

The Villager Since 1933

June 27, 2007

Thanks for saving my life

To The Editor:

Re "St. Vincent's moving away is best cure, neighbors say" (news article, June 20):

Without St. Vincent's, our centrally located Village hospital, I would not be writing this letter. About seven years ago, I awoke with severe chest pain, walked down five flights of stairs and hailed a cab. I did not know that I was having a heart attack or that by the time the cab traveled five short blocks to St. Vincent's E.R., I would be in cardiac arrest — not breathing, no pulse, no heartbeat.

I am thankful every day for the doctors and nurses who worked so hard to save my life. I am thankful for St. Vincent's on every Mother's Day, at every graduation I have attended for my children, on all the birthdays and holidays I celebrate with my family and friends.

Because St. Vincent's is a centrally located hospital, I arrived there quickly and survived with minimal damage to my heart. I hope that no one finds themselves in the situation that I faced, particularly the people who believe that St. Vincent's should be moved to the outskirts of town.

I write on behalf of all the people whose lives have been saved, all the children who have been born there and all the people who benefit every day from the care and compassion received at St. Vincent's Hospital, our neighborhood hospital, centrally located for all in need.

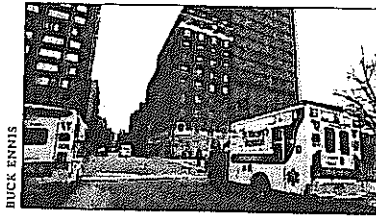
Liza Mirisola

Letters to the Editor

March 24, 2008

**VILLAGERS SUPPORT
HOSPITAL PLAN**

AS LONGTIME Village residents, we were very happy to read the March 10 editorial "A Village not unto itself," which accurately reports St. Vincent's need for a new hospital.



ST. VINCENT'S serves a large community.

We have attended meetings where the very vocal and well-organized opponents of the plan have presented impractical ways of using the old facility with a tunnel to the new hospital, which would then be smaller in scale. The fact is that they certainly do not reflect the opinion of all Villagers.

St. Vincent's offers one of the few Level 1 trauma centers on the West Side, which is needed by people throughout the area. Hopefully, the opponents of the new hospital will not be permitted to speak for the large community that St. Vincent's serves so well.

MYRNA AND BERNARD
POSNER

LETTERS TO THE EDITOR

Hospital is a good neighbor

To The Editor:

Re "St. Vincent's moving away is best cure, neighbors say" (news article, June 20):

Do my neighbors in the West Village really want St. Vincent's to leave? Are these the same folks who want to ship our trash to the Bronx and not deal with it at Gansevoort Peninsula?

What's the basis of the opposition? Is it that there will be a high-rise building? Apparently there will be, but no higher than the existing one at 12th St. and Seventh Ave. S., about 16 stories.

Actually, St. Vincent's has a very good record as a neighbor. They run the largest H.I.V. center in the state, treat thousands of our neighbors who are without health insurance, and have developed a program in the Village and Chelsea to help older people remain at home, rather

than going to a nursing home. All of this adds to the quality of top healthcare that St. Vincent's has made and, hopefully, will continue to make available, not only to Village residents, but to much of the West Side.

Both St. Vincent's and the Rudins must respect the historic neighborhood in which the hospital has been located for so long, and the views of all of us who choose to live here, because the Village doesn't look like Midtown. We want to keep it that way, but driving St. Vincent's out isn't the way to do it.

Peter Kostmayer

Kostmayer, a former U.S. congressman from Pennsylvania for 14 years, is president, Citizens Committee for New York City.

May cooler heads prevail

To The Editor:

Re "St. Vincent's moving away is best cure, neighbors say" (news article, June 20):

The headline of your article in The Villager could not be further from the truth. As one of the H.I.V. service providers in Greenwich Village and a provider of housing for people living with H.I.V., we count on St. Vincent's as a local resource for care for our clients.

Since the inception of the H.I.V. epidemic in the early 1980s, St. Vincent's has demonstrated an unwavering commitment to providing the highest standards of care through crisis and quietude as a resource for people devastated by a disease that came to be known as AIDS.

It is astounding to me and our clients that some elements of the community would suggest that St. Vincent's leave the neighborhood it calls home. The consequences of such a move to us would be terrible: It would mean less access to emergency medical care, critical care, inpatient care and surgical services for those in our community. This loss in services would be compounded by the fact that a large swath of Manhattan's West Side would now be left with one less major medical center. We doubt that these opponents can convince their neighbors that their stance — made, perhaps, in the heat of the debate — is a tenable one.

I am hopeful that cooler, more rational heads will prevail. Let's hear what St. Vincent's plans for a new facility. And most important, let's all of us work together as a community to come up with a solution that assures that access to a range of healthcare services remains in the community.

Regina Quattrochi

Quattrochi is chief executive officer, Bailey House

The Villager Since 1933

October 18, 2007

EDITORIAL

St. Vincent's and Rudin are starting the right way

Our first reactions to the new designs for St. Vincent's new hospital and the Rudin Organization's residential condo development were twofold. First, like most, we noticed both projects are obviously tall. St. Vincent's Hospital's new tower, at more than 300 feet, would be the tallest building in the Greenwich Village Historic District, 20 feet higher than One Fifth Ave. The Rudin building, at more than 230 feet tall, would be a bit bigger than nearby high-rises.

Our other immediate reaction, however, was that we were impressed by the consideration the architects took in creating numerous aspects of their projects. The hospital building's design respects both the Greenwich Village grid and the larger Manhattan street grid, which intersect at Greenwich Ave. The setbacks and elliptical shape make the building less bulky from many angles, while the square base aligns with neighboring low buildings. Green space atop the base would be an environmental plus. And four stories would go underground, offsetting potentially even greater height.

The Rudin development dramatically opens up the 11th and 12th Sts. midblocks by replacing a patchwork of relatively tall and bulky hospital buildings with low townhouses. New green space within these townhouses' stoop lines and in their rear yards would be healthy, new "lungs" for this block. The design of the 21-story "bookend" building on Seventh Ave., though not aesthetically unpleasing, is big. Over all, however, this residential-condo complex provides more light and air and is an improvement over the current drab and undistinguished hospital buildings.

St. Vincent's would actually decrease in size under this plan. The hospital has made great efforts to pare down the facilities and services that would be located in the new building: The number of hospital beds would be halved, and the hospital hopes to shift psychiatric beds to space elsewhere, perhaps in the current Cabrini Hospital.

The new hospital's cost is budgeted at \$650 million to \$700 million. Roughly half that cost would be funded by Rudin's purchase of the zoning square footage from the existing main hospital campus. In short, for the hospital to get the funds it needs, Rudin must build to the size in its design. However, the total square footage, including both new the hospital tower and Rudin condos, would increase by 180,000 square feet over what exists now.

Is there a way St. Vincent's could shift any of its facilities into the Rudin building or elsewhere to lower the hospital's height? Could the Rudin "bookend" building be constructed smaller, with St. Vincent's albeit getting a lower sale price, but still enough for it to build the hospital? This is a complex financing equation for St. Vincent's — which recently emerged from bankruptcy.

A new state-of-the-art St. Vincent's would benefit the whole West Side and particularly the Village.

Both hospital and developer have been laudably open to the community. The test is now whether compromises can be reached — on height and design. But St. Vincent's and Rudin have started out on the right foot.

March 10-16, 2008

VIEWPOINT

A Village not unto itself

NO NEIGHBORHOOD in New York defends its right to define itself more passionately than Greenwich Village. Maybe as a result, the Village has retained its character more than many other areas. Those who claim to speak for the Village are now challenging two projects—the rebuilding of Pier 40 and the construction of a new St. Vincent's Hospital—that are vitally needed by all New Yorkers. Ironically, Village residents would be the biggest beneficiaries of both developments.

The first confrontation will come to a head later this month, when the Hudson River Park Trust decides what to do about Pier 40, a crumbling structure used primarily as a parking garage and baseball and soccer fields for the neighborhood. The pier is so dilapidated that it will have to be closed in the not-too-distant future unless someone comes up with \$125 million to fix it.

Under state law, the pier must also provide a substantial percentage of the money—probably as much as \$10 million annually—needed to maintain the increasingly important park the trust is creating along the river.

The best way to meet those goals is with an entertainment facility proposed by The Related Companies. The most vocal critics, as well as local politicians, deride the plan, calling it Las Vegas on the Hudson. But it is the only financially viable option. It preserves the playing fields even during construction, and it's hard to see what is so offensive about creating a permanent New York home for the popular Cirque du Soleil.

Related Companies is willing to consider changes, but make no mistake: No government money is available to fix the pier or finance the park. Failing to move forward on the pier will cripple the park, which has become a recreational destination for thousands of New Yorkers.

Not far away, St. Vincent's Manhattan wants to build a

new hospital, which would be the largest development project in Greenwich Village in 50 years. The hospital envisions a 21-story tower, the tallest in the area. To get the money it needs, St. Vincent's would sell part of the current complex for about \$300 million to the Rudin family, which would put up a 21-story apartment building and 19 adjoining townhouses. Approval is needed from several city and state agencies over the next year.

There is no disputing the need for the hospital to accommodate the thousands of additional West Siders expected from new developments stretching from

Residents are against two projects that are vital to the city

downtown to Hudson Yards. The clash is over whether the project is too big for the neighborhood.

The facts of life here are simple. Without a project on the scale of the Rudin plan, there isn't enough money for a new hospital.

Without a single tower, the hospital won't be able to operate economically—a key consideration, given that St. Vincent's has just emerged from the costliest hospital bankruptcy in New York history.

The biggest beneficiaries of both a redeveloped Pier 40 and a new St. Vincent's will be Village residents, who will have a first-class recreational and entertainment facility as well as a state-of-the-art medical facility in their backyard. It isn't easy for government officials to tell people in the Village what is best for the neighborhood. But that is what they will have to do, for the benefit of all Village residents and all other New Yorkers.

Village Idiocy

The area's preservationists can't tell lemons from prizes



STEVE CUOZZO

THE Landmarks Preservation Commission, now weighing a contentious demolition/development proposal in the Greenwich Village Historic District, can strike an inspired blow for enlightened preservationism.

It should bless the plan to tear down nine antiquated hospital buildings and allow construction of a tall new hospital tower and luxury apartments in their place. The change would undeniably enhance the value of the district's legitimate architectural and historical treasures.

Yet the proposal's proponents know they're asking a "heavy lift." Yes, the Landmarks Commission recently has shown itself willing to allow razing of unworthy properties that just happened to end up in historic districts. But the Village knives are out.

Village residents are fuming over the proposal to let St. Vincent's Hospital tear down its old facilities astride Seventh Avenue South between West 11th and 13th streets. And they're positively bananas over allowing Rudin Management Co. to build luxury apartments.

The Landmarks Commission is the first, but maybe the most important, public approval the plan needs to go forward; it took up the case at a noisy public hearing on April 1 and won't make a decision for several weeks or months.

EVERYONE from City Council Speaker Christine Quinn to Vanity Fair's Graydon Carter is ganging up on the proposal — and not all of their arguments appear crazy at first glance.

But the bottom line is exquisitely simple: The St. Vincent's/Rudin scheme would replace bad old buildings with much better new ones — a fact plain to anyone who simply compares the new designs to the site's oppressive current reality.

The proposed buildings will strengthen, not diminish, the neighborhood's economic viability. And that, in turn, will protect, not threaten, its innumerable masterpieces. In a rational city, it would be a no-brainer; in New York, it's anything but.

The hospital wants to sell its land on the avenue's east side

to Rudin for \$310 million. St. Vincent's would then tear down its building on the west side and erect an \$835 million, 21-story modern hospital tower designed by I.M. Pei's firm. When that's finished, Rudin would tear down eight buildings on the avenue's east side and put up a residential complex with 400-plus apartments.

The hospital tower looks striking enough on paper to raise the possibility it might one day qualify as a landmark in its own right. The condo designs, respectful of the townhouse-style and townhouse-scale cross-blocks between Sixth Avenue and Seventh Avenue South, promise a big improvement over the grim hospital block now on the site.

St. Vincent's says it needs the new tower to provide proper patient care for Manhattan's entire West Side, where it now offers the only trauma service below 59th Street. Rudin, meanwhile, claims Lower Manhattan needs more luxury apartments like the ones it hopes to build.

But the commission's mandate is only to determine if the proposal is appropriate for the district and consistent with landmarks law.

PRESERVATION extremists are blind to the fact that some blocks of Seventh Avenue South just below 14th Street are anything but preservation-worthy. The gloomy old hospital buildings share the streetscape with numerous tenements and single-story addresses housing fast-food and sex-toy shops.

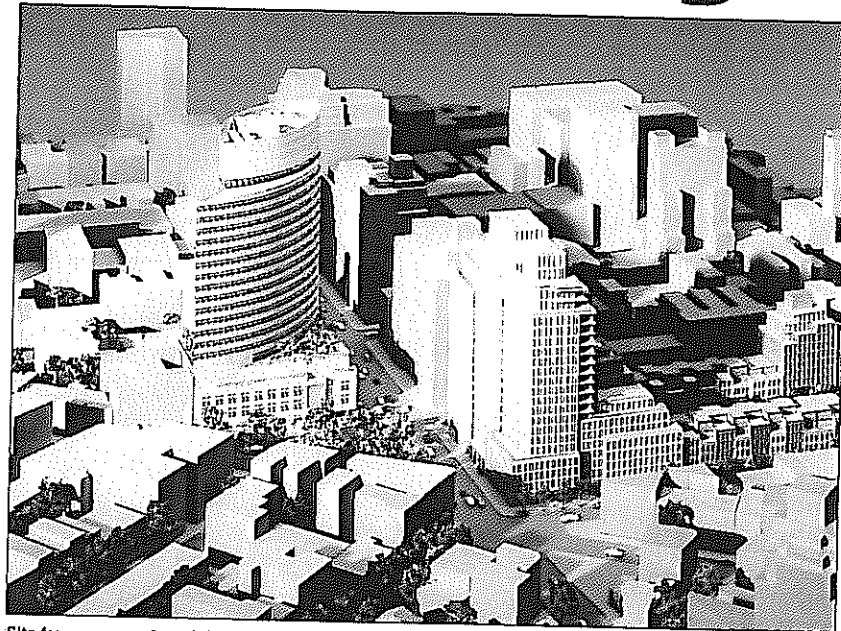
The advocates' case against the plan rests on four legs, at least three of which are laughable:

1) *The old hospital buildings should be preserved because they're part of the "fabric" of the neighborhood.*

In fact, none of the nine buildings "contribute" to the district's special character — the commission's main criterion for deciding whether to permit demolition within a historic district.

That isn't just my opinion; it seems to be the commission's view, too. Its official guidebook doesn't even mention any of these lemons in its long section on the Greenwich Village Historic District.

The worst eyesore might be the O'Toole Building, the low-slung, portholed affair on the west side of Seventh Avenue South. To a few elitists, it's an important turning point in the '60s rebellion against Modern-



Site for sore eyes: A model of the planned St. Vincent's Hospital with new housing to the right.

ism. To most anyone else, it's only the dilapidated union hall it once was — a visual affront at the district's northern gateway.

The St. Vincent's complex on the avenue's east side is fronted by the notorious Coleman and Link buildings, which share a neo-brutalist facade of the sort that makes sick people feel worse. The other buildings, most of them brick and stretching more than half the distance to Sixth Avenue, aren't as terrible — but are as charmless as other utilitarian boxes built early last century to service a necessary but unpleasant purpose.

2) *The new buildings are too big for the low-rise neighborhood.*

Sorry: The new buildings on the east side of the avenue would be smaller than the ones there now. The Rudin apartments would have 650,000 square feet of floor area, compared to the existing hospital buildings' 800,000 square feet.

The plan's foes counter, correctly, that all the new buildings together would be 190,000 square feet larger than the current total of 941,000 square feet — the result of added floor area in the new hospital tower's 21 stories.

But, to establish whether this would truly be a horrific imposition on the low-rise neighborhood, the extra bulk must be viewed in relation to the hospital site's "footprint" — the ground area it occupies on both sides of Seventh Avenue South. And St. Vincent's footprint is

vast, 130,000 square feet — roughly three acres. Spread over parcels so large, a mere 190,000 square feet of additional floor area — a lesser amount than even the tiniest Manhattan office building, like the one at 150 Fifth Ave. — will scarcely be perceptible.

3) *The 320-foot-high hospital tower would be too tall for the district, where nearly all buildings are under 100 feet tall.*

This argument might be toughest to brush off. After all, the commission recently shot down a scheme for a tall condo tower across from the Carlyle Hotel in the Upper East Side Historic District.

But the two proposals have nothing in common except height. If a respected medical institution insists the tower as designed is crucial to its mission, it deserves a fair hearing.

And if any height exception is to be granted in the Village, there's no better location for the St. Vincent's tower than this one — near the district's extreme northern edge, where it would make no dent in the neighborhood's intimately woven, low-rise fabric.

4) *Approval would set a dangerous precedent for all historic districts.*

No — but it would set an excellent precedent for deciding what's worthy and not worthy of preserving in historic districts — especially those whose outlines were drawn as hastily and as indiscriminately as the Village one.

Districts designated in recent

years have been carefully drawn. They snake around blocks and even certain individual buildings, so the preservationist net does not confer immortality on obvious stinkers that contribute nothing to the district.

But the Village district was designated in 1969, when memories of the original Penn Station's infamous demolition were fresh — a time that didn't draw fine distinctions between magnificent row houses and worthless tenements and garages.

The St. Vincent's buildings were all caught up in the net. Yet they're no more vital to the district than the wretched, low-rise address one block south of them that's home to one of the city's biggest pornography stores — a building that would require the same Landmarks Commission approval to demolish as any other in the district.

THE Greenwich Village Historic District is justly cherished. Probably 90 percent of it is worthy of the protection it enjoys. But the commission needs to differentiate between that treasure trove and the 10 percent the city would be better served replacing.

Nothing would become the area more than a needed new home for a great hospital and new homes for those not now privileged to live there. It's up to the Landmarks Commission to make it happen.

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