FELONEY AND STURGIS ARCHITECTS

TWO CENTRAL SQUARE CAMBRIDGE MASSACHUSETTS 02139

12 February 1973

Mr. John H. Corcoran,
City Manager
City Hall
Cambridge, Massachusetts 02139

RE: Cambridge City Infirmary

Dear Mr. Corcoran:

This letter is in response to your request of 6 February for information relative to renovation versus replacement.

Since the City is also faced with a major decision of this nature at the High Schools, some comment on the research that exists on that project is pertinent insofar as it can be related to the Infirmary.

First, although the Hill, Miller, Friedlaender, Hollander (HMFH) Report and the Catalano Study #1 have been described as "modernization", the term is strictly not correct. Both require substantial new construction, largely at Cambridge High and Latin School, but also at Rindge. The Infirmary requires no such construction.

If the assumption were made that the Latin and Annex Buildings were rehabilitated and Rindge required no additional space, this being the case at the Infirmary, then rehabilitation would be a more attractive direction to follow than it now appears to be.

Second, the Catalano Report depends heavily on the Educational Facilities Laboratory statement that "if the cost of modernization exceeds 50 percent of the replacement cost, then modernization is QUESTIONABLE." (caps inserted).

School buildings (even if vandalism were not a factor) are unique in that the youthful occupancy and population density subjects them to extreme heavy use, which a new building can withstand more successfully than a rehabilitated, older one, probably containing totally different structural systems and materials.

They are unique also in the variety of demands, differing from year to year,

PAUL G. FELONEY, AIA ROBERT S. STURGIS, FAIA (617) 491-8200

being made on them in terms of space division and mechanical/electrical flexibility.

The ability to respond to such demands is infinitely more difficult to build into rehabilitation than new construction.

Neither of these factors is present at the Infirmary. The numbers of people needing the services of the Infirmary has increased over past years, but their treatment of the building is light and their types of needs are stable.

The Educational Facilities Laboratory statement is therefore questionable with respect to any application to the Infirmary.

Third, the Catalano Report depends very heavily on a tight time schedule, the initial stages of which should be in the process of implementation now in order to reach compltion in 1977. The Infirmary on the other hand is ready to proceed now into the initial stage of exterior work and we are heavily extended into the planning of interior improvements. These have been submitted to you for review and approval.

Turning to the Infirmary proper, the following information is available from a Study of Health Facilities Construction Costs, by the U.S. Comptroller General, December 1972. "Costs of constructing (health facility) buildings rose about three (3) percent a year from 1960 through 1967, but during the fours(4) years ended in December 1971, construction costs escalated at an average of over ten percent a year. In 1971, the rate of increase averaged approximately one percent a month." This last annual rate of 12 percent a year shows no signs of levelling and is used in subsequent portions of this letter.

The Comptroller General states also that "the most widely used cost measurements in hospital construction are (1) cost per square foot and, (2) cost per bed," and further on that "there is a concensus among health care authorities that an estimated 25 percent of the patient population is treated in facilities excessive to their needs. This is due to the health care system being oriented toward treating the acute phase of illness rather than offering a complete spectrum of health care by providing available alternatives to acute care, financing the alternative and educating physicians and patients in the acceptance of alternatives. ...a recent national survey showed the average cost per (acute general hospital) bed was about $50,000. The cost of a nursing home bed has been estimated to be about $25,000.

A serious shortage of quality facilities has hindered greater use of long-term care facilities. For example, the Public Health Services estimated as of January 1969 that about 175,000 long-term care beds needed to be added to the national inventory and

that 40 percent of the nation's non-Federal, long-term care facilities including skilled nursing homes, needed modernization.

We have also assembled for comparison the costs of two new local facilities, the Massachusetts Rehabilitation Hospital in Boston and an addition to the Hebrew Home for the Aged in West Roxbury. The first was completed in 1970 and the second will be completed in May 1973. A new Infirmary might be complete in 1976. This may be optimistic since the Comptroller General states that of 23 facilities studied, pre-construction planning averaged six and one-half years.

(See attachment for comparative costs -- page a.)

The critical numbers are the estimate of $2,364,400., for the Infirmary renovations versus a projection of $5,200,000., for a new Infirmary to be completed in 1976.

I hope this infomation will be useful.

Very truly yours,

FELONEY AND STURGIS ARCHITECTS

Paul G. Feloney

cc: James B. Hartgering, M.D.

attachment -- page a.

	MASSACHUSETTS REHABILITATION HOSPITAL	HEBREW HOME FOR THE AGED	INFIRMARY (renovation)	INFIRMARY (new)
Total Cost (actual)	$ 4,970,000.00	$ 7,950,000.00	$ 2,364,400.00 *	-----
Total Cost (projected to 1976)	8,548,400.00	10,812,000.00	-----	$ 5,200,000.00 **
Square Foot Cost (actual)	$ 35.00	$ 49.38	$ 29.51	-----
Square Foot Cost (projected)	60.20	67.16	-----	$ 63.68 ***
Per Bed (actual)	$ 15,100.00	$ 31,800.00	$ 15,300.00	-----
Per Bed (projected)	26,000.00	43,100.00	-----	$ 34,600.00 ***
Beds	330	250	154	154
Area (square foot)	142,000 s.f.	160,000 s.f.	80,100 s.f.	80,100 s.f.
Area/Bed (square foot)	400	640	520	520

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* NOTE: This amount is the estimated cost of construction only, omitting non-construction costs such as equipment, inspection and fees. The corresponding costs were not available for Mass. Rehabilitation Hospital and the Hebrew Home for the Aged.

** NOTE: To this cost, one must add $75,000.00, for demolition plus the cost of temporary quarters for the patients.

*** NOTE: Average of projected costs at Mass. Rehabilitation Hospital and Hebrew Home for the Aged.

CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139
Tel. 876-6800

EXECUTIVE DEPARTMENT
JOHN H. CORCORAN
City Manager

February 12, 1973

To the Honorable, the City Council,

I transmit herewith a proposed amendment to The General Ordinances of the City of Cambridge, Chapter 16 (Public Transportation), Article I (Hackney Carriages), Section 29 (Hiring by Hour or Trip), Paragraph (b). The purpose of this amendment is to make possible group taxi rides by elderly residents of Cambridge.

It is my recommendation that this amendment be approved by your Honorable Body. Hopefully, this can be accomplished by late March, as a program has been developed by Mr. Walter Milne of M.I.T. to monitor the effectiveness of this group ride taxi program, beginning on or about April 1st.

I believe you are aware of the Task Force work that has produced this new program for improving transportation services for the elderly in Cambridge. Principle involvement in developing this program has come from the Chamber of Commerce, the Council on Aging, the Committee of Elders, the Massachusetts Institute of Technology, the Planning and Development Department, and the Brattle and Yellow Taxi Companies, Each of the task force members looks forward to an early implementation of this program.

I am also attaching a one page statement summarizing the proposed program. Prior to a hearing on the matter by the Committee on Ordinances, I will be glad to submit further details on the proposal, and the task force study.

Yours very truly,

John H. Corcoran
City Manager

JHC/m

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2.10

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CITY OF CAMBRIDGE

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Tel. 876-6800

EXECUTIVE DEPARTMENT
JOHN H. CORCORAN
City Manager

February 12, 1973

To the Honorable, the City Council:

I transmit herewith for your information a self-explanatory communication from Paul G. Feloney, Architect, relative to the City Infirmary.

Very truly yours,

John H. Corcoran
City Manager

JHC/b

Agenda #4, 51

From City Manager transmitting a self-explanatoryCommunication from Paul G. Feloney, Architect, relative to the City Infirmary.

In City Council

February 12, 1973

2/12/1973

Placed on File -