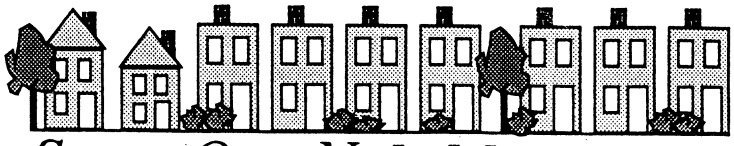

Save Our Neighborhood

6.

April 12, 1994

Ms. Margaret Drury
Cambridge City Clerk
City Hall
795 Massachusetts Avenue
Cambridge, MA 02139

Dear Ms. Drury:

I hereby request that the enclosed letter and attachment be incorporated into the permanent records of the Cambridge City Council.

Thank you for your assistance and cooperation.

Sincerely yours,

Joseph Manley
Chairman **SON**

RECEIVED BY
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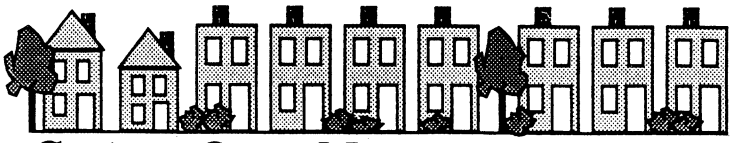
1994 APR 14 AM 9:38
CAMBRIDGE MA.

Enclosures (2)

JPM/hd

19 Leonard Avenue • Cambridge, Massachusetts • 02139 • Tel. (617) 491-5122
15 Cooney Street • Somerville, Massachusetts • 02143 • Tel. (617) 491-5122
Fax (617) 864-1666



Save Our Neighborhood

April 12, 1994

The Cambridge City Council
City Hall
795 Massachusetts Avenue
Cambridge, Massachusetts 02139

To the Honorable, the City Council:

As a followup to discussions regarding the Cambridge Hospital Community Advisory Committee's violations of state open meeting laws, the attached **Save Our Neighborhood** newsletter includes a discussion of related problems.

Please note that this is a highly preliminary review of the issues, which concern the composition, function, and role of this committee, which are all quite different from what its title would suggest.

We shall in the near future submit a more complete report of these problems.

Thank you for your attention.

Sincerely yours,

Joseph Manley
Chairman **SON**

cc: Massachusetts Department of Public Health
Honorable Michael E. Capuano, Mayor of Somerville

19 Leonard Avenue • Cambridge, Massachusetts • 02139 • Tel. (617) 491-5122
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Fax (617) 864-1666

Cambridge/Somerville

Save Our Neighborhood

This Issue: What the Hospital and MCNA have to hide

April 4, 1994 / Volume III

Telephone: 491-5122 Fax: 864-1666

Expansion Design Near Completion

Hospital architects will soon complete the schematic design for the Cambridge Hospital expansion. This will lock in the basic structure, as well as the size of the faciiity.

Major unresolved issues are the proposed ambulance entrance on Cambridge Street, the size and design of the loading dock, and the Hospital's use of square footage from its Camelia avenue maneuver.

Over SON's protests, the Hospital has locked the Camelia Avenue square footage--approx. 10-12,000 square feet--into the design without concluding the sale of 10 Camelia, or getting City Council and Planning Board approvals of the sale or the transfer of house and part of the Camelia public way into its lot.

This is an obvious effort to make the Camelia Avenue maneuver a "done deal" and sidetrack widespread neighborhood opposition before

The Hospital has still not given SON a copy of the materials handling study justifying the size and configuration of the 4-bay loading dock. This information was requested last November.

(See DESIGN, page 2)

MCNA Hospital Boards Packed With Health Care & Construction Interests

WHAT MCNA WANTS TO HIDE FROM THE COMMUNITY

Why the secret meetings?

Health care and construction professionals dominate the Hospital/MCNA Community Advisory Committee. Together with Co-Chairman John Pitkin, they originally screened and easily hold sway over a minority of "real people" from the neighborhood.

One CAC member is a health care consultant who received a seat on the Hospital Governing Board in the midst of the process. Her husband is an architect who sits on the CAC's Design Review Subcommittee.

Another architect on the CAC is a former Hospital contractor who did work last year on a project a developer sought to develop as Hospital offices despite neighborhood objections. He has publicly stated he represents no one in the neighborhood but himself.

Another health care professional chairs the Traffic & Parking Subcommittee, despite the fact that she left the neighborhood for North Cambridge.

Another health care industry person abandoned both Mid-Cambridge and the CAC after the Hospital Agreement was signed, promptly selling his Cambridge St. house.

The wife of a key MCNA leader on the CAC is also a health care consultant.

What does this mean in practice?

A Traffic & Parking Study that would have excluded Inman Square and most Cambridge intersections affected, had SON not intervened.

Secret CAC meetings where MCNA leaders have advocated that the Hospital build beyond what zoning regulations allow, despite the fact that neighbors want the project downsized below zoning maximums.

(cont. on page 2)

DESIGN, cont.

the issue comes before the Council or the Planning Board.

Another problem is that only this week traffic and parking consultants, VHB, will give neighbors data on the impact of the proposed facility. This allows no time for meaningful community input as to whether the design is acceptable from a traffic and parking point of view.

SON members are also reviewing ambulance entrance alternatives to determine which has the least negative impact on the neighborhood.

SON members will hold a special meeting on April 6 to review all design issues.

For information or to express your views and concern, contact members of the SON design review committee.

John Clark, Leonard Ave., 547-3163

Michael Spence, Leonard Ave., 497-4567

Joe Manley, Cooney St, 491-5122

Bob La Tremouille, Franklin St., 491-7181

Helena Alves, Line St., 661-7785

Frank DeGuglielmo, Line St. 354-2049

Elaine Matthews, Dane St., 628-4518

HOSPITAL LAYS OFF WORKERS

Cambridge Hospital employees report major layoffs in nursing and other staff, and a drop in admissions.

Hospital administrators have not commented and have kept this development out of the press.

The obvious question is why the Hospital is expanding, faced with this situation.

PACKED HOSPITAL COMMITTEES, cont.

The Mid-Cambridge Neighborhood Association's leaders have also used secret meetings to support the loss of 10 Camelia Avenue from our residential neighborhood--a maneuver to get around zoning restrictions once neighbors closed off the variance option.

The CAC is but another example of City of Cambridge's city-wide practice of using stacked committees and secret meetings to deliver a predetermined result that promotes its goals and objectives. This practice is common knowledge among community leaders across the city.

It frustrates and diffuses dissent by providing a "community" process dominated by "ringers" and by procedures that ensure control. "Real people" from the community are then involved and may do a lot of sincere work, even a lot of frank discussion, but the end result is never in doubt.

The CAC and MCNA's key Hospital issue people are community organizing and public relations tools for the Hospital. They are not acting as a community organization.

Private hospitals also typically use such rigged committees to promote their objectives. It is highly questionable that a public hospital expending public funds should resort to such tactics.

But even major private Hospitals in Boston are not blatant and obvious enough to have the Hospital Administrator co-chair a committee that is supposed to make independent recommendations to the Hospital. Hospital Administrator John O'Brien is co-chair of the CAC.

More basically--how can a process from which the community has been barred ever be termed a community process?

In all, the Community Advisory Committee/MCNA process is not a community process, but a vehicle for the Hospital and its allies and agents in the community. Their "quiet lobbying" is for Hospital interests, not the community's.

It follows that no agreement worked out by such a committee can be called a community agreement.

THE ALTERNATIVE

Save Our Neighborhood from its founding has sought a genuine community agreement with the Hospital. Our only agenda is <u>real and meaningful</u> protections and guarantees for the community.

We are simply neighbors like you trying to deal responsibly with the problems posed by the Hospital.

We have let the Hospital know what kind of project would likely win the support of the community.

They have yet to make any substantial changes--in size and configuration--that would make the project acceptable.

Certainly using devices to get around zoning restrictions is not a good faith effort by the Hospital to respond to the needs of our overbuilt and overcrowded neighborhood.

The Hospital is obviously counting on MCNA's bogus process to paper over their high-handed pursuit of goals.

The Hospital needs to get the message that this neighborhood will not accept a false response to our needs and wishes.

At this point it is the Hospital and Mid-Cambridge Neighborhood Association <u>against our neighborhood</u> --make no mistake about it.

Call 491-5122 to find out what can be done about our situation.

There <u>are</u> options.

Consent Communication #6 S-174

A comm. was received from Save OUr Neighborhood re: the Cambridge Hospital Advisory Board.

In City Council April 25, 1994

Placed on file.