.
 8 The first question was:
 9 "In your opinion, is the number of beds
 10 proposed the main determinant factor in your
 11 analysis regarding traffic?"
 12 J O S E P H S T A I G A R,
 13 Having been previously sworn, continues to
 14 testify as follows:
 15 MR. STAIGAR: Yes.
 16 In the past for hospitals, it always
 17 has been, because that was a pretty constant
 18 parameter that didn't really change or change the
 19 characteristics of the intensity and trip generation
 20 of hospitals.
 21 Hospitals have, over the last decade or
 22 two, have changed in the sense that stays have gotten
 23 shorter. There's a lot more outpatient activity.
 24 There's more ambulatory surgery that goes on in
 25 hospitals.

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1 C H R I S R U T I S H A U S E R,
 2 Having been previously sworn, continues to
 3 testify as follows:
 4 MR. RUTISHAUSER: Yes. To my
 5 knowledge, they have.
 6 MS. PRICE: And do you know whether a
 7 supply exists?
 8 MR. RUTISHAUSER: A supply does exist
 9 both to the Village's own aquifers and through the
 10 interconnection.
 11 MS. PRICE: And the question was asked
 12 by a resident regarding the water treatment plant and
 13 capacity.
 14 "Do you know how much was paid by the
 15 taxpayers for that water treatment plant?"
 16 MR. RUTISHAUSER: The upgrade to the
 17 wastewater treatment plant was funded entirely by the
 18 taxpayers. The Village has an extremely low interest
 19 loan from the New Jersey Environmental Infrastructure
 20 Trust Fund, that is bonded over, I think, 20 years
 21 that we are paying off for the plant facility.
 22 AUDIENCE MEMBERS: How much?
 23 MR. RUTISHAUSER: How much is the loan?
 24 Well, about 16 million.
 25 And that plant upgrade was completed in

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1 There's been a metamorphosis of the way
 2 hospitals have run over the decade.
 3 And Probably a better parameter is the
 4 square footage, the size of the hospital as well.
 5 As zoning officers or traffic
 6 engineers or officials that are -- that need in the
 7 future, need to see how what's going on at the
 8 hospital, we can only -- the best parameters are the
 9 parameters that are tangible, that we can see, number
 10 of beds is a finite aspect or parameter. The square
 11 footage of the hospital is also a finite one. And
 12 another one would be the number of employees,
 13 although that may change, it might be hard to gauge.
 14 So I think in this case the actual
 15 square footage of the hospital might be a better
 16 parameter to take a look at this intensity of the
 17 hospital.
 18 And what has been found so far from all
 19 the traffic counts that were taken in the recent
 20 months, is that this Hospital is generating traffic
 21 at about -- which right now is about half a million
 22 square feet, 530,000 square feet, is generating
 23 traffic of the magnitude that a typical hospital
 24 would at around 850,000 square feet.
 25 So I think that square foot number is a

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1 better parameter.
 2 The Hospital has explained to us, and I
 3 don't doubt it too much, that they are crammed in a
 4 small area. They're operating as a large hospital
 5 within a relatively small area. And it makes logical
 6 sense. And with that, what they're trying to do is
 7 take the same activity and expand it and utilize what
 8 a hospital today needs, in terms of diagnostic
 9 equipment, single rooms, rather than double rooms and
 10 so forth.

11 And it seems to be all making sense in
 12 terms of the information that we've collected, their
 13 consultant has collected in terms of what the
 14 hospital generates today, as a relatively half a
 15 million square feet, is generating the same traffic.
 16 It's an intensely -- intense hospital, generating
 17 hospital, generating of a hospital of that 800 or
 18 900,000 square feet.

19 So, I think that is the better
 20 parameter because the beds are probably a good
 21 parameter of yesteryear, but I think the size of the
 22 floor area is the best parameter of today's hospital.
 23 There's a lot of words in there, I hope that explains
 24 it in a number of ways.

25 MS. PRICE: And there was another
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1 When you go to the mall and you're
 2 shopping in some of the large malls, you're there for
 3 an hour or two or three in many cases.

4 So, it's more of a parameter of how
 5 long each parking space is occupied.

6 So the -- whereas a small center will
 7 generate more traffic on a square foot basis, it
 8 generates less parking on a square foot basis, as
 9 opposed to a larger mall that generates more parking
 10 per square foot, but actually less traffic per square
 11 foot for that smaller center.

12 The Hospital can work the same way as
 13 well. I think there were some points made at two
 14 meetings ago that you actually may see more traffic
 15 in and out on a daily basis, but on an hourly basis
 16 it may remain the same on a square foot basis in that
 17 effect.

18 So, I don't think there's a direct
 19 relation or a linear relationship between the amount
 20 of parking and trip generation. I think the number
 21 of about 2,000 parking spaces, which is the
 22 approximate number that's being provided today at the
 23 existing hospital will probably be all that's
 24 necessary for the future hospital as well.

25 So, whereas there might have been or
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1 question that followed up and there was reference to
 2 a 24 percent growth in traffic. And the question
 3 was:

4 "What, if any, relation is there
 5 between parking growth based upon traffic
 6 growth?"

7 MR. STAIGAR: Yes, they're
 8 inter-related, parking and trip generation are
 9 inter-related. And you think that there's got to be
 10 a linear relationship to the two. The number of --
 11 as you increase parking, you'll increase traffic.
 12 And that's not always necessarily true.

13 And I use this example as a typical
 14 example that we normally understand. Take, for
 15 instance, a shopping center. If you have a small
 16 strip center of five or six stores. And it generates
 17 a significant amount of traffic. Actually on a
 18 square footage basis, it will generate more traffic
 19 than the Bergen Mall in Paramus or many of the other
 20 regional malls that we see.

21 However, it generates actually less
 22 parking demand. And the reason being, if you think
 23 about it, when you stop at a small strip retail
 24 center, you're in and out of those stores within 10,
 25 15 minutes on average.

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1 may have been a 24 percent increase in traffic, there
 2 may not be a 24 percent increase in parking.

3 MS. PRICE: And then a question was
 4 asked whether there was a capacity limit regarding
 5 the two lane roadway that exists today. And that
 6 question specifically related to Van Dien and
 7 Linwood.

8 MR. STAIGAR: Correct.

9 Ideally when we say ideal conditions,
 10 when you don't have trucks, when you don't have many
 11 turning movements, when you have perfect lanes, a two
 12 lane roadway, one lane in each direction, has a
 13 capacity of about 25,000 vehicles per hour two-way.
 14 I mean it may be 2400 -- 1400 one way and 1100 the
 15 other way or -- but the summation of the total
 16 traffic is about 2500 vehicles per hour.

17 The limiting factor are always the
 18 intersections. That's where we have the bottlenecks.

19 So whereas we may have 2,000 or 2500
 20 vehicles on Van Dien or Linwood and the two lane
 21 roadway can handle that load, it's the intersection
 22 that's the bottleneck that causes the backups and
 23 causes the congestion.

24 So, that's why as traffic engineers we
 25 don't actually look at the roadway capacity, itself,

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1 as much as we look at the intersections because
2 that's where the conflicting movements are, that's
3 where the bottleneck is and that's where the backups
4 occur.

5 And if we can loosen up the
6 intersection, we will increase the capacity of that
7 roadway. So that's the key point or the key
8 locations of analyzing the roadway network in this
9 area, looking at the intersections.

10 MS. PRICE: There was a question as to
11 whether you, in your role as the traffic engineer,
12 take into account ITE standards?

13 MR. STAIGAR: Yes, by all means.
14 The most comprehensive information that
15 we have, and it's all empirical information. It's
16 information of traffic studies and parking studies,
17 of how much traffic is generated, how much parking is
18 generated for numerous land uses, including hospitals
19 is the ITE, the Institute of Transportation
20 Engineers.

21 As traffic engineers, whether it's for
22 DOT, the County or the township engineers, traffic
23 engineer, we always look at the ITE Trip Generation
24 Manual as a basis of what the traffic should be
25 because that is what typical trip rates and parking

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1 CHAIRMAN NICHOLSON: I agree.
2 MS. PRICE: Okay.
3 So, Joe, the next questions are for you
4 as well.

5 At the May 3, 2010, hearing Mr. Riche
6 and Mr. Nalbantian both asked you questions regarding
7 pedestrian safety. One related to whether there were
8 issues that could be done off-site to improve
9 pedestrian or vehicular safety and one related to
10 whether there could be any steps taken at the
11 driveways.

12 MR. STAIGAR: Yes.
13 MS. PRICE: Are you prepared this
14 evening to address that?

15 MR. STAIGAR: Yes, I am.
16 MS. PRICE: Okay.

17 MR. STAIGAR: What I personally saw as
18 being a major factor or major problem to pedestrian
19 safety was the congestion of the -- that incurred at
20 the intersection of Linwood and Van Dien avenues.
21 That congestion backs up into the hospital driveways,
22 and actually backs traffic up in the driveways, such
23 that it's just everything is pretty much just choked
24 at that point.

25 Children crossing the driveways of the
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1 rates are for different types of land uses.
2 In this case, we went to the hospital,
3 Valley Hospital, itself and counted the driveways.
4 There was extensive studies that were conducted by
5 us, as well as the Hospital, in counting cars at the
6 driveways. How many cars were generated during those
7 peak hours? And -- and throughout other hours, off
8 hours as well.

9 As I pointed out, we compared that to
10 the ITE trip rates, and what we're finding is that
11 the Hospital at 530,000 square feet is generating
12 traffic as if it was an 800,000 square foot hospital.
13 It's generating far more traffic than what the
14 typical hospital generates.

15 And that was an aspect that we took a
16 look at. So we definitely use the ITE trip rates.

17 MS. PRICE: Joe, just stay there for
18 one second.

19 Mr. Chairman, the other questions on
20 that night of hearing related to questions directed
21 by Mr. McKenna to Mr. Brancheau.

22 And I don't believe Mr. McKenna was
23 going to be here this evening. He said he would be
24 here on the 24th, so I would suggest that we hold
25 that line of questioning, if that's okay.

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1 Hospital are actually walking in between the bumpers
2 of cars in many cases.

3 The traffic patrol guards, the crossing
4 guards, are stationed at the Hospital is doing an
5 excellent job. They're on their toes trying to move
6 cars, stop cars, stop kids, doing the juggling act at
7 that point.

8 I think the key factor of safety, what
9 I saw that said you never want people, especially
10 children, walking between bumpers of cars in any case
11 because you're stepping out into blind spots and so
12 forth, is to loosen up that congestion.

13 And as I said, the cause is that
14 bottleneck. It's that intersection of Linwood and
15 Van Dien. And by widening that intersection it will
16 reduce, and probably virtually remove not all of it,
17 but most of the congestion that occurs at that
18 intersection. At least to a point where it will not
19 occur up to the driveway intersections.

20 You get a level of frustration by
21 drivers, everyone heard the term "road rage" before
22 and you get stuck in that traffic for 10 or 15
23 minutes, a level of frustration arises. And that's a
24 factor. It's not measurable, but it's certainly a
25 factor that we all experience when we're driving.

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1 So if that congestion, with queuing,
 2 and the delays are removed at that intersection
 3 substantially, I think the safety will be improved
 4 also substantially at that intersection. And
 5 particularly for pedestrians.
 6 The peak hour occurs right when school
 7 lets out in the afternoon. The second peak is right
 8 when the school arrivals occur.
 9 So there's a peak on peak on peak right
 10 when the major -- when most of the pedestrian traffic
 11 occurs at that intersection. That's the one factor.
 12 The other factor is certainly we can
 13 assist and enhance traffic safety, pedestrian safety
 14 by proper signage and proper geometry as part of the
 15 aspect of the improvements at the intersection that
 16 the Hospital is going to -- says they're going to
 17 provide is pedestrian enhancements at the
 18 intersection as well.
 19 We do have crosswalks there now. We
 20 have the "stop" and "don't walk" signs. It's a
 21 rather antiquated intersection and equipment at that
 22 intersection as well. That will be all upgraded.
 23 I mean if anyone's seen the new "stop"
 24 and "walk" signs that you have now, you actually have
 25 the countdown.

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1 at the last meeting or two meetings ago, I should
 2 say.
 3 And typically the non-mechanical means
 4 of controlling driveways with the stop signs and stop
 5 bar. And most motorists typically abide by that stop
 6 bar and stop sign to come to a stop.
 7 With the loosening up and the less
 8 congestion at that intersection, I don't know what
 9 we'll find. We may find people traveling through
 10 those -- out those driveways at a faster rate. And I
 11 think that was a concern of some of the Board Members
 12 here as well. And maybe there's a mechanical means
 13 that we can control that traffic, automatic gates
 14 that you typically see at parking lots or parking
 15 garages that control traffic, particularly at the
 16 exits.
 17 There is signage, even what we call
 18 pedestrian beacons, that can be implemented at the
 19 driveways.
 20 I think that's something that we need
 21 to take a look at. Something that we can't really
 22 install at this point. We're going to need to see
 23 how once the intersection is improved, when Van Dien
 24 and Linwood are operating with those improvements,
 25 how we can further enhance the driveway operations at

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1 So as long as it -- as much as it takes
 2 to cross the roadway, you'll see the seconds go by.
 3 And they start at 12 seconds and drop down to 1
 4 second when the light turns yellow, and then the
 5 light turns red. So that the pedestrian, as they're
 6 walking, knows how much time they have before that
 7 light is going to turn red.
 8 All that is part of the improvements at
 9 that intersection. So, that will also help.
 10 And then just overall signage, I find
 11 that the signage and pavement markings within the
 12 area, the frontage of the Hospital and even beyond,
 13 are something that needs to be improved and enhanced
 14 as well. And it's something that we had talked about
 15 in terms of what the Hospital would step up to do as
 16 well.
 17 So that'll certainly enhance traffic
 18 and pedestrian safety greatly from a point that you
 19 have today. There are great or large deficiencies in
 20 the safety aspects that will be greatly enhanced.
 21 MS. PRICE: Would there be any site
 22 plan considerations to be given for the driveways,
 23 themselves, at the time of any site plan approval to
 24 mitigate any safety issues?

MR. STAIGAR: Yes, we talked about that
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1 that time.
 2 MS. PRICE: And then the last question
 3 actually came up last night and I think you touched
 4 on it, but I just want to reiterate it.
 5 The question was, why are 2,000
 6 parking spaces needed. And I believe the comparison
 7 was made to a smaller number being initially proposed
 8 and that number now being slightly higher.
 9 MR. STAIGAR: Well, what we're finding
 10 is that that's the approximate need of the Hospital
 11 today. And if there -- if it is the condition that
 12 there will not be an increase in parking, well
 13 certainly then that number should suffice for the
 14 projected as well.
 15 The only way to decrease the number is
 16 to have an offsite parking for employees or some
 17 means to that on a permanent basis. So, I think
 18 that's something that we'll take a look at a little
 19 bit further, but certainly you don't want to over
 20 park the hospital. One way of controlling traffic is
 21 to provide -- don't provide an overabundance of
 22 parking because that will just attract more cars,
 23 that'll attract more business, that'll attract, you
 24 know, more activity.

But, if you have sufficient parking
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1 right at basically almost the limit of what the needs
2 are, then that's a control of how much further
3 activity the Hospital will be able to generate as
4 well because the parking will be a limiting factor in
5 terms of the intensity that can be generated by the
6 Hospital.

7 MS. PRICE: Chris, at last night's
8 meeting, the question was asked by Mr. O'Brien
9 concerning the actual usage numbers for water
10 consumption by the Hospital.

11 And I know that there was some
12 testimony earlier with regard to that information and
13 I was wondering if you could reiterate that testimony
14 again this evening?

15 MR. RUTISHAUSER: Certainly.

16 I got my results from the Ridgewood
17 Water Company and Valley Hospital has an average
18 daily consumption of about 158,571 gallons. The
19 Ridgewood water system has a system-wide consumption
20 of about 8 million gallons a day, so Valley's about 2
21 percent of their total output.

22 In the most recent values I have,
23 because it was late in the day when I got your
24 e-mail, for water consumption by Valley was third
25 quarter 2008, 18,000 -- no, 18,596,000 gallons.

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00:11 1 of the total output of the company.

00:11 2 What is the charge to Valley as a
00:11 3 percentage of the operating cost of the sewer
00:11 4 treatment plant?

00:11 5 MR. RUTISHAUSER: All right. Their
00:11 6 flow represents about 5 percent of our average daily
00:11 7 flow into the wastewater treatment plant.

00:11 8 Their billings that say 200,000, I'm
00:11 9 not going to be guess cause I don't have the budget
00:11 10 for water treatment in my head right now.

00:11 11 CHAIRMAN NICHOLSON: If you could, at
00:11 12 our next meeting, come with that I would appreciate
00:11 13 it.

00:11 14 MR. RUTISHAUSER: Yes. Okay.

00:11 15 CHAIRMAN NICHOLSON: Anything else?

00:11 16 MS. PRICE: Yes.

00:11 17 Larry, I don't know if you're ready for
00:11 18 the question that was asked last night. There was a
00:11 19 question posed to you concerning the amount of
20 excavation and why the resident posing the question's
21 calculations differed from your overall percentages.

22 Did you get a chance to look at that?

23 L A U R E N C E K E L L E R,

24 Having been previously sworn, continues to
25 testify as follows:

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1 Fourth quarter 2008 was 13,359,000 gallons.
2 First quarter in 2009 was 13,723,000
3 gallons. Second quarter in 2009 was 12,074 -- no,
4 12,074,000 gallons.

5 The average water consumption per
6 quarter from the Ridgewood Water Company of Valley
7 Hospital is about 14,430,000 gallons.

8 They had a small percentage that's used
9 for irrigation, but negligible in overall
10 consumption.

11 You also, I believe, had asked
12 questions on their sewer billing?

13 MS. PRICE: Correct.

14 MR. RUTISHAUSER: In 2009, the Village
15 of Ridgewood billed Valley Hospital \$205,617.62 for
16 its discharges to the wastewater treatment system.

17 In 2008, we billed them \$183,571.20.

18 In 2007, we billed them \$204,043.55.

19 Would you like me to go back any
20 additional years?

21 CHAIRMAN NICHOLSON: No, I think that
22 suffices.

23 Chis, with respect to the operating
24 budget of the sewer treatment plant, you said the
25 Valley Hospital water consumption was about 2 percent

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1 MR. KELLER: Yes, I have, actually the
2 resident provided the calculation that was performed
3 to develop his numbers.

4 The main difference was the area of
5 excavation. I think the resident calculated about
6 200,000 square feet, whereas when you consider
7 parking and all the buildings, the area of excavation
8 is about 400,000 square feet, when you consider
9 swelling of the soil after excavation and some of the
10 additions and subtractions for the existing
11 buildings, that's why there's a difference between
12 the overall calculated number of 450,000 cubic yards
13 and his calculating number of 225,000 plus or minus.

14 CHAIRMAN NICHOLSON: Thank you, Larry.
15 Is that it?

16 MS. PRICE: Yes.

17 CHAIRMAN NICHOLSON: Okay. Ladies and
18 gentlemen, just a brief review of the procedures for
19 speakers.

20 When I call your name, please approach
21 the podium. State your full name, spell your last
22 name and give your address slowly and distinctly for
23 the benefit of our stenographer here.

24 Then I would ask you to be sworn by
25 counsel and then ask your questions.

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1 After your questions are answered, that
2 is your opportunity to make a statement. Your
3 statement is limited to three minutes. The Board
4 Secretary, Barbara Carlton, will keep the clock and
5 will notify me when the speaker has 15 seconds left.
6 And I'll pass that along to the speaker and ask them
7 to wrap it up.

8 I also ask that you keep your questions
9 succinct and directed to either the Board or the
10 Board's professionals and consultants.

11 I appreciate the value of rhetorical
12 questions, but I would prefer you save those for your
13 statement, rather than the question and answer
14 period.

15 We do have quite a few people we want
16 to get to tonight, so I would appreciate your not
17 asking questions that have been asked and answered
18 before, at least while you were here listening.

19 For the benefit of those people I
20 called last night who were not here, I'm going to go
21 run down that list again and then we will pick up
22 where we left off.

23 Michael Walsh. Is Mr. Walsh here
24 tonight? Lisa Kender? William Hoffman? Paul
25 Carroll? James Sutherland? Maureen it cold be Meyer

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00:16 1 would like to speak next time, if possible.

00:16 2 CHAIRMAN NICHOLSON: Okay.

00:16 3 Melinda Wagner? Is Melinda Wagner here
00:16 4 tonight?

00:16 5 MS. HABERNICKEL BANEY: Now? I thought
00:17 6 you were still doing --

00:17 7 CHAIRMAN NICHOLSON: Now it's your
00:17 8 turn.

00:17 9 MS. HABERNICKEL BANEY: Okay. Hi. I'm
00:17 10 Lisa.

11 MS. PRICE: Do you swear the testimony
12 you're about to give this evening is the truth, the
13 whole truth, and nothing but the truth?

14 MS. HABERNICKEL BANEY: Yes.

15 MS. PRICE: Your full name and address
16 for the record please.

17 L I S A H A B E R N I C K E L - B A N E Y
18 Residing at 140 John Street, Ridgewood, New
19 Jersey, having been duly sworn, testifies as
20 follows:

21 MS. HABERNICKEL BANEY: Lisa
22 Habernickel which is H-a-b-e-r-n-i-c-k-e-l, Baney,
23 B-a-n-e-y, at 140 John Street.

24 Before -- I have a couple of questions,
25 but before I ask them I just wanted to say that we

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1 or Mayer, I'm not sure, on Grove Street? Elaine
00:15 2 LaValle James?

00:15 3 MALE AUDIENCE MEMBER: I, per your
00:15 4 request last night, left a telephone message for both
00:15 5 Ms. James and Ms. Madison. And Ms. Madison called me
00:15 6 about 6:30 tonight to say she would not be able to be
00:15 7 here tonight, but she was opposed.

00:15 8 CHAIRMAN NICHOLSON: Thank you very
00:15 9 much.

00:15 10 Tom Rakowski? Diane Palacios? I think
00:15 11 that's right. Neil Posner?

00:15 12 FEMALE AUDIENCE MEMBER: There was a
00:16 13 lot of people on the list that are at the high school
00:16 14 there are too many things going on tonight. One of
00:16 15 them said they could not be here tonight, they will
00:16 16 be here on the 24th.

00:16 17 CHAIRMAN NICHOLSON: Thank you.
00:16 18 Regina McNamara? Stephen Enrico?

00:16 19 And I think that leaves -- brings us
00:16 20 then to Lisa Baney. You're next. You're up.

00:16 21 MS. HABERNICKEL BANEY: Okay.

00:16 22 CHAIRMAN NICHOLSON: Is Linda Robbins
00:16 23 here tonight? Linda, you're next.

00:16 24 MS. ROBBINS: I would like to speak
00:16 25 next time, if possible. I'm not prepared tonight. I

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1 acknowledge that Ms. Zusy isn't here tonight. And I
2 want to say that many miss her very much tonight.

00:17 3 And she has done so much for our community. So we
00:17 4 hope she's feeling well and we just wanted to --
00:17 5 several of us wanted to say that.

00:17 6 CHAIRMAN NICHOLSON: We join you in
00:17 7 that sentiment.

00:17 8 MAYOR PFUND: Very much so.

00:17 9 MS. HABERNICKEL BANEY: Okay, a couple
10 of questions.

11 Last night Mr. Skorupa told us, in
12 response to a question, that the issue of relocating
13 was discussed in working sessions, but was, after
14 some discussion, was dismissed as being too expensive
00:18 15 for the Hospital, in particular was the need to
00:18 16 purchase new land, was my understanding.

00:18 17 And I was curious how much more
00:18 18 expensive that is for the current plan of demolition
00:18 19 and construction, more or less. And is that also
00:18 20 true with regard to moving a portion of the hospital
00:18 21 services to another location?

00:18 22 I also wonder is there any different
00:18 23 information perhaps to relocate a share of the
00:18 24 practices? Does that have anything to do with the
00:18 25 tax-free status and whether other municipalities have

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00:18 1 any issues with such a large institution coming in in
 00:18 2 a tax-free scenario into a community. I don't know
 00:18 3 if that's ever come up, but that's maybe a sidebar.
 00:18 4 May be Mr. Skorupa would be able to
 00:18 5 answer whether the -- or somebody could answer
 00:18 6 whether there were issues regarding how much more
 00:18 7 expense is involved in relocation or partial
 00:18 8 relocation.
 00:19 9 MR. SKORUPA: Thank you. First, thank
 00:19 10 you for the question.
 00:19 11 Let me ask answer the last question
 00:19 12 about the tax take benefits. That would be an area
 13 that's beyond my expertise so that should be directed
 14 to someone else in terms of that particular issue.
 15 In terms of cost, I think -- I hope
 16 what I said last night was that land was one of the
 17 things one of the things --
 18 MS. HABERNICKEL BANEY: One.
 19 MR. SKORUPA: One of the things not the
 20 only thing.
 21 I think in my presentation at one of
 22 the planning sessions with the Board, we had shown a
 23 relative cost between replacing it in total versus a
 24 phased stage replacement using the existing resource.
 25 There were two things that I think we
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1 MS. HABERNICKEL BANEY: And then the
 2 other part of the -- one of the other parts of my
 3 question had been -- thank you -- had been, you know,
 4 with the discussion of things like a split campus or
 5 the ability to have collectively relocate certain
 6 practices that may not be absolutely vital to the
 7 main given campus, whether it was cost prohibitive to
 8 consider or what had been discussed with regard to
 9 the ability to consider perhaps relocating certain
 10 services, diagnostic, routine, routine surgical,
 11 whatever, procedures to perhaps locations that would
 12 take the pressure off this location?
 13 MR. SKORUPA: Right.
 14 Let me answer the second part first. I
 15 like to go backwards.
 16 MS. HABERNICKEL BANEY: Sure.
 17 MR. SKORUPA: Okay.
 18 In terms of -- I think what we said
 19 last night and what we said in previous sessions was
 20 that the Hospital has actually moved a number of
 21 functions off the campus already.
 22 MS. HABERNICKEL BANEY: Right.
 23 MR. SKORUPA: For example, there was a
 24 lot of doctors' offices, or the Cancer Center. There
 25 is a lot of support things which are not critical to
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1 tried to point out in that particular presentation.
 2 One was that if the Hospital moves to another
 3 location, then they're forced to replace everything
 4 at once, because you can't really operate in a very
 5 efficient way, you know, with some things left behind
 6 and some things is moved over. So it puts the total
 7 cost of the building and the equipment, you know, the
 8 land, those things into a single phase.
 9 And the diagram that we had shown,
 10 actually showed the expense for that and then showed
 11 the incremental expenses if you had a two or three
 12 phased project.
 13 And what is happening now is the
 14 Hospital is replacing, renewing, expanding, about
 15 half of their facility. And they don't have to do
 16 anything to the other part, unless there's a need to
 17 do that. So they have the ability to spread the cost
 18 out over X number of years, depending on their
 19 ability to afford that.
 20 So that was sort of the basis of our
 21 conclusion that based on what we know about the
 22 Valley Hospital, that this was probably the most
 23 economic solution for them was to do the phased
 24 replacement with some of it possibly never being
 25 done.
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1 the hospital have been moved off campus over the past
 2 -- I'm not sure of the exact time, but I'm assuming
 3 the last five, seven, ten years possibly.
 4 It's actually between three -- I don't
 5 know the exact number, but it's somewhere between
 6 400,000 to 500,000 square feet of space has actually
 7 been moved off campus. And it's currently being
 8 operated. And these are not intended to come back,
 9 if I understand the strategic plan of the Hospital.
 10 So, in my view, what I see at the
 11 Hospital today is 451 beds going to go to 454. And,
 12 essentially, it's those things that are necessary
 13 for, as we see it, and I think we agree with the
 14 services that are proposed for the Hospital, are
 15 really the main services for a 454 bed hospital.
 16 Having a range of --
 17 CHAIRMAN NICHOLSON: I beg your pardon.
 18 MR. SKORUPA: Is that a signal that
 19 something is going on amiss?
 20 CHAIRMAN NICHOLSON: No. It's my own
 21 carelessness.
 22 MR. SKORUPA: In our view, the 451 beds
 23 and the services that support that, are what's there
 24 today. And we think those are basically appropriate
 25 functions for a hospital of this sort.
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1 Now, if you were to take those
2 functions and spilt them into two campuses, we think
3 you'd have a different hospital in terms of its
4 ability to attract patients, its ability to attract
5 staff.

6 Let's say we took a -- let's make it
7 easy, 500 beds and split them into two hospitals of
8 250 or 300, you know, some ratio.

9 We don't think that's the same hospital
10 as if you had 450 beds in a location.

11 We think there's a critical mass of
12 hospital function that permits certain things to take
13 place that needs that critical mass. And if you
14 split the critical mass, then it changes the nature
15 of the hospital.

16 We don't -- that was not the charge
17 that was given to us in terms of looking at what sort
18 of personality, what sort of character should Valley
19 Hospital have.

20 It was our understanding that that
21 character that exists there today, those functions in
22 terms of the critical mass and services that are
23 there today, and the patient volume to support those
24 were necessary for it to continue in its current
25 configuration.

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1 much of the expansion is, in fact, essential to such
2 things as lifesaving care, Could some of it be
3 migrated such as routine surgeries and diagnostic
4 services two miles away?

5 I think maybe you answered that by
6 saying it would compromise perhaps the number of
7 people who would come to the Hospital, the enrollment
8 the appeal perhaps to people.

9 But would it really -- would it impact
10 the Hospital's ability to provide -- assure
11 lifesaving care to our residents if certain things
12 like a colonoscopy or a routine elbow surgery or
13 certain things were moved to surgical centers and
14 diagnostic centers in other locations?

15 MR. SKORUPA: I think there's a fair
16 amount of outpatient surgery that occurs off campus
17 today, off of the main campus today.

18 And I think that's been the trend for
19 not only Valley, but for a lot of hospitals in
20 transferring non-hospital functions to an off-site
21 location.

22 MS. HABERNICKEL BANEY: Is that what's
23 happening now? Like if my son broke his elbow, it
24 would be operated somewhere outside of Ridgewood's
25 border --

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1 If we split it we think we have
2 something different than our understanding of what
3 the Hospital wants to have and we think what the
4 community needs. So that was the basis of the
5 rejection of the two site scenario, which we did look
6 at, thinking that it's really not appropriate for the
7 Hospital in terms of its maintaining its clinical
8 character, its clinical personality that it currently
9 has.

10 MS. HABERNICKEL BANEY: Okay. Okay.

11 The -- okay, well, I'm sorry the next
12 question maybe is -- maybe I have to consider whether
13 it's already been answered by what you just said, my
14 question was going to be whether anyone has discussed
15 how much of -- because there's a lot of talk about
16 how this hospital expansion has to happen, renewal
17 has to happen in order for -- it's in a lot of the
18 mailings and a lot of the language, in order to
19 continue to be able to assure residents of lifesaving
20 care here in Ridgewood. That's been kind of a
21 mantra.

22 And I was going to ask whether it's
23 ever been discussed how much of this expansion is, in
24 fact, dedicated to ensuring that lifesaving care
25 remains available to Ridgewood residents. And how

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1 MR. SKORUPA: Well, no, I think you
2 probably --

3 MS. HABERNICKEL BANEY: -- by Valley?

4 MR. SKORUPA: I think -- you know, I'm
5 not a doctor, but -- so I think you would probably
6 take him to the emergency room. And then someone, a
7 clinical person, would evaluate and then determine
8 what's the best for him.

9 MS. HABERNICKEL BANEY: They'd probably
10 schedule it five days out or three days later for
11 surgery.

12 MR. SKORUPA: I don't know. I'm now
13 getting into diagnosing what the patient should do.
14 But I don't think I should do that.

15 MS. HABERNICKEL BANEY: No, but I mean
16 if it was a surgery, if it was a fairly routine
17 surgery, are you saying that it's already been
18 migrated out of Ridgewood with Valley or do these
19 things typically still reside here?

20 THE WITNESS: Well, the emergency room
21 -- you know, for example if you go to the emergency
22 room, you either need to be dealt with then or if
23 it's not life threatening, or it can be dealt with
24 later on, then that's scheduled either at the
25 Hospital or some other -- maybe sent back to the

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1 physician that -- you know, your primary care
 2 physician.
 3 So I think that would be the major
 4 determinant of that would be what's the nature of the
 5 particular malady or accident or illness that the
 6 patient has? And what's clinically appropriate for
 7 that.

8 So, you know the long term plan is that
 9 the emergency room is going to stay and actually
 10 going to expand. It's going to go from about 60,000
 11 or 70,000 visits to 90,000 visits. And that's part
 12 of the long term plan, presumably, to have good
 13 trauma and emergency service for --

14 MS. HABERNICKEL BANEY: Uh-huh.

15 MR. SKORUPA: -- you know for the
 16 residents of Ridgewood.

17 And, in turn, I think you would want to
 18 know that if you went to the emergency room, there's
 19 -- whatever your particular illness or sickness
 20 happens to be, that you could be taken care of in the
 21 most appropriate way, and either dealt with
 22 immediately or transferred to some other place.

23 I think that would probably be what you
 24 want.

25 MS. HABERNICKEL BANEY: I think so.

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1 live at 140 John Street. I don't always use my
 2 maiden name, but I sometimes do with people who knew
 3 me from decades and decades ago.

4 In this case I'm reflecting on 45 years
 5 of calling Ridgewood home.

6 And so I wish to say that the proposed
 7 Master Plan changes for me and for many are not with
 8 the neighborhoods' concerned.

9 I grew up in Willard and GW. I still
 10 belong to the church on the west side. And I count
 11 my dearest friends on both sides of town. And it is
 12 clear to me that this proposed expansion is not right
 13 for Ridgewood as a whole.

14 Valley is an institution I've loved for
 15 many years, where I had my first surgery, ankle
 16 surgery as a kid. Where I gave birth to my own
 17 children. Where my grandmother died at age 104.
 18 Where my family has been active as volunteers and
 19 donors. At one time I did publicity for the
 20 Hospital.

21 So I have a lot of history there.

22 And I have always cared about the
 23 Hospital and appreciated Valley.

24 But now the Hospital is going way too
 25 far. And I believe that the Planning Board agreeing

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1 Right. That makes sense.

2 MR. SKORUPA: Yeah. Okay.

3 MS. HABERNICKEL BANEY: Okay.

4 CHAIRMAN NICHOLSON: Ms. Baney, I'm
 5 going to have to ask you to move on to your
 6 statement.

7 MS. HABERNICKEL BANEY: Okay. Sure.

8 CHAIRMAN NICHOLSON: Okay.

9 MS. HABERNICKEL BANEY: Sure.

10 Absolutely.

11 MR. SKORUPA: I thought you were going
 12 to tell me to cut my answers shorter.

13 CHAIRMAN NICHOLSON: I was hoping you
 14 were feeling that vibe without my having to say it.

15 MS. HABERNICKEL BANEY: Okay.

16 Well, some of this informs what I might
 17 have otherwise have said, so forgive me if some of my
 18 statement seems to -- doesn't make sense because you
 19 just said some of what you said because I wrote it
 20 before I got here so in the interest of --

21 MR. SKORUPA: I understand. And that's
 22 okay.

23 MS. HABERNICKEL BANEY: -- that kind of
 24 thing.

25 Okay. I am Lisa Habernickel Baney. I

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1 to 1,170,000 square feet of floor area in a
 2 residential and school neighborhood is out of
 3 proportion, out of prospective and wrong for
 4 Ridgewood.

5 Early in this Master Plan Amendment
 6 process the idea of a spilt campus was identified as
 7 an option for consideration. But in the past few
 8 years I have not heard that alternative once from the
 9 Board in any of these Planning Board meetings
 10 discussed, nor some of the other creative options
 11 that I think involve envisioning Valley outside of
 12 its box, so to speak.

13 Meanwhile I feel like we've been
 14 somewhat resignedly watching the infamous tipping
 15 point from a rearview mirror.

16 Last night, resident Kelly Gioia asked
 17 Mr. Skorupa, about the -- as an expert about the
 18 option of relocation. And it was said that in
 19 working sessions, which I guess were closed working
 20 sessions, that it was dismisses as too costly to
 21 really achieve.

22 To me a truly transparent process by
 23 the Planning Board really should and would have
 24 publically summarized that discussion right away
 25 about the cost of relocation. Sharing these costs

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1 and benefits to the public and likewise about a split
 2 campus, you know, there should have been discussion,
 3 okay, this is not going to enable the Hospital to
 4 attract customers, attract patients. And it's not
 5 going to continue to appeal to people, so whatever
 6 the reasons are, I don't feel like it was ever
 7 discussed whatever viable options about a split
 8 campus, what was discussed in the closed sessions,
 9 what does it mean to us as a community? And whether
 10 there are viable options that might produce a truer
 11 compromise.

12 I cannot stand the, actually, the
 13 draconian claim that I hear often by Valley in these
 14 mailers and things over the past few years that the
 15 current plan is needed to ensure that lifesaving care
 16 remains available to Ridgewood residents.

17 My understanding, first of all, is that
 18 only 6 percent of the care provided by Valley is
 19 really for Ridgewood residents. And the remaining 94
 20 percent is provided to communities in our area and
 21 places like Ringwood, Rockland County and I think
 22 that's terrific. But if Valley is saying that
 23 Pascack Valley shouldn't reopen because that's a lot
 24 of hospital beds, and yet we need to provide this
 25 lifesaving care to Ridgewood, there's something that

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1 the potential plan, but those were professional
 2 meetings, not -- no Board Member attended those
 3 meetings, so there was no meeting conducted in
 4 violation of either the Open Public Meetings Act or
 5 anything under the Municipal Land Use Law.
 6 And Ray is correct, that there was then
 7 a report back at the work session meetings of the
 8 Board, for the results of those professional
 9 meetings.

00:34 10 MS. BANEY: I'm sorry. I
 00:34 11 misunderstood, but I made it a point to attend all of
 00:34 12 these meetings and if I missed that discussion of
 00:34 13 those options that was a true anomaly because I tried
 00:34 14 to attend every meeting and the discussion of the
 00:34 15 options, somehow I missed that.

00:34 16 MS. PRICE: Well, I can specifically
 00:34 17 remember it was at -- we weren't here we were at our
 00:34 18 main meeting hall.

00:34 19 MS. BANEY: Okay. Sorry.

00:34 20 CHAIRMAN NICHOLSON: I'm --

00:34 21 MALE AUDIENCE MEMBER: What was the
 00:34 22 date?

00:34 23 CHAIRMAN NICHOLSON: We can find out
 00:34 24 that information and make it available unless you
 00:34 25 have it in your copious yellow notes, Gail.

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1 doesn't add up for me.
 2 So thank you.
 3 CHAIRMAN NICHOLSON: Thank you.
 4 (Applause).
 5 CHAIRMAN NICHOLSON: Ray, do you have
 6 something to --
 7 MR. SKORUPA: Yeah, excuse me, just one
 8 thing.

9 The options that we present -- just to
 10 correct the record, at one of the public planning
 11 board or work sessions which were open to the public
 12 was the session in which we presented the options.

13 So all of that material was in an open
 14 session, not behind closed doors. I just wanted to
 00:33 15 correct that for the record.

00:33 16 MS. BANEY: Okay.

00:33 17 MS. PRICE: MS. PRICE: Well, yes, and
 18 for the record and legally I just want to make sure
 19 the record is crystal clear, there were no closed
 20 sessions by this Board with Valley Hospital or the
 21 Concerned Residents or any group.

22 The Board authorized its professionals
 23 to meet with representatives at Valley Hospital as a
 24 result of the information that this Board heard from
 25 the public at prior hearings in an effort to work on

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00:34 1 I'm --
 00:34 2 MALE AUDIENCE MEMBER: She doesn't.
 00:34 3 CHAIRMAN NICHOLSON: I'm having a
 00:34 4 senior moment.

00:34 5 Did I call Melinda Wagner?

00:34 6 MALE AUDIENCE MEMBER: Yes.

00:34 7 CHAIRMAN NICHOLSON: I did and she's
 00:34 8 not with us tonight.

00:34 9 Our next speaker then is Jim Reynolds?

00:34 10 And Mr. Buckley, Joseph Buckley.

00:35 11 Is Mr. Buckley with us tonight?

00:35 12 MR. BUCKLEY: Yes.

00:35 13 CHAIRMAN NICHOLSON: You'll be next.

00:35 14 MR. REYNOLDS: Good evening, Jim

00:35 15 Reynolds, R-e-y-n-o-l-d-s, 550 Wyndemere.

16 MS. PRICE: Do you swear that the
 17 testimony you are about to give this evening is the
 18 truth, the whole truth and nothing but the truth?

19 MR. REYNOLDS: Yes.

20 J I M R E Y N O L D S,
 21 Residing at 550 Wyndemere Avenue, Ridgewood, New
 22 Jersey, having been duly sworn, testifies as
 23 follows:

24 MR. REYNOLDS: Good evening.

25 I am a 20 year resident of Ridgewood,

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1 just celebrated last January.
 2 I have a small business in town. I
 3 employ Ridgewood people. The Village has supported
 4 my family. I do most of my work -- I'm a carpenter I
 5 didn't even get a chance to get home and get dressed,
 6 but the Village has supported my family.

7 I, in turn, have supported Ridgewood in
 8 simple ways such as supporting the baseball teams and
 9 Dad's Night, Fourth of July parade, that sort of
 10 thing.

11 I have a lot invested in this town.
 12 But none of that really matters, what really matters
 13 is my three kids. Tyler, who is in the audience
 14 (indicating) over there, Parker and Cooper, my three
 15 sons. All of them -- my oldest son Tyler is in his
 16 senior year at BF, so he'll be going on to the high
 17 school.

18 My two others will be attending
 19 shortly.

20 The proposed expansion would have a
 21 direct effect on my boys in the way of construction
 22 noise, increased traffic, general quality of life,
 23 and to steal a phrase from Ann Zusy "Space in Your
 24 Face".

25 When people ask me where I live, if I'm
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1 respect your perseverance and dedication with that
 2 many meetings.

3 So, perhaps I missed it somewhere along
 4 the way, but does the Board have the option to reject
 5 any amendment with respect to the Valley Hospital
 6 site and, in effect, just say no?

7 CHAIRMAN NICHOLSON: We did have that
 8 option.

9 And in the summer of 2008, I don't
 10 remember the exact date, after listening to
 11 presentations by the Hospital, by the Concerned
 12 Residents of Ridgewood and a series of informal
 13 public meetings, made the unanimous decision that the
 14 Master Plan should, in fact, be amended.

15 MR. BUCKLEY: Okay.

16 Then a question about affordable
 17 housing and the implications that approving this
 18 amendment would have with respect to the Village and
 19 affordable housing, whether those implications are
 20 considered in addressing the Master Plan Amendment.

21 CHAIRMAN NICHOLSON: Well, either Blais
 22 or Gail?

23 MR. BRANCHEAU: Let me give it a try.

24 Right now it's a period of great flux
 25 in affordable housing policy in New Jersey. You may

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1 on a job, I always say -- of course I say
 2 "Ridgewood". I'm very proud to say Ridgewood.
 3 Part of the appeal of saying Ridgewood
 4 is the village feel of the town.

5 If I wanted a city feel, I'd move to
 6 Hackensack or Newark.

7 I respectfully ask the Council to think
 8 hard about maintaining the village feel.

9 Thank you. (Applause.)

10 CHAIRMAN NICHOLSON: Thank you.

11 Mr. Buckley?

12 MS. PRICE: Do you swear that the
 13 testimony you are about to give this evening is the
 14 truth, the whole truth and nothing but the truth?

15 MR. BUCKLEY: I do.

16 J O S E P H B U C K L E Y,
 17 Residing at 531 Fairway Road, Ridgewood, New
 18 Jersey, having been duly sworn, testifies as
 19 follows:

20 MR. BUCKLEY: Joseph Buckley
 21 B-u-c-k-l-e-y. 531 Fairway Road in Ridgewood.

22 I'd like to start with just a couple of
 23 questions.

24 And I was amazed when you mentioned in
 25 32 some odd meetings. I attended a few. But I

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1 have read in the papers that the Governor recently
 2 attempted to essentially put a moratorium on Council
 3 on Affordable Housing, which is the state agency
 4 created by the Fair Housing Act.

5 The State Legislature introduced a bill
 6 that would transfer the Council on Affordable
 7 Housing's function and change the way that municipal
 8 obligations would be created, and the methodology of
 9 addressing the obligations and a whole host of other
 10 changes related to how much affordable housing, how
 11 it gets built, and the formulas used to calculate the
 12 obligations.

13 So, no one knows for sure until it
 14 happens, what the future will hold, but there are
 15 clear signs from both the executive and legislative
 16 branches down in Trenton that significant change
 17 needs to happen and will happen. We just don't know
 18 all the details yet.

19 There's also pending an appeal with the
 20 Appellate Court concerning the existing regulations.
 21 And the Court has not ruled on that appeal.

22 So, there's -- all three branches of
 23 the government are struggling with this issue, so
 24 that is an item that's up in the air.

25 If we are to take the existing
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1 regulations, which by all accounts are not long for
2 this world, the Village, if and when the Hospital
3 were developed, would have an obligation that is
4 incurred from that development.

5 The exact amount of that obligation
6 would depend upon the amount of floor area that's
7 built, and because we're talking about phased
8 development, it might not necessarily happen all at
9 once.

10 It would also depend upon how the
11 building department classifies both the hospital
12 space being demolished and the hospital space being
13 built, because it's based upon -- ultimately it's
14 based upon the number of jobs that are estimated to
15 be created. And I emphasize the word "estimated".
16 The state in its formula used a one size fits all
17 formula for all institutional uses, averaged out.

18 So, for example, if you had a nursing
19 home versus a hospital, the number of employees per
20 square foot of space are different, but the state use
21 the one size fits all formula for employees.

22 Don't try to correlate what the state
23 estimates to be the number of employees that would
24 change. It's just a number that they use to come up
25 with a calculation. It's a reasonable average.

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1 So it's sort of conjectural at this
2 point in time, as to what it will really be. But
3 based upon current rules, if it all were to happen
00:44 4 tomorrow, that's what the obligation would be.
00:44 5 That's as a result of this.

00:44 6 MR. BUCKLEY: Okay. And that is
00:44 7 actively considered in this whole decision process or
8 is that something that the Board just figures we'll
9 deal with it eventually when we have to deal with it.

10 MR. BRANCHEAU: I think it's being
11 considered, certainly we mention it in the Master
12 Plan. Because of the conjectural nature of it, it's
13 probably given a different perspective than if it was
14 settled and firm and resolved.

15 For example, in the proposal, that's
16 down at the state level, non-residential development
17 wouldn't generate any obligation.

18 So, we're talking about a huge swing
19 there of almost 100 housing units obligation
20 depending upon what policy gets adopted.

21 So, it's difficult to say. It also
22 depends on when it happens.

23 Like I said, if it happens after the
24 third round which ends in 2018, let's say Phase II
25 doesn't get it's certificate of occupancy until after

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1 The state has said that all
2 institutional use groups averaged together typically
3 come up with 2.6 jobs for each 1,000 square feet of
4 floor area.

5 They then say that for every 16 jobs
6 that are created, the municipality has one unit of
7 affordable housing obligation.

8 That equates to one unit of affordable
9 housing obligation for every 6,154 square feet of
10 floor area, assuming that that floor area is
11 classified as I Institutional under the building code
12 use groups. If it's classified as office space, it's
13 a different ratio. If it's classified as storage
14 space or mechanical space, it would be a different
15 ratio and a different number.

16 If we were to say that all of Option 6
17 that this Board has selected as the various -- of the
18 various options the one it would like to base the
19 Master Plan around, the -- my calculations are that
20 based upon the current rules, based upon all
21 institutional use group classification, that the
22 increased obligation to the Village would be 99
23 housing units. That's at the end of Phase II, which
24 would be in all likelihood beyond the third round,
25 and the rules would all be different by then anyway.

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1 that, then we know the rules will change and the
2 ratios would change. So there's a lot of unknown.

3 The other reason why it's out there is
4 that I do not think that affordable housing in and of
5 itself would be a valid basis for denying any use.

6 For example, all uses generate an
7 affordable housing obligation: Residential,
8 non-residential -- under the current rules.

9 If the Village of Ridgewood and any
10 municipality were to deny that use because it
11 generates an affordable housing obligation. Well,
12 obviously that wouldn't be accepted because we'd have
13 to deny everyone.

14 So, what I'm saying is yes, the Board
15 can make that as a consideration. But given the
16 uncertainty that's out there and given the fact that
17 that cannot be a primary basis, because that could be
18 viewed as a discriminatory action by the town, as
19 trying to discourage the creation of affordable
20 housing.

21 In fact, in the Appellate Court
22 decision that attacked COAH's rules which existed in
23 2007, it used to be that way that a town could
24 control how much affordable housing obligation it had
25 by planning differently.

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1 It could say, okay, we're not going to
2 zone for these types of use that generate affordable
3 housing. And the Appellate Court, which threw out
4 COAH's methodology at that time, said, well, that
5 doesn't make sense. There's a need that's out there.
6 And for towns to be able to frustrate the satisfying
7 of that need, merely by zoning differently, is
8 unacceptable.

9 So, the Court actually forced the
10 Council on Affordable Housing to change its rule to
11 say, look, you will impose an obligation on
12 municipalities. And municipalities will have to
13 accept that obligation.

14 Now, it's true we will look at that
15 grow later on and see how much really happened. But
16 it won't change -- it won't lower the obligation.
17 The obligation will still be there.

18 So, it seems to me clear from that
19 court decision that decisions to accept or reject
20 zoning primarily on the basis of affordable housing
21 is contrary to the intent of the Fair Housing Act and
22 the courts have found so in COAH's rules that allowed
23 the towns at one point to do that.

24 So, it is a consideration. It's
25 something that the town needs to keep in mind. It

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1 night and tonight that stick in my head are "a large
2 hospital in a small area" which I walked in a little
3 bit late but I believe it was Joe, I don't remember
4 his last name, was using that phrase.

5 The other phrase that sticks in my mind
6 from last night another -- another one of the
7 speakers was "it doesn't make sense".

8 These are the two phrases that sort of
9 stick in my head. And I think it's time for a
10 decision to be based on the needs and well being of
11 the residents and not the Hospital.

12 Valley is not a village hospital, it's
13 patient coverage expands far beyond the boundaries of
14 the Village. But the social costs of a larger Valley
15 Hospital are borne by the Village residents.

16 I want to be on record in opposition of
17 the approval of this amendment that will permit a
18 substantial expansion of Valley Hospital.

19 Thank you. (Applause.)

20 CHAIRMAN NICHOLSON: Thank you, Mr.
21 Buckley.

22 Michael LaChappelle? Oh.

23 Is Michael LaChappelle here?

24 Nancy Coopersmith?

25 After Ms. Coopersmith we will take a 15

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1 needs to keep it in mind with all decisions, more in
2 the sense of global planning for the entire town, not
3 in the sense of one particular use or other
4 particular uses in one location or others.

5 The same thing with tax courts have
6 said towns can't accept or reject one particular use
7 on the basis of whether it causes taxes to go up or
8 go down.

9 The towns need to look at the whole
10 global development of the municipality in looking at
11 issues of fiscal stability, affordable housing and
12 other issues.

13 So it's sort of a -- a lot of words
14 over how we should be viewing affordable housing in
15 this case and in any case, more in a global
16 perspective not as to any particular use being a
17 winner or a loser for the municipalities.

18 MR. BUCKLEY: Thanks you.

19 If I could make my -- my statement?

20 I suspect the Board will agree that
21 this has been a marathon process.

22 As a nearly 23 year resident of Fairway
23 Road, Valley's never ending expansion plan have been
24 a decade long marathon.

25 A couple of phrases just from last

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1 minute break.

2 MS. COOPERSMITH: Hi, my name is Nancy
3 Coopersmith, C-o-o-p-e-r-s-m-i-t-h. I live at 273
4 Meadowbrook Avenue and actually I do have a few
5 questions.

6 MS. PRICE: Let me just swear you in.

7 Do you swear the testimony you are
8 about to give this evening is the truth, the whole
9 truth and nothing but the truth?

10 MS. COOPERSMITH: Yes, I do.

11 N A N C Y C O O P E R S M I T H,
12 Residing at 273 Meadowbrook Avenue, Ridgewood,
13 New Jersey, having been duly sworn, testifies as
14 follows:

15 MS. COOPERSMITH: Just a question about
16 when the decision was made in 2008 to go ahead and
17 amend the Master Plan.

18 When you guys made that decision at
19 that point, had any outside experts or consultants
20 been involved at all like an environmental expert or
21 the hospital consultant or anybody outside of Valley
22 Hospital, and the Concerned Resident, had you sought
23 counsel from anyone in making that decision.

24 CHAIRMAN NICHOLSON: It has been a long
25 process and I can't answer your question off the top

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00:51 1 of my head.

00:51 2 MS. PRICE: I think the Board decided
00:51 3 that and then decided to hire Ray first and then
00:51 4 Larry worked out the details.

00:51 5 MS. COOPERSMITH: Because I'm just
00:51 6 wondering what the basis for that original decision
00:51 7 to go forward with the change was?

00:51 8 CHAIRMAN NICHOLSON: This Board had
00:51 9 heard testimony from both the Hospital and the
00:51 10 residents. And the Concerned Residents of Ridgewood,
00:51 11 as a group, concerning the issues relative to the
00:52 12 hospital construction.

00:52 13 MS. COOPERSMITH: Uh-huh.

00:52 14 CHAIRMAN NICHOLSON: The Master Plan,
00:52 15 as it existed, as it exists today, is -- relative the
00:52 16 H-zone is three lines long.

00:52 17 And the Board had, as part of it Master
00:52 18 Plan -- its Master Plan review in 2006?

00:52 19 MR. BRANCHEAU: Yes, the re-exam.

20 CHAIRMAN NICHOLSON: Our re-exam, which
21 is the process the town goes through every six years?

22 MR. BRANCHEAU: Six years.

23 CHAIRMAN NICHOLSON: As mandated by
24 state law, had identified the H-zone Master Plan
25 section as deficient in terms of addressing key

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1 square feet should go through.

2 Do we really need a large regional
3 medical center in our midst? Haven't we all learned
4 by now the destructive potential of overdevelopment
5 of the need for everything to be bigger? Isn't it
6 time we acknowledge that balance is more beneficial,
7 that there's a place for everything and that the
8 middle of a residential area and adjacent to a middle
9 school is not the place for this massive structure
10 that's being proposed.

11 Again, where is common sense?

12 We are all well aware of Valley
13 Hospital's need to modernize. And we've heard their
14 case for expansion, but their needs do not change the
15 physical limitations of the space Valley occupies,
16 and changing the Master Plan doesn't make it so
17 either.

18 This Master Plan Amendment does not
19 reflect the impact the proposed expansion will have
20 on the community, on safety, aesthetics, the ability
21 of all of our children to learn without impediment,
22 on property values and on and on and on.

23 And maybe it is not in the jurisdiction
24 of this Board all of that, but then where does that
25 responsibility lie?

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1 issues.

2 And those key issues had come to the
3 fore every time the Hospital had applied for a
4 variance to do any kind of construction project.

5 So, you know, the Board had identified
6 it as a need. And that need was reinforced by the
7 testimony we heard from both sides, which led the
8 Board to the decision.

9 MS. COOPERSMITH: Okay. Thank you.
00:53 10 I'll just make my statement now.

11 Having sat through these proceedings
12 for three years now, I have to say that I still feel
13 like Alice through the looking glass whenever I
14 attend one of these meetings.

15 To quote a Jefferson Airplane song, "I
16 feel like I'm somewhere where logic and proportion
17 have falling floppy dead".

18 As one of last night's speakers
19 distinctly put it, Valley Hospital proposal and this
20 Board's seeming willingness to change the Master Plan
21 to accommodate it, just doesn't make sense.

22 In all the years we've been at this,
23 the residents have yet to hear the Board's rationale
24 for why a change to the Master Plan that would allow
25 Valley to double its size to almost 1.2 million

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1 I truly believe, as do many of us here
2 tonight, that allowing this expansion to move
3 forward, will destroy the integrity of this
4 neighborhood. It will turn the entire Graydon Park
5 area into something it was never meant to be, a
6 hospital zone, versus what it is today, a beautiful
7 neighborhood that happens to have a hospital in its
8 midst.

9 As your predecessors wisely wrote of
10 Valley's proposed expansion in December of 1983:

11 "The Council is concerned that in its
12 need to modernize, Valley Hospital has
13 exceeded in its plan a realistic modernization
14 on the site in question".

15 And that was the proposal to increase
16 the square footage by a mere 25 percent.

17 So, what has changed since 1983? What
18 really has changed? Maybe Valley Hospital's
19 lobbyists and their PR machine have grown stronger,
20 and perhaps we have just lost our collective will to
21 fight this fight time and time again.

22 But I implore you, please don't give up
23 on it now because as my mother used to say when I was
24 about to do something she knew I would regret,
25 "Remember that you can't unring a bell". Once you

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1 unleash this, there will be no turning back.
 2 Thank you. (Applause.)
 3 CHAIRMAN NICHOLSON: Thank you, Ms.
 4 Coopersmith.
 5 We will take a fifteen minute recess.
 6 (Whereupon, a brief recess is taken.)
 7 CHAIRMAN NICHOLSON: Ladies and
 8 gentlemen, please take your seats we'll get
 9 restarted. Ladies and gentlemen, please take your
 10 seats.
 11 Is Mark King with us tonight? Mr.
 12 King?
 13 Walter Durant?
 14 MR. DURANT: Hi, Walter Durant,
 15 D-u-r-a-n-t, 538 Linwood Avenue, Ridgewood.
 16 MS. PRICE: Mr. Durant, do you swear
 17 that the testimony you're about to give this evening
 18 is the truth, the whole truth and nothing but the
 19 truth?
 20 MR. DURANT: I do.
 21 W A L T E R D U R A N T,
 22 Residing at 538 Linwood Avenue, Ridgewood, New
 23 Jersey, having been duly sworn, testifies as
 24 follows:
 25 MS. PRICE: Thank you.

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1 Can they afford to do it? Yes they can
 2 afford to do it. Do they want to do it? No.
 3 There are other alternatives that were
 4 mentioned before. The split campuses and so forth.
 5 Saint Barnabas Medical Center is a split campus
 6 probably about ten hospitals. They're rated very
 7 highly also. Maybe we should think about having a
 8 hospital that's a little bit smaller. There's
 9 nothing wrong with being smaller and being number
 10 one. It's possible.
 11 We're doing it right now with our
 12 businesses. Businesses are shrinking. The town's
 13 shrinking. Why can't Valley shrink?
 14 Utilizing police services, every week
 15 in the papers you read something going on with Valley
 16 Hospital whether it's the emergency department or
 17 patient's rooms or valet parking. They're using our
 18 police department services without paying them.
 19 Sure. Valley has moved a lot of
 20 facilities away from the campus, but they could also
 21 probably move other facilities too or even cut back.
 22 They want to have 454 beds. Maybe they should have
 23 substantially less beds because as we all know, the
 24 more you build, the more you advertise, the more will
 25 come.

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1 MR. DURANT: In about two weeks, my
 2 wife and myself will be in Ridgewood for 25 years.
 3 So I guess maybe about six months after we moved
 4 here, we saw this whole process which we're going
 5 through right now, for the first time, and have been
 6 through since.
 7 I'd like to go on record saying we're
 8 against this proposal to expand the hospital. First
 9 of all on quality of life issues with pollution,
 10 increased truck traffic, cars.
 11 And I understand there has been
 12 strategic release on how this will progress. The
 13 difference is when you're doing these meetings,
 14 you're doing it basically with computers and talk.
 01:10 15 And you're doing it with offices of the hospital in
 01:10 16 support. But we're people. We live through this.
 01:10 17 I've lived there for 25 years and can't imagine going
 01:10 18 through it again.
 19 Valley is a very well endowed hospital,
 20 probably the second most endowed next to Hackensack.
 21 So, when you ask them if they can do something, can
 22 they afford to do it? It's a not-for-profit
 23 hospital. All their profits, investments get taken
 24 back. And they can invest it and they can afford to
 25 do it.

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1 I was speaking to my dentist assistant
 2 today, who lives probably an hour-and-a-half away in
 3 Orange County, New York. Where does she have her
 4 procedures done? Valley Hospital. Six percent of
 5 people that go to Valley are from Ridgewood. And 94
 6 percent come from someplace else. Maybe we should
 7 reconsider that whole process.
 8 Thank you very much. (Applause.)
 9 CHAIRMAN NICHOLSON: Mr. Bortinger?
 10 Mr. King?
 11 MR. KING: Mark King, 449 Meadowbrook
 12 Avenue.
 13 THE COURT REPORTER: Spell your name
 14 please?
 15 MR. KING: M-a-r-k, King as in King.
 16 MS. PRICE: Mr. King, Do you swear that
 17 the testimony you are about to give this evening is
 18 the truth, the whole truth and nothing but the truth?
 19 MR. KING: Yes, I do.
 20 M A R K K I N G,
 21 Residing at 449 Meadowbrook Avenue, Ridgewood,
 22 New Jersey, having been duly sworn, testifies as
 23 follows:
 24 MR. KING: I just have a few questions,
 25 Mr. Skorupa?

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1 You know, we're talking a lot about
2 logical common sense and all of that, so considering
3 that many diseases are treated by Valley, are
4 generally not infectious or contagious, where
5 patients could safely be sharing the same rooms, do I
6 assume correctly that the Hospital's request to have
7 450 single patient rooms is not entirely a health
8 issue, but also a comfort issue?

9 MR. SKORUPA: There are a series of
10 standards that have been issued over the past decade
11 -- it's a couple of decades for construction of
12 hospitals. The latest one in the year 2006, I
13 believe the one in 2001, I think that was the first
14 year, recommended that all new construction for
15 hospitals be in single beds.

16 That guideline, just was re-issued in
17 2010. And it's the same requirement for every
18 hospital.

19 So it's not a requirement that Valley
20 is applying. It's a standard that applies to all new
21 construction in this country. So that's where that
22 requirement comes from.

23 You know, it is -- a part of it -- and
24 there are a number of factors for that, one, is
25 patient comfort. But there's been a tremendous

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1 asking a variance to those other entities on that?
2 So it's -- cause if they --- let's say that the Board
3 doesn't approve any change. Won't they continue with
4 the Hospital with, you know, two patient rooms?

5 MR. SKORUPA: They will because the
6 code also, if there's an existing condition, you're
7 not mandated to correct that condition, as I
8 understand the legislation related to that.

9 But -- so I don't think anyone's going
10 to -- as I understand it, I don't think the Hospital
11 is going to be forced to do that. If they do new
12 construction then they must comply with that
13 regulation.

14 MR. KING: And there's no way to ask
15 for a variance for that because it is bringing a lot
16 of burden.

17 MR. SKORUPA: You can, yes. You can
18 ask for a variance. Yes.

19 MR. KING: Okay. So we -- probably the
20 Village should consider them asking a variance for
21 that because it's bringing so much burden, you know?
22 Because for me, it doesn't make sense.

23 And if you think -- you know, I would
24 like to see a plan like 300 rooms, 150 double
25 patients and another 150 for the contagious or

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1 amount of research done on private rooms and the
2 benefit from a clinical point of view.

3 So it's more than just a comfort issue
4 or a marketing issue. There is substantial evidence
5 that indicates a great benefit to shorter stays,
6 improvement of patient's recovery times, infection
7 rates, errors for staff and things of that sort.

8 So it's not arbitrary. It is, in fact,
9 the standard. And in order for them not to do that,
10 they would have to get a variance from both the
11 federal government and -- I'm not sure the exact
12 mechanism in New Jersey, but it would require some
13 sort of variance in terms of building a new hospital
14 and not complying with that requirement.

15 MR. KING: But you mention it's a
16 recommendation?

17 MR. SKORUPA: No, it's a requirement.

18 MR. KING: Is it a recommendation or is
19 it an application?

20 MR. SKORUPA: It's a requirement.

21 MR. KING: It's a requirement.

22 MR. SKORUPA: Yes, not a
23 recommendation, a requirement.

24 MR. KING: Okay. But as it's bringing
25 so much burden to the Village, shouldn't they be

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1 really, you know, you know, just from a logical sense
2 for the people that really need to be in single
3 patient rooms.

4 I was a patient myself last year.
5 Unfortunately I had a problem, a serious problem, and
6 I went to a hospital in New York. And I spent a few
7 days there.

8 And I was in a double patient room.
9 And I wasn't contagious. And it was perfectly okay.

10 So, why so much burden to the Village?
11 That's my opinion of that.

12 CHAIRMAN NICHOLSON: Well, was that a
13 statement or was that a question, Mr. King?

14 MR. KING: I was just answering --

15 CHAIRMAN NICHOLSON: That was a
16 statement.

17 MR. KING: Sorry. That was my
18 statement.

19 My second question, right, and I only
20 have four.

21 Last night when you were asked why the
22 Hospital cannot build elsewhere in a location you
23 said it was very expensive.

24 Do you think it would be less expensive
25 for the Hospital to then compensate the neighbors for

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1 the real estate valuation that will occur if this
 2 plan is approved?
 3 MR. SKORUPA: I think that's out of my
 4 area of expertise, in terms of -- I mean I really am
 5 engaged to advise the Planning Board in terms of
 6 issues relating to clinical care and hospital
 7 construction. So I really can't answer that.
 8 MR. KING: But, in your opinion it's
 9 logical to think that there is a balance, right?
 10 So if someone is losing money,
 11 Ridgewood residents or the Hospital, depending on
 12 where we go.
 13 MR. SKORUPA: I -- my expertise is in
 01:19 14 the clinical requirement. I really can't take a
 01:19 15 position on that.
 01:19 16 MR. KING: Could you --
 01:19 17 MR. SKORUPA: You can ask the question
 01:19 18 of someone else who has expertise on that.
 01:19 19 MR. KING: Would someone else be able
 01:19 20 to answer that?
 01:19 21 Isn't it logical to think that if they
 01:19 22 build elsewhere, the houses will not devalue so much?
 01:19 23 But if they build here to the extent
 01:19 24 they want to build, the houses will devalue. Isn't
 01:19 25 that just that logical? Isn't it common sense?

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01:19 1 You know I've been trying to sell my
 01:19 2 house. And I'm going to do a statement here. Every
 01:19 3 buyer that walks into my house asks me about the
 01:19 4 Hospital. Every buyer. And that's truthful.
 01:19 5 Could I have ask Ms. Gail, in the
 6 future, how does the Village protect itself from the
 7 Hospital putting additional beds in each room and
 8 transforming 450 beds to 900 beds, if they ever want
 9 to try to do that? How do we protect ourselves
 10 against that?
 11 MS. PRICE: Actually, Blais, we looked
 12 at that in terms of the amendment.
 13 MR. BRANCHEAU: Yes, the Master Plan
 14 recommends that the ordinance have a limit on the
 15 Hospital of 454 beds. You could say, well, then they
 16 can just get a variance. But they could get that if
 17 we don't put anything in the Master Plan, if we leave
 18 the Master Plan the way it is, you could still argue
 19 they could get a variance. So I don't know how to
 20 answer that other than to say that the best we could
 21 do is to establish a standard if someone requests a
 22 variance the Board has to hear it and decide on the
 23 merits of the case.
 24 There's no other way of doing it.
 25 MR. KING: Well, my question is like if

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1 they just do it, do you fine them? What happens?
 2 That's why --
 3 MS. PRICE: Oh, on the enforcement you
 4 mean.
 5 MR. KING: Yes. How do they enforce?
 6 With fines?
 7 And is there a limit to those fines?
 8 Because what I'm thinking from a logical standpoint
 9 is like how much is the fine and how much am I going
 10 to be making more with 400 additional patients
 11 (indicating)?
 12 MS. PRICE: Well, there's --
 13 MR. KING: I'll probably pay the fine.
 14 MS. PRICE: No, It's not just the
 15 Village that would be involved with that it would be
 16 the Department of Health would be involved. It would
 17 be licensing issues involved. I mean it goes well
 18 beyond the Village getting involved and a land use.
 19 And there would be state and federal involvement.
 20 MR. KING: So there are mechanisms to
 21 prevent it?
 22 MS. PRICE: Well --
 23 MR. KING: If they're going to be
 24 successful and run --
 25 MS. PRICE: -- I think there are other

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1 people from the audience who are answering it as
 2 well. But, yes, there are inspection provisions on
 3 every project that goes through, Chris', there's
 4 always engineer's office as well as the building
 5 department.
 6 But as I said, there's also going to be
 7 -- for the Hospital if and when there's any
 8 construction, there will also be state and federal
 9 licensing oversight.
 10 MR. KING: Thank you.
 11 To Mr. Blais, you just mentioned about,
 12 you know, the obligation with the housing and all of
 13 that.
 14 What I haven't heard yet is how are we
 15 going to meet that obligation if we ever are
 16 obligated to it? How is the Village going to meet
 17 the obligation?
 18 CHAIRMAN NICHOLSON: Mr. King, Blais
 19 answered the issue of affordable housing very
 20 thoroughly.
 21 MR. KING: No, he didn't. He didn't.
 22 He's talking about --
 23 CHAIRMAN NICHOLSON: And I'm going to
 24 ask you to move on to your statement please.
 25 MR. KING: He's asking -- I'm asking

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1 about how do we meet the obligation? A very straight
 2 forward question.
 3 MS. PRICE: You know what --
 4 MR. BRANCHEAU: Simple answer, we don't
 5 know.
 6 MS. PRICE: You know what, let me just
 7 interject, because I think Mr. Brancheau addressed in
 8 very lengthy terms the current state of affairs with
 9 the Council on Affordable Housing.
 10 But, in fact, depending, suggestions
 11 from -- have come out of the Governor's office may,
 12 in fact, change everything that's before us because
 13 what is being proposed is that nothing, except
 14 housing, will generate a housing obligation.
 15 So no use, other than housing, will
 16 bring forward a housing obligation.
 17 So unless you build a residential
 18 project, there will be no obligation. So a
 19 commercial project won't generate an obligation. An
 20 institutional project like this won't generate one.
 21 So --
 22 MR. KING: I'm so sorry, will not
 23 generate?
 24 MS. PRICE: No, will not.
 25 So, depending on what happens in the

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1 a hospital for all the regions. They have three.
 2 MR. RUTISHAUSER: I think you're
 3 mistaken they have four, Orchard Hills, Arcola,
 4 Ridgewood and the Paramus course.
 5 MR. KING: Thank you for correcting me.
 6 But, you know, that's a lot of land, a
 7 lot of golf courses, revenue.
 8 MR. BRANCHEAU: I think that would be
 9 really up for Valley to ask the golf courses not for
 10 the Village.
 11 As to what I said with neighbors, I
 12 said two things, obviously adjacent towns need to
 13 consider Ridgewood, and Ridgewood needs to consider
 14 adjacent towns.
 15 But more to the point, the Village
 16 needs to consider the regional needs that exist. And
 17 the courts have said that in any of these type of
 18 what I call "inherently beneficial uses", that
 19 there's obviously a regional need for it. They have
 20 to go somewhere. If Valley were to go to one of
 21 these golf courses in Paramus, I'm certain that the
 22 same type of debate we're having here would be had in
 23 Paramus, that if they were to go to another town,
 24 again for much the same reason, we'd have -- if it
 25 wasn't because of this running residential

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1 very near future, there's talk of disbanding the
 2 Council on Affordable Housing altogether and
 3 returning more of the powers to home rules in the
 4 municipalities. It's totally up in the air right
 5 now.
 6 So the obligation that Blais referenced
 7 is a third round obligation under the current
 8 regulations. But right now all evidence is pointing
 9 towards those regulations going out the window.
 10 MR. KING: Thank you.
 11 My last question to Mr. Blais as well
 12 and I don't want to put words into your mouth, so if
 13 I say anything here that is incorrect, just please
 14 correct me.
 15 But I believe that during one of your
 16 presentations, you mentioned about the importance to
 17 also think about the neighboring communities when
 18 deliberating on this issue.
 19 So, you know, I would just like to
 20 understand if other neighbors -- our neighbors also
 21 think about us?
 22 So, you know, one of our neighbors is
 23 Paramus. And they have three golf courses. Have we
 24 ever asked them to give land, you know, sell one land
 25 from one of their three golf courses for us to build

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1 neighborhood, they'd say, oh, we're losing a ratable
 2 or they'd say it's generating affordable housing
 3 obligation.
 4 So the point that I was trying to make
 5 is that these have to go somewhere. And it's not
 6 really right to just try to pass it off on another
 7 town.
 8 MR. KING: Yeah, but --
 9 CHAIRMAN NICHOLSON: Ladies and
 10 gentleman, you don't have the floor, Mr. King does.
 11 MR. KING: I'm just going to finish
 12 with a statement. It's just interesting that we're
 13 talking about a regional hospital here and Ridgewood
 14 is getting all the burden of that hospital for the
 15 whole region. And six percent, that's the number
 16 I've been hearing, of Village residents actually go
 17 to the Hospital while 94 percent, you know, are from
 18 the region. So I think, you know, just from common
 19 sense again --
 20 MR. BRANCHEAU: But again --
 21 MR. KING: -- I'm not asking, this is a
 22 statement.
 23 MR. BRANCHEAU: Okay.
 24 MR. KING: I'm just, you know, from
 25 common sense it would be logical to me that we would

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1 try and involve other towns as well but I don't
 01:27 2 really understand how all that works.
 01:27 3 But thank you anyway. (Applause).
 01:27 4 CHAIRMAN NICHOLSON: Mr. Bortinger, is
 5 that correct?
 6 And Joseph O'Keefe. Mr. O'Keefe with
 7 us tonight?
 8 MR. O'KEEFE: Yes.
 9 CHAIRMAN NICHOLSON: Mr. O'Keefe,
 10 you'll be next.
 11 MR. BORTINGER: My name is Arie
 12 Bortinger.
 13 THE COURT REPORTER: Please spell your
 14 name.
 15 MR. BORTINGER: B-o-r-t-i-n-g-e-r.
 16 THE COURT REPORTER: Please spell your
 17 first name.
 18 MR. BORTINGER: Arie, A-r-i-e.
 19 THE COURT REPORTER: Your address?
 20 MR. BORTINGER: 220 Emmett Place,
 21 Ridgewood.
 22 MS. PRICE: Do you swear that the
 23 testimony you're about to give this evening is the
 24 truth, the whole truth and nothing but the truth?
 25 MR. BORTINGER: I do.

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1 have a financial interest in the expansion.
 2 What I miss seeing in the audience is
 3 people from the west side of the Village that their
 4 family is not having an income from the Hospital. To
 5 them the pollution and noise is only eight minutes
 6 away, if you live on Lincoln Avenue. And it's not an
 7 immediate concern one way or another.
 8 And so the voices of the folks residing
 9 in the hot zone of the Hospital should take
 10 preference by the Planning Board.
 11 Let me briefly state that I am for a
 12 successful hospital. That does not mean being big
 13 and oversized. I am for the latest technology and
 14 modernization. I am for cutting edge in medical
 15 innovation. I am for single beds. I am for
 16 attracting the best physicians to the hospital, and
 17 providing them with the latest medical devices and
 18 tools. And I am for a hospital to be a center for
 19 critical care only.
 20 I am against the hospital becoming an
 21 outpatient profit center and a revolving door for
 22 elective surgery. These are important services that
 23 should be located on another campus.
 24 Again, let me repeat, outpatient and
 25 elective procedures should be done off the main

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1 A R I E B O R T I N G E R,
 2 Residing at 220 Emmett Place, Ridgewood, New
 3 Jersey, having been duly sworn, testifies as
 4 follows:
 5 MS. PRICE: Thank you.
 6 MR. BORTINGER: I will start actually
 7 with a statement.
 8 First of all, I do appreciate the time
 9 and effort the Board has taken to listen to the
 10 residents of the Village and to the Hospital's
 11 position on this critical issue.
 12 I appreciate that we have taken time
 13 and seek outside expert opinions. I am a resident of
 14 the Village of Ridgewood for 28 years. I don't work
 15 for the Hospital, nor do I have a family member
 16 working for this hospital.
 17 I see the audience is constructed to
 18 three groups. You the Planning Board, the
 19 decision-makers. The concerned citizens tends to be
 20 on this side (indicating). They try to maintain the
 21 quality of life in the neighborhood in the vicinity
 22 of the Hospital. And then on this side (indicating)
 23 I tend to see a group of people that work for the
 24 Hospital. Some of them live in the Hospital. Some
 25 of them don't live in the Hospital. But all of them

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1 campus. Please remember the Hospital is in the
 2 middle of the residential neighborhood and at the
 3 crossroads of three public schools. This fact you
 4 should never forget.
 5 Mr. Skorupa, your analyses are based on
 6 a wrong premise. You calculated the 1.8 million
 7 square foot floor based on the premise that the
 8 Hospital has to have 454 beds. You have calculated
 9 de facto per bed, per bed, per unit bed. Why? Why
 10 do you have to have 454 beds? You have to go back
 11 and calculate and introduce a new opinion, based on
 12 the premise that you have only, and again, only
 13 710,000 square feet.
 14 Based on that, you have to come out
 15 with a new option in designing this facility.
 16 How many beds? How do you modernize
 17 this facility? And how do you provide the latest
 18 technology?
 19 We know now, and Valley stated, that in
 20 the region, we have in excess of 300 beds daily that
 21 are unused. So as the current status there is an
 22 oversupply of beds. There is an option. You don't
 23 need 454 beds.
 24 And, in addition, you are not the
 25 financial planner, nor is the Board.

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01:33 1 To design a blister of 94 feet
2 structures, the height of seven floors, in the middle
3 of a residential neighborhood is irresponsible. It
4 is destroying the character of this Village and I
5 reject the proposed amendment.

6 I am disturbed that Valley Hospital is
7 standing in the way to serve the medical needs of
8 Northern Valley residents and trying shelf Pascack
9 Valley Hospital reopening in the name of 300 extra
10 beds unused daily.

11 Opening Pascack Valley will be a good
12 thing for all Ridgewood residents. And you, the
13 Board, should take that in consideration as a factor
14 in your decision-making.

15 Pascack Valley Hospital will open.
16 It's a matter of time. It will open. Your Planning
17 Board has one task which is what serves best the
18 residents of this town.

19 You have not been elected as financial
20 planner for the Hospital. This expansion is a
21 strategic plan in optimizing profit in the next 10 to
22 30 years. And you should not contribute to this
23 plan.

24 Mr. Gould offered you a solution
25 bringing the hospital into the 21st century which

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01:36 1 Since I don't have any time, let me
01:36 2 jump to the question.

01:37 3 Mr. Chairman, what are the units in the
01:37 4 total 2010 intensity use?

01:37 5 Mr. Blais refers to the 2010 intensity
01:37 6 use. Can you clarify what is -- what is the
01:37 7 intensity use? What are the units? And what are the
01:37 8 numbers you're referring to?

9 CHAIRMAN NICHOLSON: I'm going to defer
10 that to Blais to answer.

11 MR. BORTINGER: But you are supposed to
12 know the -- to take in all the information to help
13 you making the decision.

14 CHAIRMAN NICHOLSON: Mr. Bortinger,
15 I'm not going to answer that question. That's
16 insulting to me.

17 MR. BORTINGER: I'm not trying to --
18 I'm --

19 CHAIRMAN NICHOLSON: That's insulting
20 to me.

21 There's a lot of detail here. I've
22 read it all. And if you expect me to recall one
23 particular piece of all the information that I've
24 digested over the last three-and-a-half years I tell
25 you I cannot do it.

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1 accommodates modernization and technology needs.
2 CHAIRMAN NICHOLSON: Mr. Bortinger,
3 please wrap it up.

4 MR. BORTINGER: Okay, let me jump to
5 another -- I have 30 seconds?

6 CHAIRMAN NICHOLSON: Fifteen seconds.

7 MR. BORTINGER: In regards to traffic,
8 let me just say that you tend to selectively answer
9 questions and I have observed you for quite a few
10 meetings. And you tend to forget the questions. And

01:35 11 it is really the records here that can follow that --
01:36 12 that should be followed up in terms of when you
01:36 13 remember and what -- what you don't remember to
01:36 14 really answer the questions.

01:36 15 But let me follow on the 15 seconds
01:36 16 that you have left me.

01:36 17 In regards to traffic, it has been
01:36 18 addressed but not resolved. The problem will become
01:36 19 worse, as Mr. Staigar noted, having another --
01:36 20 another lane at Linwood and Van Dien is a good thing.

01:36 21 But it remains as an undersized
01:36 22 pressure relief valve for a major traffic problem.

01:36 23 This problem are bad today before the
01:36 24 expansion and will worsen in the next seven
01:36 25 construction years of Phase I.

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01:38 1 MR. BORTINGER: Okay. That's fine.
01:38 2 It's a key issue that comes back -- back again and
01:38 3 again, into the centerpiece of Mr. Blais. He comes
01:38 4 back and states we are going to keep the 2010
01:38 5 intensity use. That was a key statement and phrase.

01:38 6 CHAIRMAN NICHOLSON: And your question
7 is how do you really measure that? How do you do
8 that? That's a question that's been raised here by
9 many people, including myself. It's a very good
10 question.

11 MR. BORTINGER: Thank you. And I would
12 like to know the answer in understanding as a
13 measuring tool for the future. Understanding the
14 current intensity use, how does those numbers have
15 derived to, to understand where are we heading to.

16 CHAIRMAN NICHOLSON: As do I.

17 MR. BORTINGER: Okay.

18 CHAIRMAN NICHOLSON: Do you have any
19 other comments, Mr. Bortinger?

20 MR. BORTINGER: Can Mr. Blais answer
21 that?

22 CHAIRMAN NICHOLSON: Actually you've
23 taken up quite a bit of the podium time. Your
24 statement is well written. I would very much
25 appreciate it if you submit it into evidence --

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1 MR. BORTINGER: I will.
 2 CHAIRMAN NICHOLSON: -- so we can read
 3 all of it.
 4 MR. BORTINGER: I will. I would be
 5 glad to -- I will do that.
 6 CHAIRMAN NICHOLSON: And I would ask --
 7 MR. BORTINGER: But I would like to ask
 8 to get the question about the intensity of use,
 9 because I think it's a very critical issue that will
 10 help the audience to understand. And we cannot just
 11 let it bypass.
 12 CHAIRMAN NICHOLSON: Blais?
 13 MR. BRANCHEAU: The intensity of use
 14 stands it's in the new Master Plan at 454 inpatient
 15 beds, 380 to 400,000 square feet of space devoted to
 16 shared inpatient and outpatient diagnostic treatment,
 17 clinical support, logistical support and
 18 administrative office areas.
 19 Total hospital floor area 1,170,000
 20 square feet not counting floor area in parking decks
 21 and/or rooftop areas, a total of 2,000 parking
 22 spaces. Those are th standards.
 23 MR. BORTINGER: Those are the numbers
 24 that are spreading on -- those are multiple units.
 25 They are space, they are parking locations. Is there

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1 a measurement that you correlate that to traffic,
 2 correlate intensity use in relation to in and out of
 3 traffic, in utilizing all of those parameters that
 4 you have entered and mentioned to us now?
 5 MR. BRANCHEAU: It's the best we've
 6 been able to come up with. It's not perfect. But
 7 I'm all ears if you have a better system, but we have
 8 a traffic expert who indicated that the floor area
 9 was the best indicator of traffic, that there's a
 10 correlation -- we had someone else who indicated that
 11 there's a correlation between parking and traffic,
 12 we're regulating parking and floor area.
 13 There's clearly a correlation between
 14 what I call high intensity areas of the hospital,
 15 like office space, like outpatient areas and so
 16 forth, versus mechanical space or storage rooms which
 17 -- or cafeterias, people who go to cafeterias are
 18 already there, so the people in the cafeteria are not
 19 generating traffic. They're already there for other
 20 reasons to visit people or because they're patients
 21 or because they work there.
 22 So, we're not counting those areas
 23 because they're not generating traffic in that
 24 standard. But they are counted in the overall floor
 25 area. So we're counting it in multiple ways.

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1 Is it perfect? No. It never is.
 2 Zoning is not a hundred percent precise.
 3 But if someone has a better way of
 4 doing that that's workable and enforceable and
 5 measurable, I'm all ears.
 6 MR. BORTINGER: Okay.
 7 Since I have taken too much time, I
 8 will leave the questions here. I would just say that
 9 last time I had written questions and I did not get
 10 answers to the written question. So I don't know, in
 11 terms of your procedure, protocol and follow up on
 12 the written questions. I would be very happy to get
 01:42 13 the answers to those for a year, eleven months to
 01:42 14 this written questions that were addressed to the
 01:42 15 traffic advisor of Valley Hospital.
 01:42 16 CHAIRMAN NICHOLSON: I will follow up
 01:42 17 on that, Mr. Bortinger.
 01:42 18 MR. BORTINGER: Thank you.
 01:42 19 CHAIRMAN NICHOLSON: And make sure they
 01:42 20 are answered.
 01:42 21 MR. HURLEY: Thank you.
 01:42 22 MR. BORTINGER: Thank you. (Applause).
 01:43 23 MS. PRICE: When did you submit them?
 01:43 24 CHAIRMAN NICHOLSON: Would you get them
 01:43 25 to the Board Secretary.

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01:43 1 MR. BORTINGER: I will do that, yes.
 2 MR. O'KEEFE: Good evening, my name is
 3 Joseph O'Keefe. I reside at 355 Meadowbrook Avenue
 4 here in Ridgewood.
 5 MS. PRICE: Do you swear the testimony
 6 you're about to give this evening is the truth, the
 7 whole truth and nothing but the truth?
 8 MR. O'KEEFE: I do.
 9 J O S E P H O ' K E E F E,
 10 Residing at 355 Meadowbrook Avenue, Ridgewood,
 11 New Jersey, having been duly sworn, testifies as
 12 follows:
 13 MR. O'KEEFE: I just have a few
 14 questions this evening.
 15 First, we've heard statements this
 16 evening concerning the potential affordable housing
 17 obligations that the Village might face based upon
 18 what happens on this particular site.
 19 We are all aware, and as Ms. Price
 20 observed a few moments ago, those obligations may
 21 change in a material way in "the very near future".
 22 Given the severe impact those
 23 obligations might have on the Village, and that the
 24 amendments to this Master Plan might define what
 25 those obligations are, has this Board considered

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1 perhaps suspending this proceeding since we will have
2 an answer to the question in the very near future,
3 until we have that answer? So that the changes can
4 be thought of in the context of what those
5 obligations might be.

6 MS. PRICE: Blais?

7 MR. BRANCHEAU: Well, you want me to
8 comment?

9 I would say we don't know what's going
10 to happen, that would be, to me, the main reason why
11 I would not suspend it.

12 I'll give you a hypothetical. Let's
13 say the legislature were to pass a law, someone could
14 appeal that law, challenge that law in Court. It
15 could be tied up in the courts for years.

16 There's no way, there's no certainty of
17 knowing that we will have an answer in three months,
18 six months, a year, whatever.

19 So, it would be, in my mind,
20 unreasonable to assume that and put this off for
21 three months.

22 MR. O'KEEFE: Mr. Brancheau, isn't it
23 true though that from a land use perspective, it's
24 your obligation to predict, basing your best estimate
25 what those obligations might be, so that you can plan

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1 MS. PRICE: It's not the jurisdiction
2 of this Board for that kind of consideration, for a
3 PILOT. You're talking about a PILOT.

4 MR. O'KEEFE: I guess I am.

5 MS. PRICE: It's outside of the
6 jurisdiction of this Board.

7 MR. O'KEEFE: Could this Board, in the
8 context of adopting a Master Plan, include a
9 recommendation of some guidance that the governing
10 body consider implementation of a PILOT in the event
11 expansion is permitted?

12 MS. PRICE: I haven't seen that. I
13 haven't seen a Planning Board venture into that kind
14 of water before, in terms of recommending either
15 taxation or alternate programs in lieu of taxation.

01:47 16 MAYOR PFUND: I believe it will be
01:47 17 addressed by the governing body.

01:47 18 CHAIRMAN NICHOLSON: Thank you, Mayor
19 Pfund.

20 MR. O'KEEFE: A couple of questions for
21 Mr. Skorupa.

22 First of all, he made reference to, I
23 believe, the charge that was given to him before he
24 prepared his analysis and perhaps I missed it at one
25 of these meetings, but was that charge an oral charge

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1 for them?

2 I understand, of course, that things
3 can change. But aren't you required to use your best
4 estimate in coming up with the formulation?

5 MR. BRANCHEAU: We have.

6 MR. O'KEEFE: And wouldn't those best
7 estimates be better guided if we waited a month or
8 two until the Governor -- the Governor's plan works
9 its way through the legislature and we know what
10 those obligations might be?

11 MR. BRANCHEAU: I've already answered.

12 MR. O'KEEFE: Thank you.

13 We also heard a comment concerning the
14 regional needs that the municipality needs to take
15 into consideration in developing its land use policy.

16 And if we accept that as a premise, has
17 any consideration been given to how the region can
18 contribute back to Ridgewood?

19 By way of example, a very simple
20 concept could be to use some of the dollars that come
21 from the 90 percent of individuals who reside out of
22 our community who go to Valley Hospital, get funneled
23 back to this community through some Payment in Lieu
24 of Taxes? Has that been given any consideration by
25 this Board? And, if not, why not?

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1 or a written charge? And if it's written somewhere,
2 where can we have access to it?

3 MR. SKORUPA: I believe at one of the
4 Planning Board sessions there was a re-statement --
5 one of the public sessions that was held, that I gave
6 a summary at that Planning Board meeting of my
01:48 7 understanding of the charge given to me -- given us
01:48 8 to was.

9 MR. O'KEEFE: Okay. Your
10 understanding? Was it based upon comments from the
11 Board or was it based on a document that they
12 provided you with?

13 MS. PRICE: I don't think it was any
14 document.

15 And, in fact I believe, I could double
16 check this, but I believe that Mr. Gould asked for
17 the specific charge and the Board Secretary provided
18 Mr. Gould with an e-mail confirming what the charge
19 was.

20 I believe that that's the only written
21 document. And that confirms what the Board decided
01:48 22 in terms of retention.

01:49 23 MR. O'KEEFE: And, Mr. --

01:49 24 MS. PRICE: And, of course, there's an
01:49 25 agreement for the professional services.

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01:49 1 MR. O'KEEFE: And I believe, Mr.
 01:49 2 Skorupa, in the context of preforming your charge you
 01:49 3 indicated that two of the tasks that you were asked
 4 -- that you had to perform was number one:
 5 Understanding what the Hospital wants; and number
 6 two, understanding what the community needs.
 7 Can you just tell me what your
 8 definition of "community" was in performing those
 9 tasks?

10 MR. SKORUPA: I think in both cases I
 11 used the word -- what -- my understanding what the
 12 needs would be, rather than wants.
 13 Needs would be a term that would imply
 14 some sort of basis other than whim or, you know, what
 15 someone just simply wanted. It would have to be
 16 based on some sort of factual analysis.

17 In terms of the community, I think in
 18 one of my early sessions I said that I enumerated
 19 probably a half dozen or so things that we thought
 20 were important to the community, such as setbacks,
 21 height of the building, traffic, buffer zones, length
 22 of construction, things of that sort. Noise, for
 23 example. Impact of service area, for example, on the
 24 residents along Steilen. Probably ten or so factors
 25 that we used as some sort of method of identifying

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1 immediate neighborhood, those being the ones that
 2 were in the immediate neighborhood of the Hospital.
 3 Those being subject to more of the impact of the
 01:51 4 project, and then the broader Ridgewood community.
 01:51 5 So in my mind it was the Village of Ridgewood.

6 MR. O'KEEFE: And in performing your
 7 assessment and evaluating those needs, you understood
 8 that there was a middle school immediately proximate
 9 to the Hospital, correct?

10 MR. SKORUPA: Yes, we did.

11 MR. O'KEEFE: And an elementary school
 12 two blocks away?

13 MR. SKORUPA: Yes, we did.

14 MR. O'KEEFE: And the high school a few
 15 blocks away further than that?

16 MR. SKORUPA: Yes, we did.

17 MR. O'KEEFE: In your experience
 18 advising hospitals and governing bodies on hospital
 19 planning, have you given advice in similar
 20 communities with three schools in such close
 21 proximity to a hospital?

22 MR. SKORUPA: In terms of looking at
 23 hospitals that are in urban settings, many times
 24 these are located near schools and things of that
 25 sort. Yes.

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1 what we thought were things that the community --
 2 were beneficial to the community and in most cases
 3 identified what we called mitigation factors so it
 4 needs to be minimized or eliminated and still give
 5 the function the Hospital was looking for.

6 MR. O'KEEFE: And in assessing those
 7 community needs, how did you conduct your
 8 investigation? Did you talk to members of the
 9 community that live in the vicinity of the Hospital?
 10 Did you talk to other residents in Ridgewood?

11 MR. SKORUPA: We had two meetings with
 12 Paul and had two sessions with him to get from him
 13 things that were of concern to the Concerned Citizens
 01:51 14 of Ridgewood. And we used him as to funnel -- for
 01:51 15 getting those concerns to us.

16 MR. O'KEEFE: So, your assessment of
 17 community needs was limited to discussions -- I'm
 18 sorry -- so you, essentially, spoke to individuals
 19 and limited to conversations with Mr. Gould?

20 MR. SKORUPA: Yes, right. Yes.

21 MR. O'KEEFE: And community, was
 22 community defined in your mind as Ridgewood or did it
 23 extend beyond Ridgewood?

24 MR. SKORUPA: In my mind, to be honest
 25 with you, I had two parts to it. One was the

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1 MR. O'KEEFE: And would you consider
 2 Ridgewood an urban setting?

3 MR. SKORUPA: I would define it as a --
 4 it's not -- certainly not urban in the sense of
 5 density, but it's a basically -- the location that
 6 the Hospital is located in is basically a single
 7 family residential neighborhood.

8 And by that I meant the general region
 9 is a developed suburban area.

10 MR. O'KEEFE: But not an urban area?

11 MR. SKORUPA: I'm not sure I know where
 12 this is going in terms of what you're getting at.

13 MR. O'KEEFE: Well, I asked you whether
 14 or not you had evaluated hospital planning in other
 15 communities in which there were three schools in
 16 close proximity to the hospital.

17 Your statement was that in urban
 18 settings you had seen such arrangements.

19 Have you seen such an arrangement in a
 20 suburban setting prior to Ridgewood.

21 MR. SKORUPA: I'm now trying to think
 22 of specific projects that I can relate that to.

23 Is it possible, Gail, for me to look at
 01:54 24 -- I mean...

01:54 25 MS. PRICE: You can get back to us.

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01:54 1 MR. SKORUPA: Yes, I think it best if I
 01:54 2 look at the question and give you a more thoughtful
 01:54 3 answer then simply on my feet now.
 01:54 4 MR. O'KEEFE: Okay.
 01:54 5 There was some questions when Ms. Baney
 01:54 6 was asking you questions about consideration given to
 01:54 7 the cost of relocation.
 01:54 8 And I believe the statement was made at
 01:54 9 some point during these meetings that there were
 01:54 10 conversations during work sessions and I specifically
 01:54 11 recall the PowerPoint slide where the Hospital
 01:54 12 suggested the costs of relocation were too expensive.
 01:54 13 First of all, to the extent there was
 01:54 14 discussion concerning the cost of relocation in work
 01:54 15 sessions, can you tell us in what year those work
 01:54 16 sessions occurred?
 01:54 17 MR. SKORUPA: Please ask the question
 18 again?
 19 MR. O'KEEFE: Sure. There was a
 20 statement earlier tonight, and I believe in prior
 21 sessions, that at some point during "work sessions"
 22 whatever that might mean, there were discussions
 23 concerning the cost of relocation of the Hospital.
 24 MR. SKORUPA: These were public work
 25 sessions of the Planning Board. Those are the

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1 comparing the relative costs of one to the other, not
 2 absolute cost of one to the other.
 3 So those were presented at a Planning
 4 Board session, I believe in January of this year.
 5 MR. O'KEEFE: So, nobody prepared a
 6 precise calculation of best estimate to the costs of
 7 development here at the existing site versus cost of
 8 relocation?
 9 MR. SKORUPA: Not a detailed cost
 10 analysis of it only, as I said, a relative cost,
 11 rather than an actual cost.
 12 MR. O'KEEFE: Can you give me a
 13 relative estimate within say \$100 million of what the
 14 difference in cost might be?
 15 MR. SKORUPA: I could, but I would want
 16 to go back and look at my notes and look at the study
 17 that we did and that we can provide to you at the
 18 next meeting, for example.
 19 MR. O'KEEFE: At any point during the
 20 process, did anybody talk about a ball park figure as
 21 to what that difference would be? The difference
 22 between working here versus relocating?
 23 MR. SKORUPA: We did not give a ball
 24 park figure, no.
 25 CHAIRMAN NICHOLSON: Mr. O'Keefe,

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1 sessions in which we presented material to the
 2 Planning Board.
 3 MR. O'KEEFE: Now, the real estate
 4 market in northern New Jersey in 2010 has changed
 5 somewhat significantly since 2008, is that fair to
 6 say?
 7 MR. SKORUPA: I presume so. I'm not an
 8 expert in the cost of real estate, but I presume
 9 that's true.
 10 MR. O'KEEFE: Has anybody revisited the
 11 cost of relocation in light of the dramatic change in
 12 economic circumstances that has occurred in this area
 13 in the last two years?
 14 MR. SKORUPA: We looked at -- when we
 15 looked at the options that were available, we looked
 16 at -- one would be -- we looked at a number of
 17 options in which we looked at relocating either to a
 18 green site or to two sites. And we did not do an
 19 evaluation of those in terms of the cost of those.
 20 We did -- the option that we presented to the
 21 Planning Board was one in which we looked at the
 22 single phase relocation to a green site versus the
 23 phased reconstruction in the current site.
 24 And we didn't give a dollar quantity,
 25 but we looked at it in a qualitative way, in terms of

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1 please wrap up your questions --
 2 MR. O'KEEFE: Sure.
 3 CHAIRMAN NICHOLSON: -- and move to
 4 your statement.
 5 MR. O'KEEFE: Mr. Skorupa, from your
 6 experience as a hospital planner, is it relevant to
 7 your consideration of appropriate development on this
 8 site, whether or not Pascack Valley will reopen?
 9 MR. SKORUPA: We only looked at general
 10 options. One of the options that we looked at was
 11 looking at the Hospital located at two sites. And
 12 one of those was -- one of those options was looking
 13 at the possibility of purchasing an existing
 14 hospital. We did not do a detailed analysis of it,
 15 though.
 16 MR. O'KEEFE: And I have one quick
 17 question for the members of the Board, unless I'm
 18 mistaken we have not heard testimony from any of your
 19 predecessors, members of the Planning Boards that sat
 20 in the 1980s and 1990s that went through this process
 21 and made various statements on the record which have
 22 been referenced in the course of these proceedings.
 23 One example is my understanding that at
 24 some point, perhaps this was the development of the
 25 1990s, the Planning Board decided that because the

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1 site was "overdeveloped" the Kraft House which had
2 existed on the property at that time had to be
3 removed in order to permit the expansion at that
4 time.

5 Has the Planning Board given any
6 consideration of taking evidence or testimony from
7 your predecessors, in order to guide your
8 decision-making here? And if you have not, why have
9 you not?

10 MS. PRICE: I can answer part of that
11 question.

12 If you look at the record that's been
13 established to date, exhibit B-8 for the record is a
14 comprehensive list of all resolutions adopted by both
15 the Planning Board and the Zoning Board relative to
16 The Valley Hospital which the Board, this Board, this
17 present composition of the Board has adopted for
18 purposes of the record and has made it part of their
19 review to go through the history.

20 And Mr. Brancheau has referred to the
21 chronology of these approvals in his -- I think it
22 was your first -- Blais, I think it was your first
23 evening of testimony.

02:00 24 MR. BRANCHEAU: Yes, I think that was

02:00 25 --

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02:00 1 MS. PRICE: Blais, I think it was your
02:00 2 first evening of testimony.

02:00 3 MR. BRANCHEAU: The first public
02:00 4 hearing on the first draft of the amendment.

02:00 5 MS. PRICE: Right.

02:00 6 So to the extent that there are actual
02:00 7 public documents and findings of facts and
02:00 8 conclusions of law that are in this record. Okay.

02:00 9 MR. O'KEEFE: But --

02:00 10 MS. PRICE: So that's what is relevant
02:00 11 because those are the documents that a reviewing
02:00 12 court would have before them.

13 MR. O'KEEFE: But from the standpoint
14 of this body making a decision, I was just curious
15 whether any consideration had been given to probing
16 those that decided the site was fully developed in
17 1983 as to why they made that decision then and
18 whether their consideration should perhaps guide you
19 now?

20 MS. PRICE: That wouldn't be a relevant
02:00 21 probe under the legal parameters. You know, the
02:00 22 documents that have entered into the record would be
02:01 23 the relevant examination.

02:01 24 MR. O'KEEFE: Thank you.

02:01 25 From the standpoint of a statement if I

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02:01 1 was as articulate as Ms. Coopersmith I would make
02:01 2 one, but I am not. So I will adopt her words as my
02:01 3 own and those who said similar things.

02:01 4 And I thank you for your time.

02:01 5 (Applause).

02:01 6 CHAIRMAN NICHOLSON: Thank you.

02:01 7 MR. HURLEY: Thank you.

8 CHAIRMAN NICHOLSON: Gary?

9 Daniel Gioia, are you here with us

10 tonight? You're next.

11 MR. NEGRYCZ: My name is Gary Negrycz,
12 N-e-g-r-y-c-z, 501 Dorchester Road, Ridgewood, New
13 Jersey.

14 Good evening.

15 MS. PRICE: You were sworn in last
16 night so you remain under oath this evening.

17 MR. NEGRYCZ: Yes.

18 I'll try to be as brief as possible in
19 consideration of all the time everyone has already
20 spent this evening.

21 With regards to traffic, if I may, in
22 response to several questions tonight an analogy was
23 made between strip malls and large malls, which I
24 thought was very interesting.

25 And a strip mall generates a lot of

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1 short trips. And big malls generate less trips
2 because people are there for a longer time.

3 And I kind of thought about that and I
4 said to myself, that being the case, then beds would

5 be kind of like a mall in terms of trip generation,
6 because when people are in beds they don't get up and
7 leave in 15 minutes. And diagnostics would be kind
8 of like a strip mall, people come in, they get a
9 scan, they get an MRI, and they disappear. Somebody
10 else comes in.

11 So, based on that, would you agree then
12 that as the diagnostic square footage in this
13 facility grows, that you're going to have a lot more
14 of those strip mall type trips.

15 MR. STAIGAR: As the diagnostic, as
16 more outpatient, as it becomes more of a medical
17 office use, as opposed to the long term care use, I
18 agree with you. That it'll -- well, I'll answer your
19 question in terms of, yes, I believe it will generate
20 more traffic over the course of they day.

21 But the peak hours, though, occur, in
22 that morning peak hour when the shifts are changing
23 and when the -- in the afternoon when the shifts are
24 changing as well. I don't think those are going to
25 be impacted as much from that type of change of use

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02:04 1 or more of a diagnostic or medical office, ambulatory
 02:04 2 surgery type of operations.
 3 MR. NEGRYCZ: So, you're saying that
 4 the increase would then just increase the flow in
 5 between the peaks?
 6 MR. STAIGAR: Or throughout the day.
 7 MR. NEGRYCZ: Yeah.
 8 Based on that, you made a statement,
 9 you know, that the peaks are in the a.m. and the p.m.
 10 and regrettably they coincide pretty much with when
 11 the schools get in and out.
 12 MR. STAIGAR: Yes.
 13 MR. NEGRYCZ: By my calculations, the
 14 workforce at peak for this project is currently
 15 allowed in the Master Plan that's being considered
 16 will peak at something in excess of 600 workers per
 17 day, and that will go on the average on a daily basis
 18 from day one, which is not going to occur, quite
 19 frankly, would be something in excess of 500 workers
 20 every single day for 60 months. That's a lot of
 21 trips. I think someone should consider that in their
 22 deliberations of the issue.
 23 And I have a different question. And
 24 the Master Plan, as I understand, is used to try and
 25 draw a circle around the use in a particular zone, is
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1 MR. NEGRYCZ: Okay. So, therefore --
 2 and I'll try to make a point now, the question I have
 3 is the traffic fellow mentioned that probably a
 4 better measure of parking is square footage based on
 5 the trend in hospital use. Yet our proposed
 6 amendment here ties the parking to beds, hospital
 7 beds.
 8 I wonder if someone might want to just
 9 look at that.
 10 MR. BRANCHEAU: There's a statement in
 11 the plan that says that at this time we're basing it
 12 on beds. If we didn't base it on beds we also say in
 13 the plan that we need to monitor the care trend such
 14 that if there's a significant shift towards
 15 outpatient, you may want to revisit that standard.
 16 But in any event, because we're trying
 17 to -- if we move away from inpatient beds to more
 18 outpatient, there has to be a corresponding
 19 reduction.
 20 So, whether we do it by beds, or
 21 whether we do it by floor area of certain components,
 22 we would still be ending up at 2,000 spaces. It's
 23 just a question of how we measure it.
 24 So -- but in the end of the day, it's
 25 still the idea of the caps on the 2,000 not as a
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1 that a correct statement?
 2 MR. BRANCHEAU: Can you repeat the
 3 question?
 4 MR. NEGRYCZ: Yes, you know, in the
 5 education you folks have been providing me with, the
 6 -- the Master Plan is a generalized document that
 7 tries to just put parameters around the uses that are
 8 allowed in a given zone?
 9 MR. BRANCHEAU: It's not just use, it's
 10 the standards for those uses. It's -- you know, the
 11 Planning Board is to seek sort of an analysis as
 12 almost the advisory board to the governing body. The
 13 governing body adopts an ordinance.
 02:06 14 The Master Plan really is saying to
 02:06 15 community as whole, as well as locations within the
 02:06 16 community, what is the appropriate land use? What's
 02:06 17 the appropriate intensity of that use? What are some
 02:06 18 of the basic standards for development for that use.
 19 MR. NEGRYCZ: Okay.
 20 So for instance, if I live in a single
 21 family zone, then, you know, one family lives in that
 22 house. And if two families live in that house, there
 23 are rules about that.
 24 Is that a correct statement?
 25 MR. BRANCHEAU: Basically, yes.
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02:08 1 minimum, but as a maximum parking that's allowed but
 02:08 2 that will also be a control on the intensity.
 3 So, you know, your minimum might be
 4 1900, but your maximum is 2,000. You can split it
 5 five ways, but still it's the same thing.
 6 MR. NEGRYCZ: Okay.
 7 Again, the -- trying to address the
 8 limitations, when you discussed floor areas in here
 9 you limit the area for shared inpatient, outpatient,
 10 diagnostic, treatment, clinical support, logistical
 11 support and administrative office areas not to exceed
 12 the range of 380 to 400,000 feet.
 13 Well, I'm not going to question the
 14 number, you guys did all the work. I will leave that
 15 be for now.
 16 What I question, though, is inpatient,
 17 outpatient, diagnostic and clinical support is one
 18 thing. Logistic support, administrative support,
 19 that's office area.
 20 Quite frankly, if I was running a
 21 hospital, I'd put a whole bunch of offices in and
 22 then when I needed the space I'd get rid of them and
 23 convert them to diagnostic and I'd be still
 24 compliant.
 25 I would suggest consideration for
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1 tightening that up just a tad, so that we can't end
2 up with 400,000 feet of diagnostic and they move the
3 administrative via computer and a TR3 line, you know,
4 down the road or to India, which is where I get all
5 my construction drawings now, they come over night.
6 You know there's some guy drawing a building for me
7 to build right now in India.

8 MR. BRANCHEAU: We'll certainly look at
9 it.

10 MR. NEGRYCZ: I'd appreciate it.

11 Just a generalized comment, and I will
12 get out of your hair for the evening.

13 With regards to COAH and the fact that
14 there are pending changes in legislation and all this
15 other stuff, the world I live in hope is not a viable
16 strategy. And the Board of Ed had hope when they
17 pushed through a bond and said \$10 million of it was
18 going to be funded by the state, even though
19 everybody could see the state was in trouble. Now,
20 that money's gone and we've got the bond. And we've
21 got to pay the bill.

22 So, I wouldn't believe in hope. What
23 COAH says, that's what it is today. We need to plan
24 on that. And if it changes, God Bless.

25 Thank you for your time.

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02:12 1 God. I've got a three line or a three paragraph
02:12 2 Master Plan the refers to the H-zone? And then you
02:12 3 decided we need to upgrade it because of the all the
02:12 4 -- or get it up-to-date because of the variances.

02:12 5 Is that how it started?

02:13 6 CHAIRMAN NICHOLSON: This effort was
02:13 7 initiated by the hospital.

02:13 8 MR. GIOIA: Excuse me?

02:13 9 CHAIRMAN NICHOLSON: This effort was
02:13 10 initiated by the Hospital.

02:13 11 MR. GIOIA: So it was initiated by the
02:13 12 Hospital.

02:13 13 CHAIRMAN NICHOLSON: Yes.

02:13 14 MR. GIOIA: It wasn't the six year
02:13 15 planning review that you --

02:13 16 CHAIRMAN NICHOLSON: That's a matter of
02:13 17 public record.

02:13 18 MR. GIOIA: I understand that, but if
02:13 19 we can read back the record earlier you said
02:13 20 something about every six years there's a review of
02:13 21 the --

02:13 22 MS. PRICE: That was a separate issue.

02:13 23 CHAIRMAN NICHOLSON: That was an answer
02:13 24 -- let me answer the question.

02:13 25 MS. PRICE: Sorry. That's a separate

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1 MR. HURLEY: Thank you.

2 CHAIRMAN NICHOLSON: Mr. McCann? Scott
3 McCann?

02:11 4 MR. McCANN: Can I defer to Monday?

02:11 5 CHAIRMAN NICHOLSON: I would rather you
02:11 6 not. We have time for one more tonight.

7 MR. GIOIA: Daniel Gioia, 447 Fairway
8 Road, G-i-o-i-a.

9 MS. PRICE: Do you swear that the
10 testimony you are about to give this evening is the
11 truth, the whole truth and nothing but the truth?

12 MR. GIOIA: I do.

13 D A N I E L G I O I A,
14 Residing at 447 Fairway Road, Ridgewood, New
15 Jersey, having been duly sworn, testifies as
16 follows:

17 MR. GIOIA: I might be the last one
18 tonight. I have a couple of questions and several
02:12 19 subparts, to quote a famous movie the 938.

02:12 20 First question, this is what I really
02:12 21 don't understand. And everyone at the break had the
02:12 22 same questions, really what came first here, the
02:12 23 chicken or the egg?

02:12 24 Who initiated this? Is it the fact
02:12 25 that you did your planning review and said, oh, my

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02:13 1 issue.

2 CHAIRMAN NICHOLSON: That was an answer
3 to the question of why we made the decision to modify
4 the Master Plan. That was the answer to that
5 question then.

6 And you asked who initiated the
7 process? And the answer was the Hospital.

8 MR. GIOIA: Okay. So the Hospital came
9 and said we need to upgrade. We need to expand, how
10 ever you want to look at it. And you're taking this
11 opportunity to bring the Master Plan up to --
12 up-to-date? So for that --

02:13 13 CHAIRMAN NICHOLSON: That's is a
02:13 14 reasonable summary, yes.

02:13 15 MR. GIOIA: Thank you.

16 Is there a reason why the Board doesn't
17 just consider bringing it up-to-date based on what's
18 been done to date?

19 In other words, before bringing the
20 entire Master Plan up to what the facility looks like
21 today?

22 CHAIRMAN NICHOLSON: Well, I can answer
02:14 23 that from my -- personally, that that would be at

02:14 24 least an opportunity. There's a lot deficiencies in
02:14 25 the current Master Plan with respect to criteria that

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02:14 1 needs to be incorporated.
 02:14 2 MR. GIOIA: That could -- could that be
 02:14 3 not done without increasing the square footage by 50
 02:14 4 or 100 percent?
 02:14 5 CHAIRMAN NICHOLSON: I suppose so.
 02:14 6 MR. GIOIA: So the question now really
 02:14 7 bring it to the legal clarification which Ms. Price,
 02:14 8 I think you're the expert on this one.
 02:14 9 You read the same comment every time as
 02:15 10 we start, you know, nothing has been put forth, et
 02:15 11 cetera. We're here to discuss whether the Planning
 02:15 12 Board will amend the Master Plan, correct? That's
 02:15 13 really the reason that's behind all of these
 02:15 14 meetings, correct?
 02:15 15 MS. PRICE: It's a hearing on a
 02:15 16 proposed amendment.
 02:15 17 MR. GIOIA: So if the Planning Board
 02:15 18 votes to amend the Master Plan, what are the next
 02:15 19 steps in the process?
 02:15 20 MS. PRICE: As I've stated also on
 02:15 21 prior occasions, then the next step would be, if the
 02:15 22 Council, if the governing body is in any way desirous
 02:15 23 of entertaining zoning ordinances that would
 02:15 24 implement the bulk relation and zoning criteria
 02:15 25 changes recommended in the Master Plan, that's within

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02:16 1 MR. GIOIA: -- you've done this around
 02:16 2 the State, though, right? So you've got some
 02:17 3 examples maybe you can provide?
 02:17 4 MS. PRICE: Not really. I've done it
 02:17 5 for 27 years, but I'm not going to -- you know, I
 02:17 6 don't think hypothesizing on what may or may not be
 02:17 7 valid reasons is relevant for this record.
 02:17 8 MR. GIOIA: So then the point being if
 02:17 9 you vote to amend the Master Plan, which you've
 02:17 10 already decided you're going to do that, really we're
 02:17 11 talking about what is the amendment going to look like
 02:17 12 at the end of the day.
 02:17 13 You're tying the Village Council's
 02:17 14 hands and basically saying you need to do an -- you
 02:17 15 need to pass an ordinance that's consistent with the
 02:17 16 Master Plan unless you find some fact that says that
 02:17 17 it shouldn't be done; is that correct?
 02:17 18 MS. PRICE: I don't think I said that
 02:17 19 at all.
 02:17 20 I said the Land Use Law allows the
 02:17 21 Council to adopt an ordinance or not adopt an
 02:17 22 ordinance as long as they make the required findings.
 02:17 23 MR. GIOIA: Let me ask it a different
 02:17 24 way or let me ask a different question, similar
 02:17 25 though.

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02:15 1 the jurisdiction of the governing body. It would be
 02:16 2 Zoning Ordinance introduction, a referral by statute
 02:16 3 back her and then a public hearing in front of the
 02:16 4 governing body and then the ordinance would go up or
 02:16 5 down.
 02:16 6 MR. GIOIA: What if the governing body
 02:16 7 were to say we don't want to?
 02:16 8 MS. PRICE: Then they would have to, by
 02:16 9 provision in the Municipal Land Use Law, make a
 02:16 10 finding of fact and adopt by majority of their
 02:16 11 membership. Of how the Council was constituted --
 02:16 12 MR. GIOIA: So amending the Master
 02:16 13 Plan, does that put a higher burden of proof on the
 02:16 14 -- on the -- on the governing body?
 02:16 15 MS. PRICE: If they adopt something
 02:16 16 that is inconsistent with the Master Plan, the
 02:16 17 Municipal Land Use calls for an affirmative finding
 02:16 18 by the Council as to why they're doing that.
 02:16 19 MR. GIOIA: And what would affirmative
 02:16 20 finding have to -- what would an example of that be
 02:16 21 that they need to...
 02:16 22 MS. PRICE: I mean that depends on the
 02:16 23 facts of the case.
 02:16 24 MR. GIOIA: You've done this --
 02:16 25 MS. PRICE: I'm not going to --

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02:17 1 Is the burden of proof higher?
 02:18 2 MS. PRICE: There's no burden of proof.
 02:18 3 The Council's not under any burden of proof. The
 02:18 4 Council --
 02:18 5 MR. GIOIA: They're under no burden of
 02:18 6 proof once it goes to -- when Valley -- when they say
 02:18 7 no to the ordinance an Valley sues them again.
 02:18 8 MS. PRICE: No, the Counsel doesn't
 02:18 9 have a burden of proof when they're entertaining an
 02:18 10 ordinance. This is not an application for
 02:18 11 development. And I think that's been said on the
 02:18 12 record all along.
 02:18 13 MR. GIOIA: Right.
 02:18 14 MS. PRICE: So there's no one out here
 02:18 15 making proof of the positive or negative criteria
 02:18 16 under the Municipal Land Use Law. This is an
 02:18 17 amendment to the Master Plan strictly by this Board.
 02:18 18 And then anything that happens
 02:18 19 afterwards would be entertained by the governing
 02:18 20 body. And there are strict rules for that, that the
 02:18 21 governing body has the entertain.
 02:18 22 MR. GIOIA: And where --
 02:18 23 MS. PRICE: And that will be governed
 02:18 24 also by the Village Attorney.
 02:18 25 MR. GIOIA: Where are those rules that

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02:18 1 -- specifically Land Use Laws.
 02:18 2 MS. PRICE: Yes, in N.J.S.A. 40:55D-1
 02:19 3 at seq.
 02:19 4 MR. GIOIA: Okay.
 02:19 5 To me it just seems that there's going
 02:19 6 to be some kind of a -- go beyond that.
 02:19 7 Now, I appreciate the you brought on
 02:19 8 the -- Mr. Skorupa here with respect to doing some
 02:19 9 work when evaluating the options of the Hospital.
 02:19 10 I guess, Mr. Skorupa, a question for
 02:19 11 you, similar to Mr. Hughes questions, but more
 02:19 12 specific when you evaluated and went to the working
 02:19 13 sessions with respect to the different option, did
 02:19 14 you actually look at or review work product or
 02:19 15 analyses, looked at the hospital bid, with respect to
 02:19 16 the costs?
 02:19 17 MR. SKORUPA: No, we did not.
 02:19 18 MALE AUDIENCE MEMBER: Sir, would you
 02:19 19 repeat that I didn't hear it.
 02:19 20 MR. SKORUPA: The answer was, no, we
 02:19 21 did not.
 02:19 22 MR. GIOIA: So the relative -- I guess
 02:19 23 to use your words, the relative analysis for the
 02:20 24 costs to develop a facility somewhere off campus and
 02:20 25 then move whatever -- whatever equipment you have off

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02:21 1 ten years period, correct?
 02:21 2 MR. SKORUPA: Well, you know our
 02:21 3 expertise is in facility not know financial, so I
 02:21 4 don't think I should venture a statement on that.
 02:21 5 MR. GIOIA: Well, since I am expert in
 02:21 6 that, it's not too easy to get long term financing
 02:21 7 these days.
 02:21 8 MR. SKORUPA: I'll take your word for
 02:21 9 it.
 02:21 10 MR. GIOIA: So using some of the
 02:21 11 hospital facilities here and others off campus that
 02:21 12 in essence -- in effect that's a split campus,
 02:21 13 correct?
 02:21 14 MR. BRANCHEAU: In the analysis we did
 02:21 15 we only looked at the main campus. We didn't take
 02:21 16 into consideration to assets stored at other places
 02:21 17 only the existing main campus.
 02:21 18 MR. GIOIA: Are you familiar with
 02:22 19 Pascack Valley and their campus.
 02:22 20 MR. SKORUPA: No, not really. I mean I
 02:22 21 know the hospital, but I don't know in detail what
 02:22 22 there may be in, particular knowledge of the way they
 02:22 23 operate.
 02:22 24 MR. GIOIA: You don't --
 02:22 25 MR. SKORUPA: I don't --

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02:20 1 campus over to that campus and buy new equipment that
 02:20 2 would make sense for the new facility that was too
 02:20 3 expensive?
 02:20 4 MR. SKORUPA: No. When we did the
 02:20 5 analysis, the relative analysis we used the square
 02:20 6 footage as the basis for -- we used two things, one
 02:20 7 was the proposed new square footage for replacing the
 02:20 8 facility in total, compared to addition at the campus
 02:20 9 and reuse of existing facility of the campus.
 02:20 10 One of the assets is the existing
 02:20 11 campus is buildings that they're going to retain and
 02:20 12 not have to replace.
 02:20 13 I think that's the primary source of
 02:20 14 the financial advantage for staying in the current
 02:20 15 location is a resource for doing that.
 02:20 16 MR. GIOIA: So that would be --
 02:20 17 MR. SKORUPA: And also it permits them
 02:21 18 to phase expense as opposed to having a single
 02:21 19 capital investment which the replacement would
 02:21 20 require.
 02:21 21 MR. GIOIA: But if you phased in a
 02:21 22 capital investment, I don't know what Valley's credit
 02:21 23 rating is, but at least you have a better chance of
 02:21 24 -- of -- or if you're doing one expense at once you
 02:21 25 have a chance to get that in the hand versus over a

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02:22 1 MR. GIOIA: -- you don't realize this is
 02:22 2 worth -- less than \$100 million.
 02:22 3 MR. SKORUPA: I'm unaware of anything
 02:22 4 like that.
 02:22 5 MR. GIOIA: Where'd you --
 02:22 6 MR. SKORUPA: As far as I'm aware of
 02:22 7 it.
 02:22 8 MR. GIOIA: Where is your firm
 02:22 9 headquartered?
 02:22 10 MR. SKORUPA: We're in Westchester
 02:22 11 County, New York.
 02:22 12 MR. GIOIA: And you don't know anything
 02:22 13 about Pascack Valley?
 02:22 14 MR. SKORUPA: We know about it, but not
 02:22 15 in great detail. We've been reading about it in the
 02:22 16 newspapers and following what's happening at the
 02:22 17 hospital.
 02:22 18 MR. GIOIA: Wouldn't evaluating a split
 02:22 19 campus, when there is a facility that is less than 3
 02:22 20 miles from here, that is in question whether or not
 02:22 21 -- what the ownership is to go forward ownership,
 02:22 22 wouldn't that, you know, at least warrant some
 02:22 23 investigations to what that facility looked like as
 02:22 24 far as putting a bid in for it?
 02:22 25 MR. SKORUPA: We did not look into that

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02:22 1 in terms of making it a detailed analysis of the
 02:23 2 options that we looked at. We did not do that.
 02:23 3 MR. GIOIA: When I looked on your
 02:23 4 website, it looks like you've done a lot of work for
 02:23 5 hospitals.
 02:23 6 Have you done any for other
 02:23 7 municipalities?
 02:23 8 THE WITNESS: No, most of our work is
 02:23 9 for hospitals and healthcare institutions.
 02:23 10 MR. GIOIA: So you've done no work
 02:23 11 other than for Ridgewood in this respect?
 02:23 12 MR. SKORUPA: That's right.
 02:23 13 MR. GIOIA: Have you ever done any work
 02:23 14 with Valley Hospital or any of their affiliates?
 02:23 15 MR. SKORUPA: No, I have not. I think
 02:23 16 we made statements at the initial one that we were --
 02:23 17 there was no conflict of interest with either Valley
 02:23 18 or with the people that worked at Valley.
 02:23 19 MR. GIOIA: Thank you. I apologize,
 02:23 20 but I haven't been able to make all these meetings.
 02:24 21 Let me just I'll leave the rest for the
 02:24 22 record.
 02:24 23 Let me ask a couple of quick question
 02:24 24 with respect to exhibit H-1 05/04/10, that was
 02:24 25 Valleys -- not their lawyer, but their expert witness

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02:24 1 showed up with an amendment, what you requested in
 02:24 2 the amendment to the amendment.
 02:24 3 Question there was -- there was a
 02:24 4 question mark left at the meeting, I guess May 4th,
 02:24 5 with respect to the disagreement over the limitations
 02:24 6 to the improvement -- improvement coverage area I
 02:24 7 guess it's called. I think Valley asked for 80
 02:24 8 percent and it had in the amended -- proposed
 02:24 9 amendment was 60 percent.
 02:24 10 Has there been a resolution?
 02:24 11 MR. BRANCHEAU: I can respond to that.
 02:25 12 CHAIRMAN NICHOLSON: Thank you.
 02:25 13 MR. BRANCHEAU: Following that meeting
 02:25 14 I had conversations with representatives for Valley
 02:25 15 Hospital as to how they got their numbers. And I
 02:25 16 explained how I got my numbers.
 02:25 17 If you remember that this Board in
 02:25 18 looking at various options identified Option 6 as th
 02:25 19 basis for a Master Plan. My 60 percent -- and I
 02:25 20 think I stated this on the record at the May 4th
 02:25 21 hearing, I think it was. Maybe May 3rd. It was that
 02:25 22 in calculates 60 percent improvement coverage I was
 02:25 23 only looking at buildings, parking decks, surface
 02:25 24 parking areas and driveways, that I did not include
 02:25 25 anything else. And that would include and not be

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02:25 1 limited to green roofs, fire lanes, sidewalks,
 02:25 2 covered walkways, canopies at building entrances,
 02:26 3 landscaped areas, buffers, stormwater drainage,
 02:26 4 facilities, anything other than buildings, parking
 02:26 5 decks, surface parking and driveway areas, really is
 02:26 6 what is intended to be covered by the 60 percent.
 02:26 7 If you look at the diagram in the
 02:26 8 Master Plan, there's diagram of what Option 6 looked
 02:26 9 like.
 02:26 10 The area -- essentially the areas
 02:26 11 depicted on that map are what was intended to be
 02:26 12 covered by 60 percent.
 02:26 13 We have no plan for sidewalks. We
 02:26 14 don't have plans for these other things. And I
 02:26 15 didn't feel like hazarding a guess.
 02:26 16 So bottom line is if you factor those
 02:26 17 in, it probably would be higher than 60 percent.
 02:26 18 What? At this point in time I don't know.
 02:26 19 Certainly probably some factor in the
 02:27 20 range of 60 to 70 percent if you factor those
 02:27 21 together with this.
 02:27 22 MR. GIOIA: What is 10 percent of the
 02:27 23 square footage?
 02:27 24 MR. BRANCHEAU: I'm sorry?
 02:27 25 MR. GIOIA: What does 10 percent

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02:27 1 represent in square footage?
 02:27 2 MR. BRANCHEAU: That is 10 percent of?
 02:27 3 MR. GIOIA: The 70,000 feet.
 02:27 4 MR. BRANCHEAU: Of 15, would be an acre
 02:27 5 and-a-half, it's a little over 60,000 square feet.
 02:27 6 MR. GIOIA: My mathematician over here
 02:27 7 got that down.
 02:27 8 I mean some people say leave it vague.
 02:27 9 Some people say be more specific. I think this whole
 02:27 10 exercise is being more specific.
 02:27 11 Leaving percentages open like that you
 02:27 12 can drive a truck through, they need to be looked at.
 02:27 13 MR. BRANCHEAU: They will be looked at
 02:27 14 when we write the ordinance.
 02:27 15 At this point in time, however, I don't
 02:27 16 have anything to go on. So there will be some figure
 02:27 17 written in if we get to a point of an ordinance.
 02:27 18 But at this point in time, like I said
 02:27 19 the Master Plan cannot cover every little detail.
 02:28 20 The more detail I put in, the more I invite other
 02:28 21 people to criticize and say, well, if you put that in
 02:28 22 why didn't you put this in. And it gets ridiculous
 02:28 23 after a point.
 02:28 24 We've got 12 pages of standards in a
 02:28 25 Master Plan document that is probably half, again, as

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02:28 1 big as the entire Land Use Plan for the entire
 02:28 2 Village.
 02:28 3 So I think we've --
 02:28 4 MR. GIOIA: That says something right
 02:28 5 there, doesn't it?
 02:28 6 MR. BRANCHEAU: -- gone way beyond
 02:28 7 level of detail.
 02:28 8 MR. GIOIA: That says something right
 02:28 9 there.
 02:28 10 CHAIRMAN NICHOLSON: Mr. Gioia, it's
 02:28 11 time to move on to your statement.
 02:28 12 MR. GIOIA: All right. Could I ask one
 02:28 13 more question, possibly two?
 02:28 14 One, where is the sign-up for the next
 02:28 15 -- next to sign up for additional questions?
 02:28 16 But, two, that -- that Exhibit H-1,
 02:28 17 what is the situation with respect to the setback of
 02:28 18 120 feet for the Bergen Building because it -- I
 02:28 19 think 200 feet was what's proposed. And they're
 02:29 20 asking for 120-foot setback. So looking for a
 02:29 21 variance on the variance on the variance already.
 02:29 22 MR. BRANCHEAU: I can answer that.
 02:29 23 The Bergen Building is an existing
 02:29 24 building. The standards, as I explained at prior
 02:29 25 hearing are based upon completion of everything in

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1 have a big nasty looking facility that's half
 2 finished because we know that this world is littered
 3 with half finished commercial real estate.
 4 But, Mr. Brancheau, if I misstate it I
 5 apologize if I get it wrong, I quoted you last time I
 6 was here a year ago and I'll quote you again.
 7 "If we knew then what we knew now we
 8 probably would have done it differently".
 9 I'll go on to quote you from your June
 10 2nd:
 11 "We have this situation of a hospital
 00:35 12 in the midst of a largely residential area.
 00:36 13 And you know the scale of the Hospital, the
 00:36 14 nature of the use, the level of activity is
 00:36 15 far in excess of what's typical for a
 00:36 16 residential neighborhood. That creates
 00:36 17 inevitable conflicts. The amount of traffic;
 00:36 18 the amount of noise; the amount of lights;
 00:36 19 just a number of things; the ambulances; the
 00:36 20 deliveries by trucks; all these things create
 00:36 21 what we typically think of nuisance concerns,
 00:36 22 and that residents would prefer not to have in
 00:36 23 their neighborhood".
 00:36 24 Well, I would call the attention to the
 00:36 25 Board and Mr. Brancheau and I'd like to add a couple

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02:29 1 Phase II at which point the Bergen Building will be
 02:29 2 gone.
 02:29 3 Right now that standard of 200 feet in
 02:29 4 that location will only many that the Bergen Building
 02:29 5 as an existing building would be grandfathered,
 02:29 6 meaning it's allowed to continue in its current
 02:29 7 location until it's remove and then anything that
 02:29 8 replaces it would have to be 200 feet.
 02:29 9 MR. GIOIA: Have you been down to the
 02:29 10 Meadowlands lately?
 02:29 11 CHAIRMAN NICHOLSON: Mr. Gioia --
 02:29 12 MR. GIOIA: We need to -- we need to
 02:29 13 make a --
 02:29 14 CHAIRMAN NICHOLSON: Mr. Gioia, I turn
 02:29 15 into a pumpkin at 10:30 so please move on to your
 02:29 16 statement.
 02:29 17 MR. GIOIA: I will.
 02:29 18 As I move into my statement we need to
 19 make sure we have assurances that since the whole
 20 premise of this Master Plan Amendment has a Phase II
 21 concept in there, that there should be guarantees,
 22 100 percent financing for an entire deal to make sure
 23 that this -- this facility, if it is allowed to go
 24 forward, can be completed and that we don't have the
 25 big elephant sitting right next to Giant's Stadium,

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00:36 1 more nuisances to this particular -- into this
 2 record, with regard to Mr. Brancheau's statement
 3 construction zone safety and ongoing distractions
 4 while children are on their way and at school
 5 respectively, is unacceptable. The danger of walking
 6 to and from school will increase immeasurably. You
 7 can't guarantee it won't.
 8 The constant noise and dust will be a
 9 nightmare for our children as they try to concentrate
 10 in school.
 11 The asthmatic children will have to be
 12 moved across town, have to be moved across town,
 13 unacceptable to consider anything else.
 14 The values of our homes will most
 15 likely go down during and after construction,
 16 unfortunately a neighbor of mine has told me that
 17 it's not a good thing to hear about this in the
 18 paper.
 19 And, yes, I did look at the Land Use
 20 Law here in Ridgewood today. And I believe Mr.
 21 Nicholson does say that Ridgewood Land Use Law does
 22 require that you consider the adverse affects on home
 23 prices brought on by construction projects.
 24 What about the water settlement issues?
 25 I don't care if it's going to be done over in the

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1 ordinances or it's going to be done in planning.
 2 It's an issue. Settlements could destroy properties
 3 or ruin properties for homes all the way from the
 4 high school to HoHoKus from Graydon to Paramus Road,
 5 unacceptable. How you could even think about this is
 6 ridiculous.
 7 How do we deal with the COAH issues?
 8 We've heard Valley, we'll just close our eyes and
 9 move on to the next.
 10 The traffic studies need to be reviewed
 11 to accept the "what if" scenario that patient volumes
 12 might actually grow. I know that might be a shocker,
 13 but they might grow.
 14 I'm sure the volume and the traffic
 15 will not stay at 2010 levels, even though you amend
 16 your Master Plan with the view that they should.
 17 We need independent planning advice to
 18 answer the questions about the elephant in the room.
 19 Given the proximity of the H-zone to well kept homes
 20 and BF middle school, what is the maximum lot
 21 coverage, building density and intensity of use that
 22 should be allowed.
 23 This renewal, I am sad to say, is a
 24 sham. It's an expansion, plain and simple. The
 25 Hospital had its chance to create a split campus and

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1 I feel that I've been more than lenient
 2 in trying to accommodate everyone's questions and
 3 answers. I expect people to come prepared and I
 4 don't expect to have excuses.
 5 Thank you.
 6 Motion to adjourn?
 7 (Whereupon, the motion is passed by a
 8 unanimous vote in favor.)
 9 (Whereupon, this matter will be
 10 continuing at a future date. Time noted 10:38
 11 p.m.)

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1 do this for 100,000,000 bucks and buy Pascack Valley,
 2 they chose to buy the license instead and let it
 3 expire. A nice community hospital move. That's
 4 exactly what this region needed, didn't it? It
 5 needed to have everybody come here and not have a
 6 split hospital or have other people be able to get to
 7 that one.
 8 They must have been acting in the best
 9 interest of the public when they decided to do that.
 10 They want a Ridgewood address to market this facility
 11 across the tri-state area. I'm sure we've heard it
 12 over in Westchester.
 13 So we should all start to act in the
 14 best interest for the public and residents of the
 15 Ridgewood and just say no to this expansion.
 16 Ridgewood has the burden of a regional
 17 hospital because Valley has extinguished the Pascack
 18 Valley license. It is ridiculous and should not go
 19 on. You need to say no or just limit the change in
 20 the Master Plan to what they have today.
 21 Thank you. (Applause.)
 22 CHAIRMAN NICHOLSON: Ladies and
 23 gentlemen, that brings us to the conclusion of this
 24 evening. If you have signed up to speak, please come
 25 prepared on the 24th.

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1
 2 C E R T I F I C A T E
 3
 4
 5 I, LAURA A. CARUCCI, C.C.R., R.P.R., a Notary
 6 Public of the State of New Jersey, Notary ID. #15855,
 7 and a Registered Professional Reporter, hereby
 8 certify that the foregoing is a verbatim record of
 9 the testimony provided under oath before any court,
 10 referee, board, commission or other body created by
 11 statute of the State of New Jersey.
 12 I am not related to the parties
 13 involved in this action; I have no financial
 14 interest, nor a.m. I related to an agent of or
 15 employed by anyone with a financial interest in the
 16 outcome of this action.
 17 This transcript complies with
 18 regulation 13:43-5.9 of the New Jersey Administrative
 19 Code.
 20
 21
 22
 23
 24
 25

 LAURA A. CARUCCI, C.C.R., R.P.R.
 License #X102050, and Notary Public
 of New Jersey #15855, Notary
 Expiration Date March 1, 2014

Dated: _____

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