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SEEKING THE CURE

Stanford hospitals' \$3 billion
upgrade hangs on Palo Alto
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Seeking the cure

Stanford University Medical Center makes its pitch for \$3 billion expansion

Story by Gennady Sheyner
Photographs by Veronica Weber

Dr. Jeffrey Norton tugged at a malignant tumor protruding from a patient's stomach on a recent afternoon while conferring with a group of medical assistants in blue scrubs.

Norton, a surgeon at Stanford Hospital, was performing a "Whipple procedure," which involves removing a section of the patient's stomach to treat a cancerous tumor. A flat-screen television near the entrance to the room showed organs shifting inside a dark, cavernous chamber as the procedure progressed.

Next to the flat screen, a small board illuminated an X-ray — a throwback to the old days, before the movements of every organ could be monitored live and in full detail.

Norton performs this complex procedure nearly every day, and his experience showed through his calm, deliberate voice as he pulled a glistening, bulbous lump from the patient's stomach while explaining the next step of the procedure. A faculty member with the Stanford University School of Medicine, he was clearly comfortable operating and answering questions simultaneously.

Outside Norton's operating

room, along smooth hallway floors, a legion of medical machines stood single-file along the wall. Behind them were metal shelves full of trays stacked with medical equipment.

Rooms and hallways throughout Stanford Hospital have little or no space to spare. The buildings that make up the sprawling Stanford Hospital complex were constructed in 1959, 1979 and 1989. These days, they meet neither California seismic standards nor the modern standards of medical care.

Dr. Jay Brodsky, medical director of perioperative services at Stanford Hospital & Clinics, said during a recent tour that the facility simply wasn't built with today's technology and volume of patients in mind. He motioned to a flat screen at the side of a hallway that tracks the status of every operation in every room. It showed a list of 10 patients who were waiting their turn.

"It's like a puzzle, but by the end of the day we will get it all done," Brodsky said.

The lack of facilities adequate to enable state-of-the-art, 21st-century health care is the fundamental pitch that Stanford officials have been making since 2006, when



A medical team performs open-heart surgery on an infant patient at Lucile Packard Children's Hospital Monday.

they first presented redevelopment plans for the Stanford University Medical Center to the Palo Alto City Council.

Since then, the details of the Renewal Project have unfolded, with plans changing — but never the essential purpose.

Most of the buildings at Stanford Hospital would be demolished some time in the next decade to make way for the massive reconstruction — a project that would bring 1.3 million square feet of new development to Palo Alto. Construction would include a vast new Stanford Hospital comprised of five glassy pavilions rising 130 feet above the ground.

The redevelopment would also expand Lucile Packard Children's Hospital, renovate the Hoover Pavilion and replace Stanford School of Medicine buildings.

The city, which must approve of the redevelopment, is in the midst of reviewing a Draft Environmental Impact Report for the project and preparing to negotiate a development agreement (*see sidebars*).

'It's like a puzzle, but by the end of the day we will get it all done.'

— Dr. Jay Brodsky, medical director of perioperative services, Stanford Hospital & Clinics

The project has two major objectives: to meet California's seismic codes and to "right size" both Stanford Hospital and the Children's Hospital. That means larger rooms for patients, 248 new beds (144 at

Stanford Hospital and 104 at the Children's Hospital), and enough space in the operating rooms for all the latest surgical equipment.

Both hospitals are overwhelmed by demand, according to the impact report. In 2005, for example, the Children's Hospital was forced to turn away 200 critically ill children because of the bed shortage, while Stanford Hospital turned away roughly 500 adult patients, the report states. The detailed analysis states that both hospitals "suffer from an outmoded ratio of semi-private patient rooms to single-bed patient room."

The massive expansion would add roughly 471,300 square feet of space to the Children's Hospital, which has already gone through a series of transformations since it

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Microscopes line a Stanford Hospital hallway, as space for storing equipment becomes more and more limited.



Image courtesy of Stanford Hospital

The proposed rebuilt Stanford Hospital would be composed of five glassy pavilions standing 130 feet high.

Behind frenemy lines

Palo Alto, Stanford negotiate over obstacles to Medical Center redevelopment

by Gennady Sheyner

Architect Edward Durell Stone was a worldwide celebrity when he accepted a commission in 1956 to design the new and ambitious Palo Alto-Stanford Hospital and Medical Center.

But as he embarked on the assignment, Stone found even his clout couldn't ease the clashing priorities, tense negotiations and healthy dose of populist rhetoric that characterized discussions about the joint city and university project. The Palo Alto Times observed in a retrospective article that "there must have been times in the next two years when Stone, one of the country's best-known architects, wished he had never heard of Stanford and Palo Alto.

"As soon as design was underway, a series of complicated feuds developed between Stanford and the city, Stanford and local doctors, 'contract doctors' who supplied specialized service to the hospital and the city, and between individual Stanford doctors and individual Palo Alto doctors in the same specialties," the article stated. "All this ill feeling periodically erupted into the open, both at city council meetings and at staff meetings of Stanford men."

Stone's frustration probably seems familiar to those who've followed Stanford's crawl on the

bumpy path to city approval of the university's latest hospital-redevelopment plan. The \$3 billion "Renewal Project" entails as its two main components expansions of Stanford Hospital and Clinics and the Lucile Packard Children's Hospital. In early 2009, tempers flared when the City Council and various Palo Alto commissions debated the types of amenities Stanford should be asked to provide in exchange for the negative consequences of building what is repeatedly referred to as "the largest project in Palo Alto's history."

'The council kind of opened up the floodgates and said, 'Let's just throw anything on that list.'"

— *Jean McCown, former Palo Alto mayor and assistant vice president, Stanford University*

Former Vice Mayor Jack Morton accused Stanford of "playing dirty" in its stance that, because improved local health care would benefit the community, the city could exempt the project from

various development requirements. He compared the university to a "medieval Duchy" in a pamphlet he wrote in his final months on the council.

Planning commissioners argued that the added traffic from the Stanford project would overwhelm Palo Alto's already crowded roads, and Councilwoman Yoriko Kishimoto called for a policy that would guarantee no additional traffic as a result of the hospitals' expansions. Then-Mayor Peter Drekmeier said the university should build at least some housing for the hospitals' 2,242 new employees.

Stanford responded by scrapping its concurrent plan to expand the Stanford Shopping Center and build a hotel, a project component that Palo Alto officials had hoped would bolster the city's dwindling revenues. In a letter explaining the withdrawal of the mall expansion, Stanford stated that the shopping-center project distracted the community and the council from the critical priority of rebuilding the hospitals, which under state law have to be seismically retrofitted by 2013.

But now, with the deadline looming and the first round of concerns aired, the most serious bickering appears to have abated and the two sides say they are closer to

moving forward on the expansion proposal. That can be attributed in part to turnover on the council, which swore in four new members in January, and to an initial show of community support.

Mayor Pat Burt also set the tone for improved relations in March in his State of the City speech, in which he expressed "hope that we are moving toward a period of a stronger and mutually beneficial relationship between Stanford and Palo Alto." He said he would like the city to reach a decision on the application this year. He spoke of the city's "shared vision" with Stanford and praised the hospital plans for their "innovative and sustainable design."

Last month, the approval process hit a major milestone when the city released the highly anticipated and much delayed Draft Environmental Impact Report, which analyzes the project's impacts on everything from housing and traffic to climate change and the nesting habits of the Cooper hawk.

The nearly 6-pound document has launched a fresh wave of public hearings and negotiations between Palo Alto and Stanford. The council and the Planning and Transportation Commission are now in the midst of chapter-by-chapter reviews of the impact

report — a process that entails 11 public hearings.

Concurrently, city officials are negotiating with Stanford on a development agreement, a contract that would allow Stanford to exceed the city's regulations in exchange for public benefits, which may or may not relate to impacts of the project's construction.

Deputy City Manager Steve Emslie spoke in glowing terms at the May 24 council meeting about the pending development-agreement negotiations. The city has "really turned the corner in having entered into a much more collaborative process with Stanford," Emslie said. Talks are "moving in the right direction."

The 1.3 million square feet of new medical-center development, in some way or another, touches on each of the council's 2010 priorities for Palo Alto — economic/financial health; environmental sustainability; emergency preparedness; land-use and transportation planning; and collaboration for youth well-being.

Because of that, city officials still fret about the potential traffic, visual and noise impacts of the project (*see sidebar*). But the

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Above, Dr. Christopher Talluto monitors the echocardiograms of patients at Lucile Packard Children's Hospital. Left, Director of Pediatric Services Craig Albanese uses a high-tech surgical light and camera, one of the features of newer operating rooms.

Expansion

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opened in 1991. The hospital previously shared operating rooms with Stanford Hospital but in 2008 opened its own surgical facility tailored specifically to the youngest patients.

In one such operating room this week, a team of doctors was repairing the interior of an infant's heart. The heart stood still, but the baby's life was sustained by a heart-lung machine. Flat-screen monitors throughout the room kept track of all the vital signs.

Dr. Craig Albanese, director of pediatric surgical services at the Children's Hospital, said the new surgical center was urgently

needed to meet a rising demand of child patients, many of whom come to the Children's Hospital as a last resort. Recent medical advances have made it possible for the hospital to save more lives than ever before. Many of the survivors, however, require multiple surgeries and thus, more space, he said.

"The partnership worked well when we had lower acuity and a lower volume of patients and when technology wasn't what it is today," Albanese said.

The Children's Hospital performed about 3,600 operations annually back when it shared the Emergency Department with Stanford Hospital, but the number jumped to 5,100 between January 2009 and January 2010, with the new operating rooms in place,

Below left, an older private room in the trauma wing of Stanford Hospital offers little room for visitors. Below right, a private room at Lucile Packard Children's Hospital features a private bathroom, flat-screen television, a convertible sofa-bed and other amenities.





Beds and medical supplies overflow into the hallway at Stanford Hospital.

Albanese said.

The Children's Hospital used to turn away about 40 children per month. Today, such instances are quite rare, he said.

But patient privacy and space remain a problem for both hospitals. In one Children's Hospital recovery room, two doorways lead to the same room, where on a recent morning four patients were recuperating. On one side of the room, two cribs stood side by side. On the other side, two occupied beds were separated by a curtain.

At Stanford Hospital, patients share small rooms, some of which lack basic amenities such as air conditioning or private bathrooms. Patients who need to shower have to walk across the

hallway to do so. On several occasions the weather has gotten too hot and the hospital had to transfer patients to cooler rooms, said Lynette Hay, a registered nurse at the hospital.

With the expansion, both hospitals would replace the prevalent curtain system with private rooms for patients.

In the Children's Hospital, such a room would also provide foldout beds, private bathrooms, a television and other amenities to the young patients, said Sherri Sager, spokeswoman for Children's Hospital.

Sager said the private rooms would enable families to spend more time with the patient and become fully integrated in the re-

covery process. The private bathrooms, meanwhile, would reduce the cases of infection, she said.

Nowhere is the need for renovation more evident than at Stanford Hospital's Emergency Department, where beds are bunched close together and separated by curtains. At the trauma center, ground zero for medical care after a major disaster, beds are in short supply.

Dr. S. V. Mahadevan, medical director of Stanford Hospital's Emergency Department, pointed to the hospital's two-bay trauma room this week.

If a major emergency were to occur, such as a bus accident that

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In a Stanford Hospital post-operating room, beds are separated only by curtains, which officials say affords patients little privacy.

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NOTICE OF A SPECIAL PUBLIC MEETING of the Palo Alto Planning & Transportation Commission

Please be advised the Planning and Transportation Commission (P&TC) shall conduct a **special meeting at 6:00 PM, Wednesday, July 7, 2010** in the Civic Center, Council Chambers, 1st Floor, 250 Hamilton Avenue, Palo Alto, California. Any interested persons may appear and be heard on these items.

Staff reports for agenda items are available via the City's main website at www.cityofpaloalto.org and also at the Planning Division Front Desk, 5th Floor, City Hall, after 2:00 PM on the Friday preceding the meeting date. Copies will be made available at the Development Center should City Hall be closed on the 9/80 Friday.

NEW BUSINESS. Public Hearing:

1. Stanford University Medical Center Facilities Renewal and Replacement Project Meeting to accept comments on the Draft Environmental Impact Report (DEIR) for the Stanford University Medical Center Facilities Renewal and Replacement Project, including an overview of the Alternative Chapter and Mitigation Measures of the DEIR.

Questions. Any questions regarding the above applications, please contact the Planning Department at (650) 329-2440. The files relating to these items are available for inspection weekdays between the hours of 8:00 AM to 5:00 PM. This public meeting is televised live on Government Access Channel 26.

ADA. The City of Palo Alto does not discriminate against individuals with disabilities. To request accommodations to access City facilities, services or programs, to participate at public meetings, or to learn more about the City's compliance with the Americans with Disabilities Act of 1990 (ADA), please contact the City's ADA Coordinator at 650.329.2550 (voice) or by e-mailing ada@cityofpaloalto.org.

Curtis Williams, Director of Planning and Community Environment

Study: Traffic problems would be unavoidable

Stanford, Palo Alto, Menlo Park face 44 'significant' environmental impacts from project

The costs of Stanford University Medical Center's hospital expansion will greatly exceed the \$3 billion Stanford is sinking into the project.

That's because the project will generate 44 "significant" environmental impacts, including traffic jams, obstructed views and disturbed wildlife, according to the recently released Draft Environmental Impact Report, a detailed analysis of the expansion project. Paying to ease these anticipated consequences will fall at least partly into Stanford's lap.

In most cases, the negative effects of the Renewal Project could be reduced to "less than significant" levels through a wide range of mitigation measures: New bike paths and traffic signals could ease the congestion; design reviews by the city's Architectural Review Board could help ensure the new buildings blend nicely into the fabric of the city; tree pruning could wait until birds finish nesting.

But the report also states that there would be 14 "significant and unavoidable" impacts as a result of the redevelopment. These include the following:

- A few bad intersections will get worse. Even if Stanford were to install traffic-adaptive signals, build new pedestrian and bicycle undercrossings and buy Caltrain passes for all hospital employees, it wouldn't be able to fully ease the anticipated traffic congestion. In the evening commute hours, the traffic, as measured by "level of service," is predicted to go from bad to the worst rating possible at three intersections: Middlefield and Willow roads; Bayfront Expressway and Willow Road; and University Avenue and Bayfront Expressway.
- Traffic jams would also clog four major roadways near the hospitals: Marsh, Willow, Sand Hill and Alpine roads, all in Menlo Park.
- No matter how diligent Stanford is at covering construction

trucks, watering streets and sweeping dirt during the redevelopment, the massive project will create considerable air pollution.

- The larger hospitals will also emit more pollution, based in part on its employees' commutes to and from work. The report states the project would "result in a substantial contribution to an existing regional air quality problem and a significant impact." Stanford could reduce the pollution by giving Caltrain passes to its workers, but the impact would remain significant and unavoidable.

- The project would contribute to climate change and "contravene the goals in the city's Climate Protection Plan," even if Stanford holds waste-reduction audits, participates in the Palo Alto Green program, and pledges to recycle at least 50 percent of construction or demolition materials, as the impact report recommends.

- Bigger hospitals mean more ambulances, which mean more sirens along Sand Hill Road, west of El Camino Real.

- The "Stone Building," site of the nation's first heart transplant, would be razed to make way for the new hospitals. The loss of the 1959 structure, which according to Mayor Pat Burt once hosted baseball legend Ty Cobb — is a significant and unavoidable impact to Palo Alto's historical resources, the report finds.

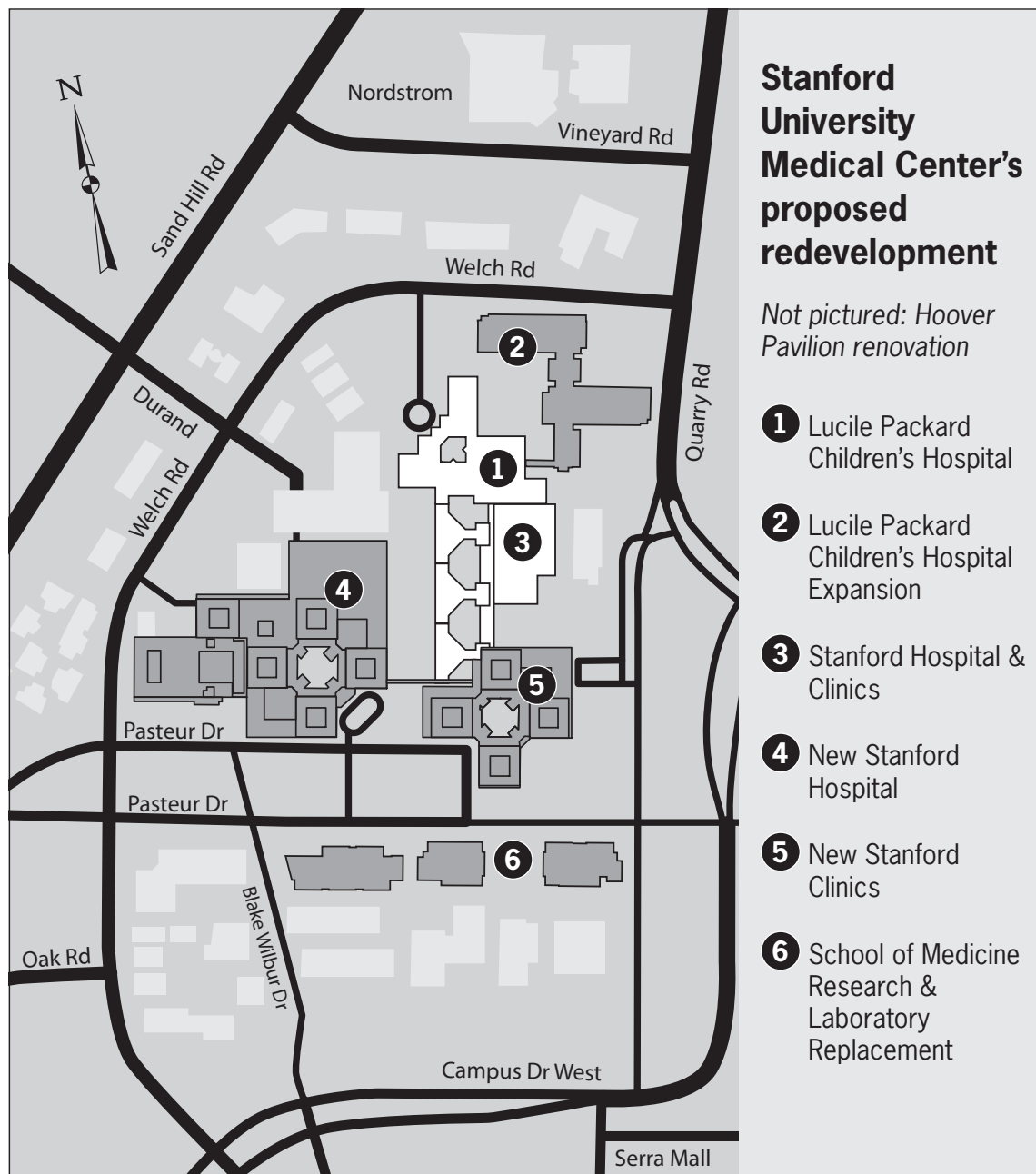
- Tree removals in Palo Alto are always a cause of concern among community members. In this case, as many as 71 trees could be sawed off, including 48 that are protected under Palo Alto's Municipal Code. Stanford has pledged to replant or replace every tree that is removed for this project, but the operation is sure to stir some protest in Palo Alto. ■

— Gennady Sheyner

For more information

A computer-animated "fly-through" of the Renewal Project has been posted online, as have the Draft Environmental Impact Report, additional architectural drawings, site maps and detailed information. They can be found at:

- Stanford University Medical Center Renewal Project: www.stanfordpackard.org
- City of Palo Alto (includes Draft Environmental Impact Report): www.cityofpaloalto.org/sumc
- Animated fly-through of Medical Center redevelopment: www.YouTube.com/paweekly



Dr. S.V. Mahadevan, medical director of the Emergency Department at Stanford Hospital, says the facility needs to expand in order to better care for patients and handle mass casualties.

Expansion

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left 20 people hurt, the department would be able to squeeze a few extra beds into the trauma-treatment area, he said. Accommodating the rest of the victims, however, could require

the hospital to treat some patients in the hallways or find beds in more peripheral locations, he added.

Mahadevan, who lives in Palo Alto, said he is proud of the work that goes on in the hospital's emergency room, which is one of only three trauma centers in the South Bay. But like other physicians throughout the

hospital, he acknowledges that the facility has plenty of room for expansion and improvement.

"We can do better. We just need the space to make it so," Mahadevan said. ■

Staff Writer Gennady Sheyner can be e-mailed at gsheyner@paweekly.com.



Image courtesy of Stanford Hospital

The planned expansion of Lucile Packard Children's Hospital would add 104 beds to the facility; the current building would remain.

Frenemy

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council's initial laundry list of possible benefits has shrunk. Stanford, for its part, has offered its own concessions, recently agreeing to modify its proposal to protect more trees and to build bike connections and pedestrian paths between the hospitals and the downtown transit center — elements that make the giant package easier for Palo Alto to swallow.

Jean McCown, former Palo Alto mayor who now serves as assistant vice president at Stanford University, told the Weekly that she also feels the two sides are now on a better path. McCown said she was concerned about what she called the city's "open-ended approach" last year. She recalled a list of about

100 items that the city compiled to prepare for its negotiations on the development agreement. Aside from the usual development fees, the list included hundreds of housing units, a new police station, a water-detention basin for the San Francisquito Creek and dozens of other benefits that bore little or no relation to the hospital.

"The council kind of opened up the floodgates and said, 'Let's just throw anything on that list,'" McCown said. "It had just about anything they could throw in there."

"I thought this was an unprincipled way to approach this."

The list has narrowed considerably since, though it still includes some items of dispute, including the police building. The council is now taking a more "constructive approach," she said.

"I feel like we're on a much better

track now," McCown said.

Former Palo Alto Mayor Bern Beecham, who is now a leading advocate of the Stanford expansion, attributed the change to the new council. He said he believes the previous council's "arrogance" and "irrational demands" prompted Stanford to abandon the shopping-center component of the project, a component that he, as a councilman, helped convince Stanford to add to the application.

The new council members — Karen Holman, Gail Price, Greg Scharff and Nancy Shepherd — aren't exactly cheerleaders for the project, but their focus thus far has been on the details of the Draft Environmental Impact Report, not on sweeping goals like "net-zero car trips" or the philosophical differences between Stanford and Palo Alto.

Beecham called the new council "more pragmatic and more realistic" so far when it comes to the hospital expansion.

Even with the governance changes, the project still faces considerable obstacles. Under Stanford's proposal, the main hospital building would be 130 feet tall, far exceeding the city's 50-foot height limit. It also poses a direct challenge to Palo Alto's Comprehensive Plan, a central land-use document that has set a cap of 3.26 million square feet for nonresidential development.

The impact report proposes the city amend its Comprehensive Plan to create a "hospital zone" specifically for this project — a proposal that worried planning commissioners Susan Fineberg and Arthur Keller. Earlier this month, Fineberg said the city needs to explore all the unintended consequences of the proposed zone, including other projects and other parts of the city where the new designation could potentially pop up in the future.

Other residents expressed reservations or outrage about the hospital expansion. Michael Griffin, a former planning commissioner, said he was concerned about traffic and argued that the new environmental report doesn't analyze the impact sufficiently.

'The position of Stanford as one of the pre-eminent academic hospitals is something that factors into my decision process.'

— *Yiaway Yeh, councilman, Palo Alto*

Councilman Greg Schmid, likewise, has derided the models used in the impact study to measure traffic and housing impacts as "faulty and biased" and advocated for some kind of a guarantee that the project won't create new costs for the city.

Land-use watchdog Bob Moss has repeatedly blasted the proposed height of the new hospital and urged the council to demand shorter buildings.

At the June 2 planning commission hearing, Moss claimed that the hospital's 130-foot height would make it difficult for firefighters combating blazes at the facility. He argued that if other hospitals can build facilities shorter than 100 feet tall, Stanford should be able to do it, too.

The height and mass of the project could create procedural hurdles for Stanford, particularly as development-agreement negotiations unfold. Palo Alto is almost certain to demand more benefits from Stanford in the agreement, some of which may not relate specifically to the

hospital's impact. Councilwoman Holman, for example, said recently that she wants Stanford to agree to the water-detention pond that would improve flood control around San Francisquito Creek.

But for every criticism about the Renewal Project — or suggestion that's made about how the university could take steps to equalize the impacts on and benefits to Palo Alto — there seems to be a city official offering a moderating view. At the June 14 council meeting, Burt downplayed the impact of the hospital's proposed height, noting that the new buildings wouldn't be located in the city's "core development areas." Councilman Yiaway Yeh, meanwhile, said Stanford's status as a world-class medical institution would influence his thinking on whether to approve the new hospital zone.

"Stanford has always been seen as a leader in the health field, even within the context of other hospitals going through their rebuilding," Yeh said. "The position of Stanford as one of the pre-eminent academic hospitals is something that factors into my decision process and the request for a new zone." ■

'Renewal Project' by the numbers

- Net increase in Stanford Hospital and Clinics: 824,000 sq ft
- Net increase in Lucile Packard Children's Hospital: 442,000 sq ft
- Total floor area after construction: 3.7 million sq ft
- Net addition: 1.3 million sq ft
- Height of new Stanford Hospital and Clinics pavilions: 130 ft
- Height of new Lucile Packard Children's Hospital pavilions: 85 ft
- New employees: 2,242
- New beds: 248
- New parking spaces: 2,985
- Net increase in parking spaces: 2,053
- Construction workers at Stanford University Medical Center sites: 2,200
- Public hearings scheduled on the Draft Environmental Impact Report: 11
- Protected Palo Alto trees at risk: 71
- Intersections that would have "unavoidable significant impact" because of the project: 3

Source: Draft Environmental Impact Report

TALK ABOUT IT
www.PaloAltoOnline.com

Do you think the Draft Environmental Impact Report has adequately assessed the consequences of the Renewal Project? If not, what areas should receive further review? Discuss your thoughts on Town Square, the community discussion board on Palo Alto Online.

On the cover: Surgeons and their teams operate in what they say are cramped conditions at Lucile Packard Children's Hospital. Photo by Veronica Weber.