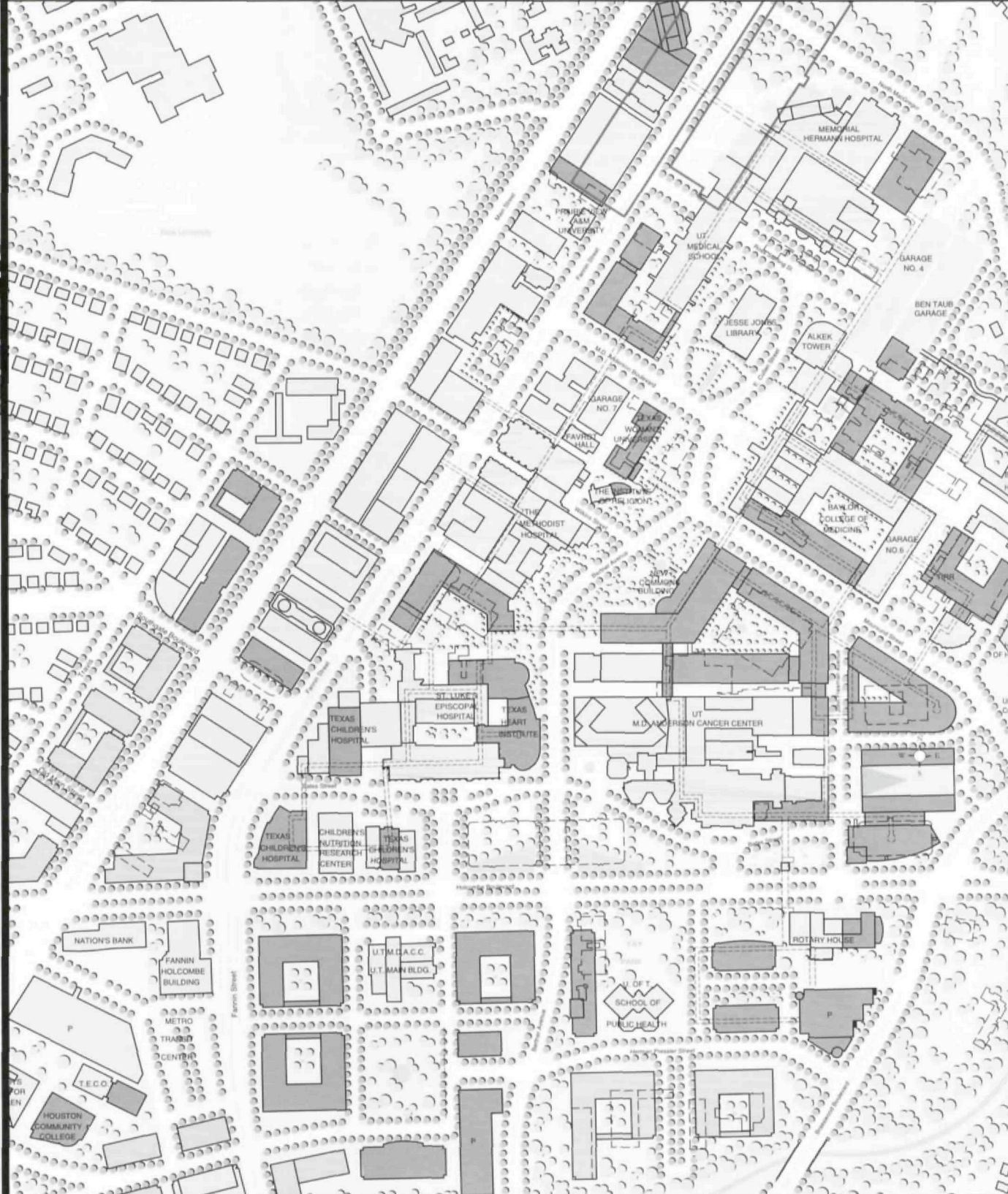


PRESCRIPTION FOR GROWTH

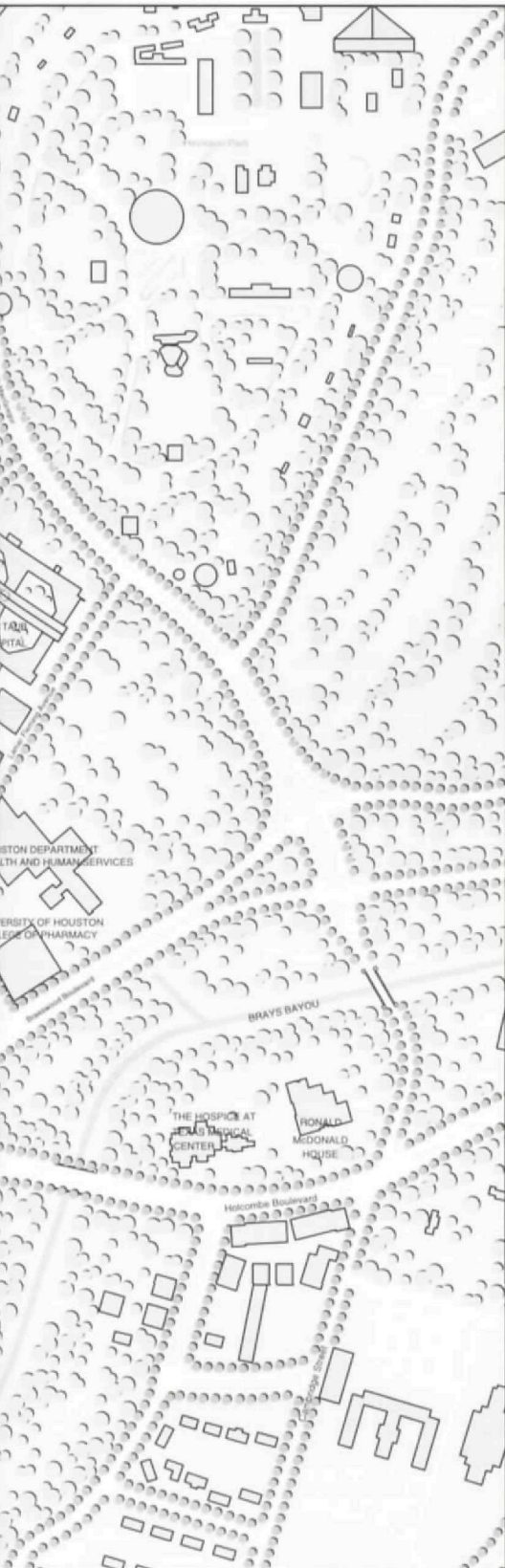


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Framework for future expansion of the Texas Medical Center, as illustrated in *A Vision for Growth*, the 1999 master plan study by Skidmore, Owings & Merrill.

BY MICHAEL BERRYHILL

THE TEXAS MEDICAL CENTER PLANS ITS EXPANSION FOR THE NEXT 50 YEARS



In the heart of the Texas Medical Center, near the intersection of Bertner Avenue and Moursund Street, sits what appears to be a nondescript parking lot. Known as K Lot, it is seven acres of open space flanked by four of the best known medical entities in Houston. On one side is the M.D. Anderson Cancer Center; on another is Methodist Hospital. Baylor College of Medicine sits to the northeast, and to the southeast is St. Luke's Episcopal Hospital, home to the Texas Heart Institute. In recent years, each of these institutions has, with varying degrees of passion, lusted after K Lot, and for good reason — it's the last piece of open ground in the Medical Center's historic core.

In the past, the battle over who gets control of K Lot might have been complicated and unpleasant. The various institutions that make up the Texas Medical Center have not always seen eye to eye, sometimes being more concerned for their own expansion than for how they relate to their neighbors. Every decade for the last half century, the Texas Medical Center has experienced phenomenal growth. And for 50 years, growth seemed to be its own reward. But today the TMC, founded on 134 acres, occupies 675 acres and is running out of dirt. The hospitals and research facilities in its historic core are jammed shoulder to shoulder and jostling for more room. Yet for most of its history, the TMC's member institutions have not shared their growth plans. That philosophy helped lead to what Richard Ingersoll, writing 11 years ago in *Cite 22*, described as "an inchoate snarl of parking structures, unclear points of egress, and difficult connections between structures," all of which combined to "make the Medical Center an aesthetically and experientially unpleasant place that seems to promote a feeling of illness rather than relieve it."

In the increasingly competitive world of medicine, there was a danger that such insularity would continue. But surprisingly, rather than being an area of conflict, K Lot has become an area of cooperation. What will replace the cars that now fill the lot is not a building owned by any one TMC institution, but rather a 2-million-square-foot research complex that will be shared by rivals Baylor College of Medicine and the University of Texas M.D. Anderson Cancer Center. Also planned for construction is a commons building designed to, as one description puts it, "promote

inter-institutional collaboration."

Something new is going on at the Texas Medical Center — planning. Working with Skidmore, Owings & Merrill, the TMC has created a master plan titled *A Vision for Growth*. Announced last spring, but revealed in detail only in the last few months, the plan is designed to help address the problems that have arisen during the Medical Center's five decades of unchecked development. Among other things, the plan calls for improved green space, cooperative ventures for the use of scarce land in the heart of the center, and better coordination with local government to control flooding. At the top of the list, as might be expected, are issues of transportation and access — or to put it more directly, parking.

The Texas Medical Center was founded in 1942 on a simple premise: lower the cost of building new nonprofit medical institutions by providing them free land. The first parcel of land, cut from the southern edge of Hermann Park, was sold to the Medical Center in 1943 with the approval of the city's voters.

The need was evident. A Minneapolis consulting firm hired to study the region's medical needs pointed out that nine of the 15 local hospitals were not accredited. The death rates in the "Negro hospital" were high. And high infant mortality rates suggested the need for a children's hospital. There was a nursing shortage. A medical library was needed. There was no training in the state for dietitians, physical therapists, or social workers, and there was no school of public health in the Southwest. The Texas Medical Center was intended to redress these problems.

Free land worked its magic, and the TMC embarked on the growth spurt that continues to this day. The priority was to expand, not to plan. The medical entities attracted to the TMC were not eager to give up their independence in exchange for acreage, and so the organization of the Medical Center became a bit like the Articles of Confederation: a weak central executive served at the will of the member institutions. The chief executive officer of the Texas Medical Center controlled parking, but the TMC board, consisting of top officials from the various medical institutions, controlled practically everything else. Each institution was run by a strong-willed director with his or her own board to answer to. As a

result, running the Medical Center was a bit like herding cats — not impossible, but hardly easy.

Then in the mid-1990s came a turning point. By charter, all the institutions on Medical Center land have to be non-profits. This does not mean that they don't make any money; far from it. Some make a great deal of money, a percentage of which is supposed to be plowed back into indigent care. But under the tremendous cost pressures of managed care, St. Luke's Episcopal Hospital attempted to merge with Columbia HCA, a for-profit hospital chain with a reputation for ruthless behavior. The TMC's other member institutions banded together to fight the merger, charging that the deal would be a violation of St. Luke's charter, and the two sides squared off in what could have been one of the nastiest lawsuits in Texas history. But before going to trial, St. Luke's backed down. It had wanted the merger to help ensure a steady supply of patients, but decided that the patients could be found through other means.

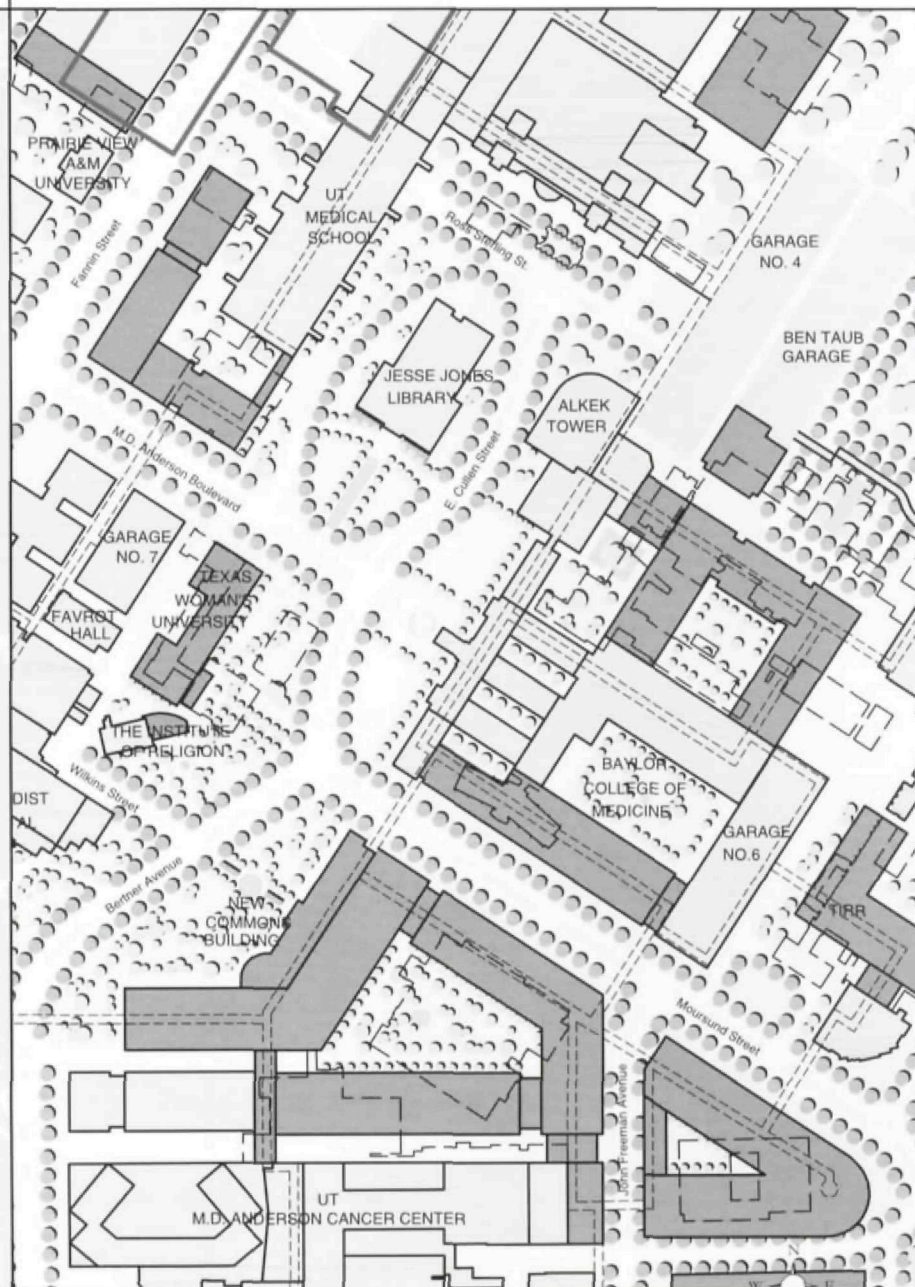
There's nothing like a legal conflict to bring people together. After the St. Luke's battle was over, the TMC board began to think about the need for planning. A merger with an outside institution might be a mistake, but cooperation between the institutions inside the TMC might be a good idea. In 1998, the TMC hired Gensler and Walter P. Moore and Associates, Inc. to prepare the way for a master plan. It wasn't hard to figure out what the most pressing problem was — parking. In a city of low population densities, the TMC is an anomaly: it is, at least during office hours, one of the more densely populated urban centers in the country. More than 110,000 people flow through it every workday. During a year's time it averages 4.5 million patient visits; most of these people arrive and depart by automobile.

And the Medical Center is getting bigger. So much new building is going on at the TMC that it rivals the construction in downtown Houston. During the next 15 years the TMC will grow almost half again in size, adding 10 million square feet of building space to its current 21 million square feet. Nearly \$1 billion in new construction is under way, and construction totaling some \$600 million is in the pipeline. Included among the current projects are:

- Hermann Pavilion, a \$200 million, 12-story, 800,000-square-foot space to replace outdated facilities. Construction is



Site plan of K Lot and surrounding institutions, showing location of proposed research center (gridded) and commons building.



Detail of main campus core of Texas Medical Center. Lighter buildings are existing Medical Center institutions; darker buildings indicate proposed areas of expansion.

slated to be finished this spring.

- The Basic Science Research Building, a \$137.2 million, nine-story structure being built by the M.D Anderson Cancer Center. This will be the first building in the new Texas Medical Center Research Campus, the shared facility to be located on K Lot. Construction is to start this fall, and be completed in 2003.

- Denton A. Cooley/Texas Heart Institute Building at St. Luke's Episcopal Hospital, a \$112 million, 277,000-square-foot building scheduled to be finished next year.

- UT-Houston Health Science Center Nursing and Biomedical Sciences Building. Ground is to be broken later this year for this \$64 million, 225,000-square-foot building.

- M.D. Anderson Faculty Center. Some 325,000 square feet of office space is under construction at a cost of \$49 million.

- Texas Children's Hospital. In excess of a million square feet of space in three buildings is being added or renovated. Cost is estimated to be \$345 million, and the completion date is anticipated to be in 2002.

Dr. Richard Wainerdi, president of the Texas Medical Center, can't talk about what he calls his "health city" except in superlatives. With 13 hospitals, two medical schools, four nursing schools, and schools of dentistry, public health, and pharmacy, the TMC is the largest medical center in the world; more than 52,000 people work there. "It is the largest health complex," Wainerdi emphasizes, "that has ever existed in history."

The Medical Center is often compared to a campus, because so many medical students study there. But that Wainerdi terms it a city is more than just rhetoric. In the *Vision for Growth* master plan, one of the main points made is that because of the Medical Center's size, and because of the number of institutions — 42 — that comprise it, the planning issues it faces have more in common with a major urban downtown than a university. To that end, the master plan suggests recognizing that the TMC is composed of different districts that should have different identities. For example, the Main Campus, bounded by Fannin, North MacGregor, and Brays Bayou, would be for patient care, education, research, and administration; the Main Street District, bounded by Main, Fannin, and the bayou, would be for mixed use, including outpatient clinics, hotels, offices, retail, and residential; and the South Campus, bounded by Braeswood, Fannin, Cambridge, and El Paseo, a newer district, would be for research, patient care, support uses, and student housing. Four other districts are envisioned — the Veterans Affairs District

off Old Spanish Trail, the W. Leland Anderson District near State Highway 288, the Smith Leland District near Greenbriar Drive, and the H. Markley Crosswell District between the Main Campus and Veterans Affairs — with the point being that the different institutions can't view themselves in isolation,

plan. "There is a concern that suburban centers are able to compete advantageously on the basis of cost and convenience of parking. There are almost no suburban centers which are forced to resort to transit to convey employees from their car[s] to their work location and back. Therefore, the quality of the



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and plan offices or support facilities accordingly. They have to view the TMC as a whole, with different areas for different functions.

Similarly, the master plan calls for enhancing sustainability, in particular by promoting pedestrian-oriented infill development by providing convenient access to retail and services, by developing active uses at street level, by investigating shared uses between institutions — and by encouraging transit-oriented development. In almost every instance, transit becomes a major issue in the master plan. Over the last ten years, the TMC has made significant efforts to improve access and transportation — signage is dramatically better; maps are freely and widely available at the parking garage elevators and major walkways — but still the problem of transportation won't go away. Dr. Wainerdi fairly bristles when parking is mentioned as the most obvious problem in the Medical Center. Parking, is after all, one of the few things that falls directly under his control, and, he insists, there is adequate parking to meet the needs of the public and employees. The problem is not the number of spaces, but their convenience. Medical researchers and physicians expect a close-in spot. Relatives of critically ill patients, not to mention the patients themselves, want the same. So do the TMC's employees.

"Employee parking, and its effects on recruitment and retention, is an urgent issue for many member institutions," Gensler and Walter P. Moore and Associates noted in their August 1998 *Joint Planning Strategies Report*, the study that preceded the SOM master

plan. "There is a concern that suburban centers are able to compete advantageously on the basis of cost and convenience of parking. There are almost no suburban centers which are forced to resort to transit to convey employees from their car[s] to their work location and back. Therefore, the quality of the parking space, its ease and access, its cost and its linkage with the work site are fundamentally important. Almost every member [of the task force] asked for consideration of a rail transit system to convey employees to and from parking. Underlying this request is the sense that this linkage must be fast, efficient, clean safe and comfortable — which is not the image most respondent have of the current bus service to parking."

Such a people mover system would be expensive, and it seems unlikely. (Unless, that is, Metro steps in and builds it with federal funds.) But moving TMC employees away from private cars toward mass transit has become a major goal, one on which much of the success of the master plan hinges. By 2015, the Medical Center hopes to get 30 percent of its employees on mass transit. Since the majority of those employees live in southwest Houston, Metro's proposed light rail system along Main Street would not provide much help in meeting that goal. To meet the goal, more people would have to ride the bus, and to encourage that, Metro is planning a major transit station near the Shriners Hospital and the new Houston Community College building at South Main and Galen Drive.

But the problems of reaching a 30 percent ridership are manifold. If you're hiring high-skilled, service oriented professionals, they're likely to want to drive to work. It's safer and more comfortable, even if it means a long ride on a shuttle bus from the remote parking lots that the TMC is building. The Medical Center is faced with two choices: make transit better, or make parking more

difficult. In Houston, it has been unthinkable to make parking difficult, so more garages are being engineered. The TMC requires 1.8 parking spaces per thousand square feet of built space; with 10 million square feet of new buildings planned, that would mean 18,000 new spots. The automobile is obviously going to continue to be one of the TMC's major problems.

Along with addressing the car, a key part of the master plan is its strategy for the growth of major institutions in the crowded core of the Medical Center.

Among the proposals are:

- Provide room for growth for St. Luke's Episcopal Hospital and Methodist Hospital by redeveloping Methodist's utility plant and the nearby parking garage.
- Provide future growth of four major hospitals — Texas Children's, St. Luke's, Methodist, and Memorial Hermann — through expansion across Fannin and South Main.
- Use the old Ben Taub hospital site for expansion of the Baylor College of Medicine.
- Plan the addition of research space for the UT-Houston Health Science Center next to its existing medical school.
- Redevelop Texas Institute for Rehabilitation and Research and to prepare for its future growth.
- Encourage land exchange between the UT-Houston Health Science Center and the M.D. Anderson Cancer Center.
- Develop a 200,000 square-foot World Center for Health Information.

Of the 10 million square feet of construction projected in the master plan for the next 20 years, more than a fourth will be added by one institution: UT-M.D. Anderson Cancer Center. The other major builders will be Baylor College of Medicine, Texas Children's Hospital, UT-Health Sciences Center, Memorial Hermann Hospital, and St. Luke's Episcopal Hospital. These six institutions alone will account for almost 8 million square feet of construction.

One day this spring I watched an elderly couple walking out of a TMC parking garage and into the crowded cross street between Main and Fannin. They were clearly disoriented, ill, and stressed out. The week before, a pedestrian had been killed while crossing Fannin.

It was a reminder of what the master plan had tried to make clear: the Texas Medical Center isn't just its individual buildings, but the way those buildings connect, and the way people connect to them. And much of that happens on foot. I decided to take a long walk in the Medical Center to see what it feels like as a place. I parked in one of the garages on Main Street that are linked to the professional buildings and came out on the sidewalk where I had seen the troubled couple. There is a

kind of hustle and bustle in the bank buildings and restaurants on the first floors of the professional buildings that line Main Street. Crossing the street is an adventure.

There is something rather dazzling and intimidating about the wall of institutions that have grown and melded together at the TMC, like the walls of those gigantic orbiting cities floating in outer space in the science fiction movies. It is an intimidating but fascinating façade, but not one that could be called coherent.

Earlier, I had been taking tours of some of the new construction at the Medical Center. The new Houston Community College for health care workers opened in September 1998 two blocks south of Holcombe on the edge of the TMC and adjacent to a proposed Metro transit center. The five-story building cost \$20 million to build and another \$5 million to equip. It offers associate degrees in 16 different options for health care assistants, the people who run the technology of health care: sonograms, MRIs, X rays, nuclear medicine, and the like.

Situated on a small site, the HCC building is simply arranged, with a five-story-high atrium. Its classrooms and labs are organized on the edge of the building and are wrapped around an interior core of faculty offices. Waiting areas are lit from the balcony overlooking the atrium. It's an attractive scheme in a building whose appointments had to be kept modest and functional. The building, with "HCCS Health Center" in large, bold letters on its side, makes a statement, says the center's president, Norma Pérez. Now that people know the college is there, it's getting calls from people in the Medical Center proposing classes.

On another day I toured the new Hermann Pavilion. It was interesting to see the original hospital, built in 1925, preserved as a ceremonial entrance and meeting space. It's a good and decent thing, and makes one realize how far we have come in terms of medical care and medical spaces. Just moving from wards to private rooms was a major step. Now the rooms at the Texas Children's hospitals are being replaced by new ones almost double in size, going from 300 to more than 500 square feet. The increase is, in great part, to accommodate new technology.

In my walk I had arrived at K Lot. I was standing at the core of the Medical Center, where the new Texas Heart Institute, a tribute to Dr. Denton Cooley, will be constructed. It struck me that over the years the Texas Medical Center has proven it can create medical miracles. And it also occurred to me that if it can successfully manage its growth, it could create a miracle of an altogether different kind. ■