

Tower, which unlike the Methodist buildings actually has a Main Street façade. Designed by Cesar Pelli & Associates with Kendall/Heaton Associates, this striking building was completed in 1991. In many ways it is the jewel of the Medical Center. This twin-domed tower was planned as a six-pack with clones on either side of the first. As good as the building is, it would have been overwhelming in triplicate. Wells Fargo Bank and The Medical Towers, both of which would have been demolished, are safe for the time being.

Hidden behind St. Luke's garage are the first two Medical Center buildings to be constructed across Main from the Medical Center. The Southgate Neighborhood Association lost its battle to protect its Travis Street boundary when the Houston Medical Center Building and adjacent Hilton Houston Plaza Hotel were constructed in the early '80s. Across Southgate Boulevard, where the Best Western and Holiday Inn are strung out amid a good deal of vacant property, a long strip is ripe for development. Various interests are holding this land with no immediate plans. Already, though, one new building has been announced. Behind Pizza Hut and Burger King, the Metrontario Group is developing Life Sciences Plaza, a medical office building with parking garage. Stay tuned.

#### WHERE IS MAIN STREET?

Interestingly, Fannin has become the "main street" through the Medical Center. This stretch is perhaps the most urban streetscape in Houston, one block away from speeding traffic on Main. A constant stream of pedestrians, patients, and TMC workers flows from one building to another, or to restaurants, banks, parking, and other "urban" amenities along the street. All Fannin needs is some flower shops, little delis, and a dry cleaner to start looking like New York. The bustle of the METRORail adds to the urban feel of this stretch. So, where Main Street has become the back door and lost its mainness, Fannin has usurped it, which might be all for the best if Main Street can somehow regain its dignity.

Main Street from Mecom Fountain to the Holcombe Square site is now virtually a six-lane highway. Perhaps all or some of those lanes could be submerged, creating below-grade through-traffic with underground access to parking garages. Or a public parking facility could be built

under Main Street, making it possible to demolish some of the older garages in favor of open space.

Main Street should be a safe and pleasant crossing from the westside medical buildings and Rice University to TMC's east side, extending safe access to public transportation at the numerous METRORail stops along Fannin and just beyond the Holcombe Square site at the TMC Transit Center station. But can underground facilities be made safe from flooding?

According to Paul Sanders of TMC, codes established in 2002 have new, more stringent requirements for below-grade construction that should prevent catastrophic flooding in the future. A long-range plan is being developed by the Corps of Engineers using FEMA money to look at both the Rice area and TMC. The City of Houston is installing new storm lines down North MacGregor to Brays Bayou. TMC institutions have all upgraded storm protection procedures and equipment in older buildings, sealing their basements against floodwaters. Sanders says that TMC is coordinating underground utilities for new construction and noted that Memorial Hermann is building new power substations in anticipation of the Ambulatory Care Center/Eye Center and the Heart Center, now in the planning stages.

So, as usual, the circulating rumors contain at least half-truths. But there is indeed a surge of new construction activity, new ideas, and new energy infusing this part of Houston. And floodwaters apparently won't be allowed to dampen them. ■

1 Shockingly, Memorial Hermann is planning to build a huge Heart Center in front of Hermann Hospital (now called the Cullen Building).

2 Interview with Richard C. Gremillion, Vice President Facilities, Planning and Development, The Methodist Hospital and Madeline B. Wicker, Director of Leasing and Marketing for The Methodist Hospital Office Buildings. Smith Tower, August 31, 2004.

3 "Main Street Corridor Master Plan: Design Concepts for Main Street," Ehrenkrantz Eckstut & Kuhn Architects. August 2000, p. 76. Also interview with Susan Young, Executive Director, South Main Center, August 24, 2004.

4 Telephone interview with Dan Brents, Gensler. August 25, 2004.

5 Interview with Eugene H. Levy, Provost, and Barbara White Bryson, Associate Vice President of Facilities, Engineering and Planning, Rice University, August 30, 2004. See also *Cite* 59, page 8.

## Med Center Mobility

### The traffic stops here

BY RIVES TAYLOR

Moving people and their cars around the Texas Medical Center represents a major challenge for planners. Scale is part of the problem. TMC has:

- 740-plus acres with more than 100 permanent buildings
- 20 miles of private and public streets and roadways
- 42,430-plus parking spaces

(Nine thousand of those parking spaces are located in the one-block-wide profit zone, with at least 5,700 more planned within the next three to five years.)

Considerations at work in this dense urban area include:

- Getting the employees, visitors, students, and patients into the area via highway exits and city streets (and back out again);
- Encouraging commuters and visitors to use vanpools, METRORail, and buses (the latter two of which restrict traffic flow);
- Strategically locating full-day commuter parking versus hourly visitor parking;
- Offering directional signs to help unfamiliarized visitors find their destinations; and
- Expanding roadways and intersections to handle all of the current and projected traffic.

In its off-street parking ordinances, the City of Houston mandates a parking count based on the size of the building served. This corridor has about the right average of three-and-a-half spots for every 1,000 square feet of professional or medical office building. However, the one-size-fits-all ordinance does not take into account the corridor's proximity to mass transit, the high cost of the real estate for surface or garage parking (including the cost premiums for stacking these garages over eight levels), or the unfortunate reality of gridlock.

It is this last reality that has the planners within TMC emphasizing a mobility strategy learned from other urban areas with large health care centers. Rather than encourage parking close by for those other than visitors and physicians, the plan is to position mass transit or shuttles to force staff members to park at the periphery—often with monthly parking fees. This strategy reduces the number of parking spots on valuable and expensive land and also minimizes the traffic load on the streets. Additionally, the planners are developing integrated way-finding that will minimize the lost number of visitors who slow

traffic, as well as limit the general confusion of urban driving.

This area has the extra challenge of being sandwiched between a street that has had its traffic flow reduced (Fannin, with the rail line) and another street that will see only more development of parking structures in the future (Main). For years Houstonians have used primarily Main and Fannin as the means of access into the health science complex. With the increase of projects and their parking requirements, traffic on these streets will only worsen.

No major highways offer easy access to TMC. It is almost equidistant from U.S. 59, Loop 610 South, and Texas 288. From any direction city boulevards carry traffic to and from these highways, often through quiet residential neighborhoods or already congested commercial districts. Recognizing this emerging problem early in the 1990s, TMC realigned its strategy to encourage greater access from the east and south while working with local governments to improve or create new access from the highways.

In the corridor along Main and Fannin, however, the superloading of so many new parking entrances and exits with the existing parking areas will necessitate either: 1) more traffic control points (e.g., signals); or 2) a cadre of traffic police during rush hour (whenever that really is for the Medical Center). In a highly competitive health care market with multiple venues of clinics throughout the region, the keys to success for outpatient health care delivery are easy access and parking for the paying patients. It would seem that these keys are out of reach for this corridor just by the limitations of the existing arteries (and veins).

The success of these large projected patient care developments in the profit zone hinges on a strategy that might have to dramatically limit parking spaces, with the few remaining reserved for the outpatient visitor alone. At the same time, the medical staff would have to switch to some form of mass transit to get to the heart of the Texas Medical Center. In the car-centric city of Houston, where even recruitment for hospital staff hinges on inexpensive and nearby parking, this necessary good seems hard to fathom. ■