



NEW ORLEANS MEDICAL DISTRICT

STRATEGIC INTEGRATION PLAN

FINAL REPORT

December 2008



NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN FINAL REPORT

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State Project No. 700-36-0186
F.A.P Project No. DE-3606(501)
RPC Contract No. 0186-MD

December 2008

EXECUTIVE SUMMARY

BACKGROUND

In 2006, Eva Klein & Associates, Ltd. was retained by the Regional Planning Commission (RPC) to complete a New Orleans Regional Biosciences Initiative Strategic Plan. That plan, which was completed in April 2007, included:

- Vision, Goals, And Plan Elements
- Innovation System Strategy
- Market Strategy And Marketing Plan Outline
- Leadership And Management Strategy, and most notably,
- A Physical Development Strategy

The last item, the Physical Development Strategy, is a precursor to this Land Use and Transportation Strategic Integration Plan. This plan primarily addresses the physical nature of the district, most notably land use and transportation. This study is not a management plan, governance plan, economic development plan, or business plan; its major focus is on how to improve the physical environment comprising the Medical District in order to help it reach its potential. A major component of this effort is to physically plan an environment in tune with surrounding neighborhoods and the CBD that also caters to the specific infrastructure needs of the medical community. Improvements in sewerage, water, drainage, transit, roadways, pedestrian and bike access, signalization, electrical, natural gas and the entire telecommunication network are well examined, as are site aesthetics such as landscaping, lighting, seating and trash receptacles.

THE STUDY AREA

While the overall study area is contiguous with that of the recently created GNOBEDD (bounded by Earhart Boulevard, Carrollton Avenue, Iberville Street, and Loyola Avenue/Elks Place), the primary focus of this physical improvement plan remains the New Orleans Regional Medical Center (NORMC); the heart of the medical district, roughly bounded by Poydras Street, Galvez Street / S. Rocheblave Street, Canal Street, and Loyola Avenue/Elks Place. It is in this area that most new development and redevelopment is centered.

REPORT FORMAT

The plan document is presented in a multi-chapter tabloid format. Following the introduction section of the first chapter, a background section explores the Medical District history, and reviews past planning efforts. The document continues with an Existing Conditions chapter, describing via text and graphics the current physical state of the district. A Vision and Recommendations chapter follows, which describes the vision for the district as put forth by the medical district stakeholders and numerous recommendations for the physical improvement of the district (presented via text, maps, photograph examples and other graphics). The final chapter of the document is a Conclusion and Implementation chapter, which summarizes the recommendations and includes an estimate of capital costs.

EXISTING CONDITIONS

The document examines the current conditions in the New Orleans Medical District, and includes in-depth examinations of the issues and opportunities relating to land use, transportation system and physical infrastructure conditions in the District:

Land Use

Issues:

- Existing land use lacks the diversity and design needed to keep activity in the District at all hours of the day;
- Current zoning allows potentially incompatible land uses adjacent to one another; and
- Local and national historic district designations add another level of regulation to the development process.

Opportunities:

- There is a large amount of non-contiguous underutilized land (53% of land) that could be redeveloped to a higher and better use;
- The District could build on the investment taking place along Poydras and Canal Street southeast of Claiborne Avenue; and
- Over half of the land in the District is in public/medical institutional ownership.

Transportation System

Issues:

- Lack of marked bicycle routes and amenities (such as bike racks);
- Lack of internal public transit service or shuttle service;
- Lack of transit-related amenities, which would encourage ridership, such as covered shelters, benches, route signs and route schedules;
- Interior streets are difficult for vehicular travel due to changes in directional flow and cross-sections;
- Pedestrian crossings are missing from primary pedestrian routes throughout the District;
- Several of the main corridors in the District are not living up to their potential:
- Tulane Avenue acts more like a commuter thoroughfare than the entry way to the Medical District;
- Claiborne Avenue/I-10 create a physical and psychological edge that prevent travel between the two halves of the District;
- Development along Canal Street (north of Claiborne) is not supportive of its grand cross-section;
- Poydras Street loses momentum quickly between Claiborne Avenue/I-10 and Galvez Street;
- Galvez Street is in dire need of redevelopment to remove blight.
- Overhead walkways have the potential of detracting from street-level activity.

Opportunities:

- The District is defined by a well-connected system of collector and arterial streets, which make it easy to visualize and traverse by automobile;
- The confusing nature of the interior streets for vehicles has created an environment preferable for pedestrians;
- The overhead walkway system provides additional options for pedestrian circulation through the District;
- The District has excellent regional access created by its proximity to downtown and I-10, its connection to regional streets such as Tulane Avenue and Canal Street, and the bus and streetcar system that operate along its perimeter.

Infrastructure System

Issues:

- Pedestrian crossings are intermittent and of basic design; many need restriping;
- Transit stops are not well marked and do not contain amenities that would encourage transit ridership;
- The District lacks gateway and wayfinding signage that would help to establish presence in and a route for passage through it;
- Existing identity signage, directional signage, green space and paved pedestrian areas lack consistency in design, creating a haphazard appearance;
- The District lacks pedestrian scale lighting along streets and in public open space;
- There is a large amount of low-quality open space (parking lots, vacant lots and private yards) in the half of the District northwest of Claiborne Avenue/I-10;
- Major above ground electrical transmission lines located in the area bounded by Galvez Street, Claiborne Avenue/I-10, Canal Street and Tulane Avenue will have to be relocated if major medical expansion is to occur in the area;
- Abandoned SWB feeder lines will need to be removed before new construction;
- The utilization pressure steel and cast-iron gas lines in the Medical District may contain water and have corrosion due to saltwater intrusion following Hurricane Katrina. Until the lines are replaced, gas service in the District may be unreliable; and
- Several projects, including a new pump station, are needed to bring the sewer system in the Medical District up to capacity. These projects are currently on hold.

Opportunities:

- Street surfaces and sidewalks are generally in fair condition;
- High quality open space and tree plantings around medical centers and Poydras office towers can serve as a basis for new open space standards;
- The capacity of the electrical system in the Medical District is good; further, redundancy in the system southeast of Claiborne Avenue/I-10 creates a more dependable environment for institutional and business uses;
- District-wide thermal energy plant has the capacity to handle additional demand;
- The water distribution system is thought to be in reasonably good condition; and
- Large box culverts provide adequate drainage capacity to the District.

VISION STATEMENT

As part of the planning process, the following vision statement was crafted and approved by the Medical District stakeholders:

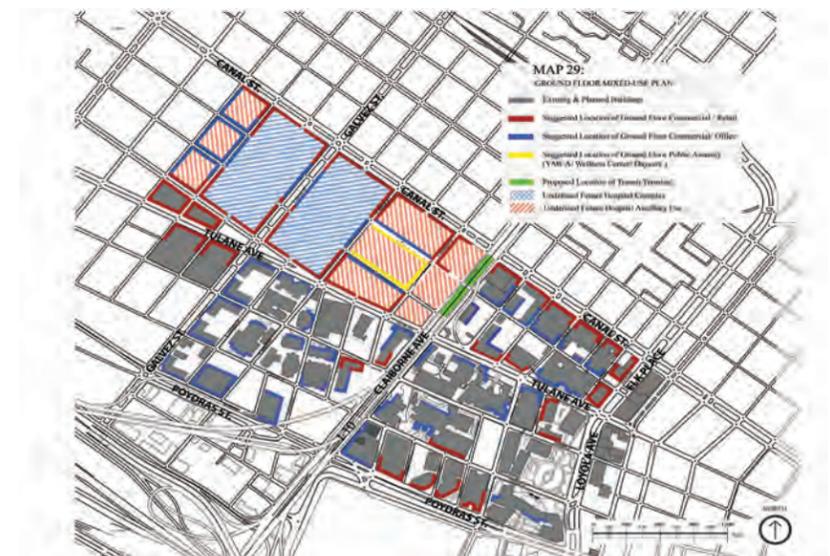
“To create a vibrant, safe, urban Medical District that reflects quality education and research by creating a sustainable live/work, mixed use setting that delivers high quality health care while seamlessly integrating with downtown New Orleans.”

PLAN RECOMMENDATIONS

The Strategic Integration Plan contains numerous recommendations for the physical improvement of the district (presented via text, maps, photograph examples and other graphics.) The general recommendations are summarized below with selected illustrative examples included:

Land Use

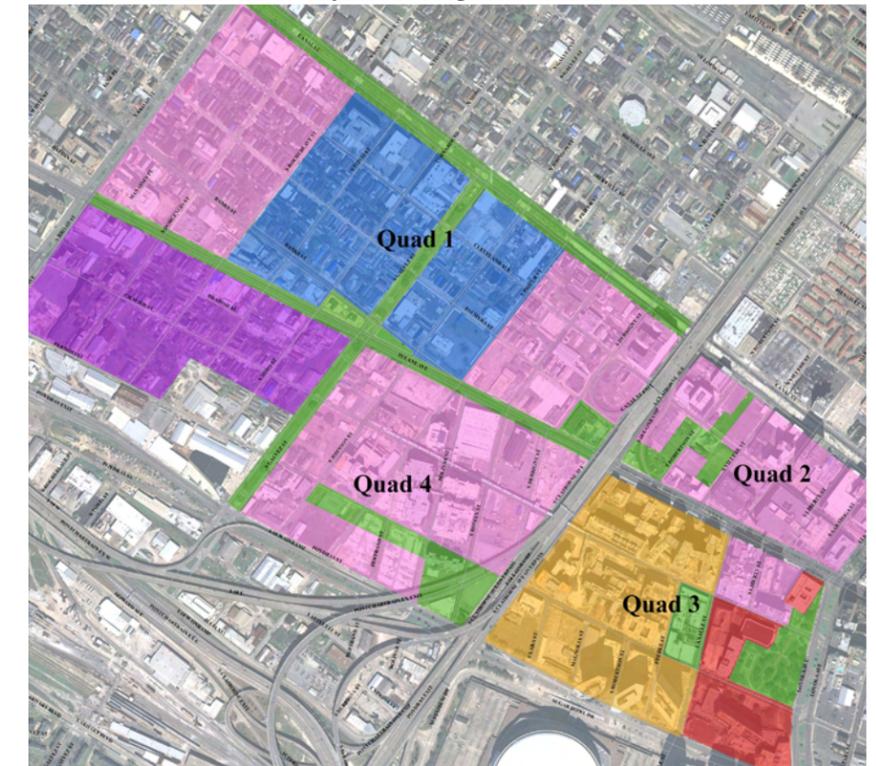
- Identify existing and future institutional buildings that could incorporate a mixture of uses



Ground floor mixed-use plan.

- Identify locations for stand-alone residential uses
- Ascertain the types of needed support services and identify appropriate locations

- Guide the density and design of land uses

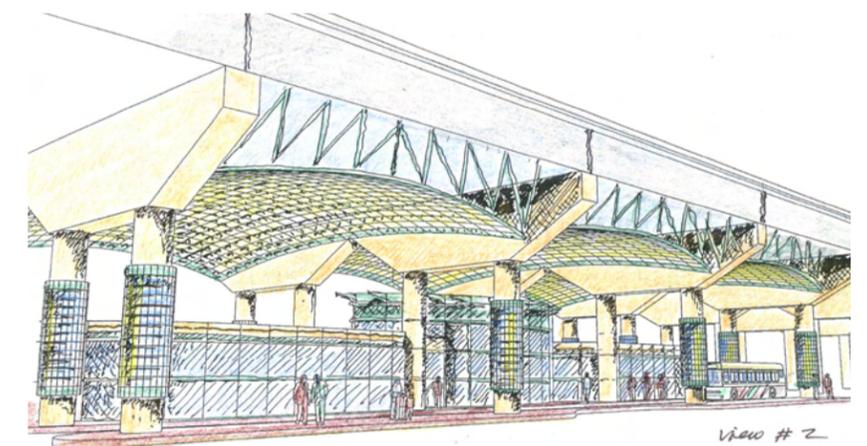


Recommended land use.

- Ensure relationship to larger Biosciences District

Transportation

- Develop changes to the transportation network to support the future land use scenario



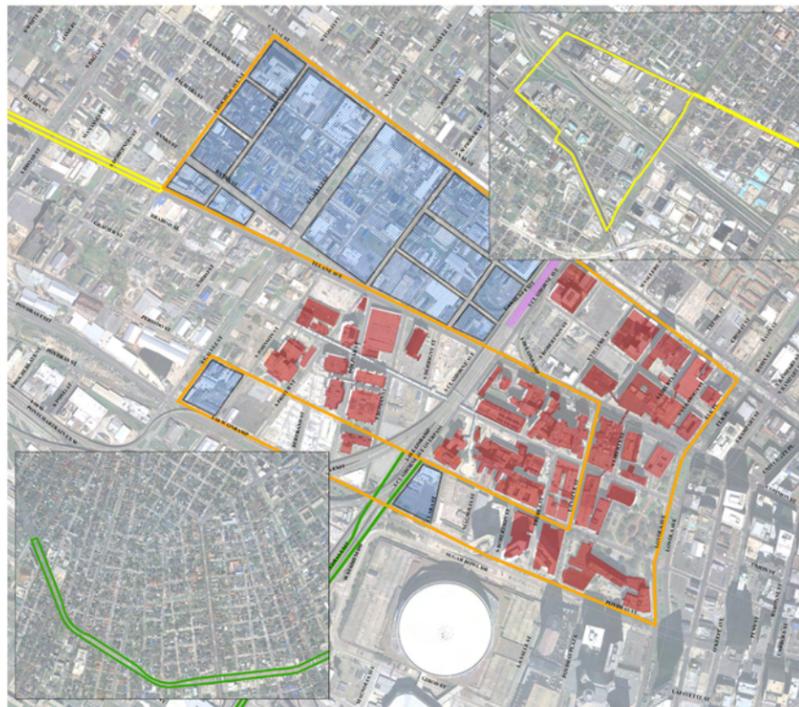
Proposed transit terminal under Claiborne overpass

- Examine changes to streets and street cross-sections



Proposed reconfiguration of Tulane Avenue

- Ensure relationship of transportation network to larger Biosciences District



Proposed transit circulator route

Infrastructure

- Assess impact of proposed land use scenario on streets and utilities and recommend capacity-related improvements, if needed

- Establish standards for streetscape design
- Address currently needed improvements to streets and utilities infrastructure:



Open space plan

- Develop plans for currently needed improvements to urban design infrastructure
- Ensure urban design infrastructure is compatible with efforts of Downtown Development District and the larger Biosciences District
- All major developments should conform to the DDD's downtown urban design guidelines being developed in conjunction with the City Planning Commission.

IMPLEMENTATION

Zoning

One of the overall affected changes in the Medical District will be the control of development within the privately owned parcels of land within the district. Traditionally, control and regulation of these areas is done via land use and zoning controls.

Zoning changes relating to the Medical District are proposed at an opportune time. The City of New Orleans is currently preparing a citywide *Master Plan* that will guide the long-term physical development of the city. To implement the plan, a new Comprehensive Zoning Ordinance (CZO) will be prepared at the same time as the Master Plan. During the development of this document, officials with the City including council members and members of the City

Planning Commission have been involved in developing the overall recommendations, and have announced their desires to use this Plan as a first step for the Master Plan and CZO changes affecting the Medical District area.

Urban Design

The Vision and Recommendations Section of this document proposes several ideas for urban design standards to help improve the overall look of the Medical District. The design standard apply to both aspects of the public realm (sidewalks, landscaping within rights of ways, street lighting, signage, sidewalks, etc.) but also can apply to the private realm (landscaping on private property, façade treatment, height and setback requirements, etc.). While the public realm ideas for standards can be put in place by the City via actual construction and installation of the infrastructure, the design standards for the private realm cover only new construction or redevelopment and are achieved through standards written into the new comprehensive zoning ordinances or design overlay districts.

Capital Improvement Projects

The study included preliminary estimates of capital improvements projects to help implement the recommendations of the study. These are divided into two main categories: utility improvements (much of which are identified in the Existing Conditions section) and visual improvements (which were described in the Vision and Recommendations section of this document). The estimated costs are summarized below:

Utility Improvements:

| | |
|---------------------------------|---------------------|
| Street Repair: | \$1,120,000 |
| Sidewalk Repair: | \$736,000 |
| Crosswalk Striping: | \$10,000 |
| Gas Line Replacement: | \$3,522,510 |
| Replacement of Pump Station 15: | \$6,201,934 |
| New Medical Center SPS: | \$1,933,462 |
| New Force Main: | \$569,221 |
| Total | \$14,093,127 |

Visual Improvements

| | |
|----------------------|---------------------|
| Arterial Spines | \$34,250,000 |
| Primary Connectors | \$12,200,000 |
| Secondary Connectors | \$4,100,000 |
| Total | \$50,550,000 |

TOTAL CAPITAL IMPROVEMENT PROJECTS : \$64,643,127

Note: All numbers are based on 2008 dollars and use either established estimates from other agencies or were formulated using unit costs and estimates of length/volume.

USE OF THIS PLAN

The maps, renderings, and text contained in this document are available for use by local agencies and governments, NORMC, the New Orleans Regional Biosciences Initiative Board, as well as the member institutions of the Medical District to further the improvement of the District. Most of the individual maps are available in GIS format for use by these entities, and the renderings, drawings and photos examples are also available in a digital format for their use as well. The Regional Planning Commission will serve as a depository for this (and all) project data.

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INTRODUCTION AND BACKGROUND

INTRODUCTION

Project Need

Economic Development

The western area of downtown New Orleans has long been a center of medical service and learning. The confluence of hospitals, medical schools (not only for physicians, but also for nursing and medical technicians) and ancillary facilities goes back almost 100 years. Over that time, the area devoted to medical uses has expanded not only geographically, but also in an economic sense, providing the New Orleans metro area with a medical district that has been very important to the local economy.

However, in the post-Katrina environment, damage to several key components of the district (most notably, the Medical Center of Louisiana in New Orleans, formerly known as Charity Hospital, and the Veterans Administration Hospital) have resulted in unique opportunities for infrastructure reinvestment. Since Hurricane Katrina, postsecondary and higher education facilities have been closed or significantly curtailed. The Medical District's schools and associated research organizations continue to suffer from disinvestment. The hurricane's immediate aftermath displaced a large percentage of Tulane University, Louisiana State University (LSU), Delgado School of Nursing and Xavier University students, staff and academics, including researchers. Local universities, health science centers and clinical facilities suffered significant infrastructure damage and loss of operating revenue which continues to strain their clinical, research and bioscience activities. The loss of research and staff has also significantly deterred the district's ability to capitalize on intellectual property; loss of intellectual capital, and physical damage to the district, has significantly affected the region's competitive advantage.

Regaining a competitive advantage is a must. The health care and biosciences industry have an enormous existing economic impact, and one which could be even greater if we allow it to. Bioscience firms and the cluster of activities and related interests they anchor have become prime targets for state and local economic developers and with good reason. For state and local economic development interests, the biosciences represent an economic triple windfall. It is a rapidly growing and diversifying field; it represents clean

industry that everyone can embrace; and it offers high paying jobs. It is also a sector that attracts a very large share of entrepreneurial and venture capital interest and is the source of multiple spin-offs of related enterprises. New Orleans already has a base of competency in research, despite Katrina, but it is not as dense with science and scientists as many other areas with which it competes. There is a modest existing bioscience company presence, and it is threatened with post-Katrina stresses.

Investment in the physical environment is needed to more competitively position the district on the national and global stage. The enclosed strategic integration plan visually depicts a well-arranged live/work physical environment that complements the existing and planned urban fabric. The plan provides the physical vision for a first-rate health-care community that will move New Orleans into a more prosperous, post-Katrina recovery.

Physical Environment

The New Orleans Medical District suffers from extreme physical neglect. The District lacks cohesion and uniformity in design and landscaping standards, resulting in a highly disjointed district. The district is characterized by pothole-marred streets, limited pedestrian accessibility, and limited site improvements (such as landscaping, signalization, signage, lighting, benches, trash receptacles, etc.). The Medical District has the potential to evolve into a leading, national example of an informal idea forum that directly feeds into an adjacent downtown offering one of the world's greatest live/work environments. However, the current configuration of the Medical District poses significant challenges to attracting outside investment and in retaining its graduate student and professional workforce.

The Strategic Integration Plan envisions the area as a highly functioning clinical, research, housing, transportation and infrastructure hub supporting the activities and projects related to health and biosciences research and commercialization. The new vision would provide the physical foundation for this economic center, providing 24-hour workforce opportunities in a manner that expands and supports city life and business opportunities within the downtown area. This land use/transportation infrastructure master plan would provide the structure needed to retrofit the Medical District as the state-of-the-art foundation by which the District can evolve into a national high tech hub that seamlessly integrates with a dynamic metropolitan environment

Planning Process

The strategic integration plan seeks to physically plan an environment that complements surrounding neighborhoods and the CBD, but that also caters to the specific infrastructure needs of the medical community. Improvements in sewerage, water, drainage, transit, roadways, pedestrian and bike access, signalization, electrical, natural gas and the entire telecommunication network are to be examined, as well as site aesthetics such as landscaping, lighting, seating and trash receptacles. The specifics and extent and location of these improvements are to be of the highest priority in conjunction with the effects of stated improvements on the neighboring communities.

Strategic Plan

This Strategic Integration Plan, which covers the physical environment of the medical district, is one of the key recommended implementation actions stemming from Eva Klein and Associates' 2006 *New Orleans Regional Biosciences Initiative Strategic Plan*. That plan, which was completed in April 2007, included:

- Vision, Goals, And Plan Elements
- Innovation System Strategy
- Market Strategy And Marketing Plan Outline
- Leadership And Management Strategy, and most notably, a
- Physical Development Strategy

The Physical Development Strategy ties in naturally to the Eva Klein study which highlights the significance of undertaking urban place redevelopment.

The Eva Klein *Strategic Plan* has been reconfigured to follow the format of this Master Plan and is presented in the Appendices at the end of this document.

Planning Team

The study was completed for the Regional Planning Commission of New Orleans by a consulting team led by N-Y Associates, Inc. They were assisted by the firms of Mathes-Brierre (who assisted in

EXISTING CONDITIONS

matters of architecture, landscape architecture, and rendering) and Essential Environmental Engineering, (who assisted in matters of utilities and other infrastructure).

The Study Area

The overall study area is contiguous with that of the recently created Greater New Orleans Biosciences Economic Development District (GNOBEDD). That area is bounded by Earhart Boulevard, Carrollton Avenue, Iberville Street, and Loyola Avenue/Elks Place. The GNOBEDD boundaries cover not only the traditional medical district near the foot of Tulane Avenue, but also includes Xavier University—which has some definite ties to the medical community in New Orleans-- and the remainder of Tulane Avenue, along which most medical expansion is planned and which is envisioned to evolve into a more competitive biomedical corridor over time.

However, the primary focus of this physical improvement plan remains the heart of the medical district, roughly bounded by Poydras Street, Galvez Street/S. Rocheblave Street, Canal Street, and Loyola Avenue/Elks Place. It is in this area that most new development and redevelopment is centered.

It should be noted that this core district can be easily broken into four sub-areas or ‘quadrants’ for analysis by the bisecting streets of Tulane Avenue and Claiborne Avenue/I-10. The northeast quadrant has traditionally been centered on the Tulane University Medical Center. The southeast quadrant is best known as the previous location of Charity Hospital and the VA Medical Center. The southwest quadrant is almost entirely made up of facilities from the LSU Schools of Medicine. And the northwest quadrant, while traditionally not associated with any medical uses, has been envisioned as a home for replacement facilities for both the Medical Center of Louisiana at New Orleans (replacing Charity) and a new VA complex.

Report Format

The plan document is presented in a multi-chapter tabloid format. Following this *Introduction* section of the first chapter, a *Background* section explores the Medical District History, and reviews past planning efforts. The document continues with an *Existing Conditions* chapter, describing via text and graphics the current physical state of the district. A *Vision and Recommendations* chapter follows, which describes the vision for the district as put forth by the medical district stakeholders and numerous recommendations for the physical improvement of the district (presented via text, maps,

photograph examples and other graphics. The final chapter of the plan document is a *Conclusion* chapter, which summarizes the recommendations and includes an estimate of capital costs.

BACKGROUND

Medical District History

The New Orleans medical district has a long history of collaboration. The spirit of cooperation extends back to 1835, when Charity Hospital established a teaching affiliation with Tulane School of Medicine; Charity Hospital was founded forty years before the signing of the Declaration of Independence. The development of a physical “medical district” began in earnest in the 1930s with the construction of the Charity Hospital and Louisiana State University School of Medicine complex along Tulane Avenue.

Over time, more facilities were added in this area, including the Veterans Administration Medical Center, Delgado School of Nursing, and expansion of both the LSU and Tulane medical campuses. In the 1980s the boundaries began to expand considerably with new LSU facilities being developed on the western side of Claiborne Avenue.

A physical governing body was created in 1978 with the creation of the New Orleans Regional Medical Center (NORMC), which had among its board members the Medical Center of Louisiana (formerly Charity Hospital), the Louisiana State University Medical Center, Hotel Dieu Hospital, Tulane University School of Medicine and University Hospital, the VA Medical Center, and the Downtown Development District. NORMC eventually evolved into the creation of the Louisiana Biomedical Research and Development Park, which ultimately served as the impetus for the gradual development of GNOBEDD.

Under NORMC, several plans were undertaken to improve the district. However, little was done to further those plans. In 2004 Greater New Orleans, Inc. and the City of New Orleans Mayor’s Office of Economic Development began working with representatives from LSU, Tulane, UNO, the Downtown Development District (DDD) and Xavier to form a larger, more broad-reaching Regional New Orleans Bioscience Economic Development District. The district would encompass the area between Iberville, Earhart, Carrollton, and Loyola Avenue and include the area within the existing Louisiana Biomedical and Research Park that contains LSU Health Sciences Center, the Tulane Health Sciences Center, the Louisiana Cancer Consortium, the New Orleans Bioinnovation

Center (NOBIC), the Louisiana Gene Therapy Consortium, Delgado College School of Nursing, the VA Hospital and Charity Hospital. The district would also include Xavier University which was not (originally) part of the Louisiana Biomedical and Research Park area. GNOBEDD was to have the authority to incur debt by selling general revenue bonds and the ability to collect and levy a tax, and develop multi-party bioscience development projects. The District would also introduce a stronger commitment to real estate development with an expanded board and participation from area business leaders through their involvement. In order not to duplicate efforts, the Board of Directors of NORMC voted in late 2004 to place that organization in a “dormant” state. The Louisiana legislature enacted GNOBEDD in 2005, creating the new District.

Shortly afterwards, in August 2005, Hurricane Katrina devastated the city, resulting in the closure of the Charity Hospital complex and the VA Medical Center. The damage to these institutions accelerated the plans to develop a new, state-of-the-art facility for both the VA and LSU, in such proximity that certain services could be shared, resulting in cost savings for both entities.

Past and Ongoing Planning Efforts

Economic Development Plans and Medical District Plans:

Since the founding of the Louisiana Biomedical Research and Development Park in the early 1990s, there have been several Plans developed to address progress in the area’s medical industry, often particularly within the district. These are listed chronologically as follows:

- The *Louisiana Biomedical Research and Development Park Comprehensive Plan* (1992). As required by the Act of the Legislature creating the park, a comprehensive plan for the Park needed to be submitted by the end of 1992. This plan fulfilled those requirements. The plan was completed by Dr. Tim Ryan of the University of New Orleans, and addressed the park’s organizational and governing structure, the economic impact of the park, capital improvement needs, clinical education needs, and other issues affecting the park’s development.
- *Master Plan for the New Orleans Regional Medical Center* (1993). This Master Plan for what is now known as the “core” area of the district, was completed by a team of architects and planners led by the firm of Arthur Q. Davis & John C. Williams. The plan is very similar in nature to this Master Plan, including such elements as recommendations on urban design and transportation, signage/graphics concept and design, landscape

alternatives and cost estimates. The plan is noteworthy in that it was the first true effort to unify the district and was very forward thinking in that it envisioned the quadrant bordered by Galvez, Canal, Tulane and Claiborne as a site for future medical-related uses. Some improvements suggested in this study were implemented including signage, banners and some larger capital improvements (such as the expansion of the skywalk system)

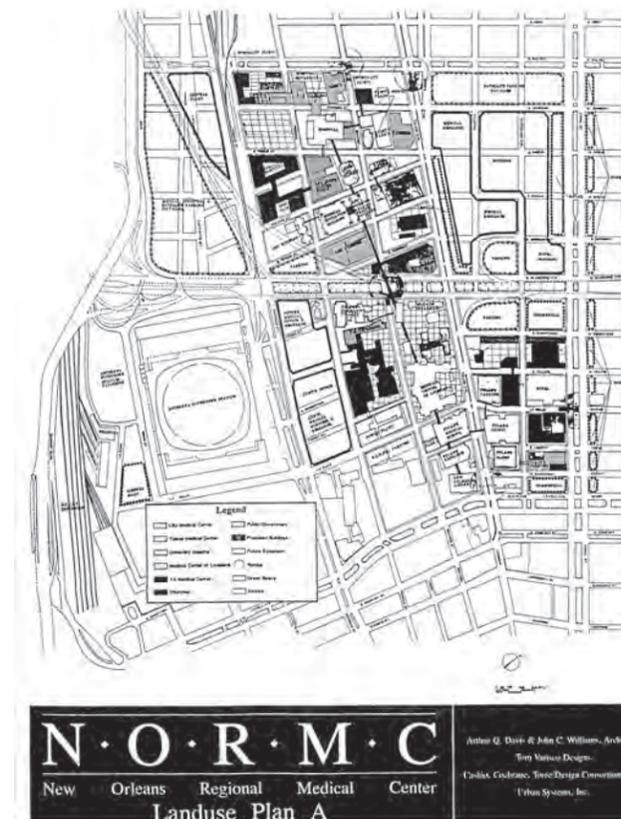
- *Louisiana Vision 2020 - State of Louisiana Master Plan for Economic Development* (1999). Louisiana: Vision 2020 was developed by the Governor of the state as a challenge to create a newer and better Louisiana and as a guide to economic renewal and diversification. The Medical and Biomedical Industry was seen as key in this document; it was identified as one of the state's strong economic base industries that could also provide economic opportunities and was one of six technology 'clusters' that was identified as providing the basis for diversifying the state's economy. As an example, the study noted that the substantial medical client base in state's hospital system gives Louisiana the opportunity to build a lucrative clinical studies capability.
- *2002 Feasibility Characteristics and Probable Impact - Louisiana Wet-Lab Sciences Business Incubator Program* (January 2002) In this study prepared by Hammer, Siler George and Associates for the State of Louisiana, the state evaluated the feasibility of establishing a network of three wet laboratory science business incubators in Shreveport, Baton Rouge and in the medical district of New Orleans to support development in several Vision 2020 technology clusters, specifically: biomedical/biotechnology, environmental technology and food technology. This study evaluated (1) the capacity of these three Louisiana metro areas to support wet lab sciences incubation, (2) the national context and best practices of wet lab incubators, and (3) program, design, cost and operating requirements for wet lab incubators. The most important findings for the New Orleans medical district were that the area had a clear incubator need, that the area had a strong biomedical, environmental and food technologies research base, and that a 60,000 square foot (gross) wet-lab incubator should be developed in New Orleans with a tenant focus on life science, environmental and food science companies.
- *Comprehensive Plan for the New Orleans Biomedical Research and Development Park* (March 2002 update). The BRDP's first Comprehensive Plan outlined its proposed governance structure, roles and responsibilities of each member institution, and capital and operational funding needs and sources for the Park, as well as return on investment measures in the form of economic, employment, and tax revenue impact estimates. In

the ten years since the BRDP was created, much had changed in Louisiana and it is was felt that it was now time to update the original plan.

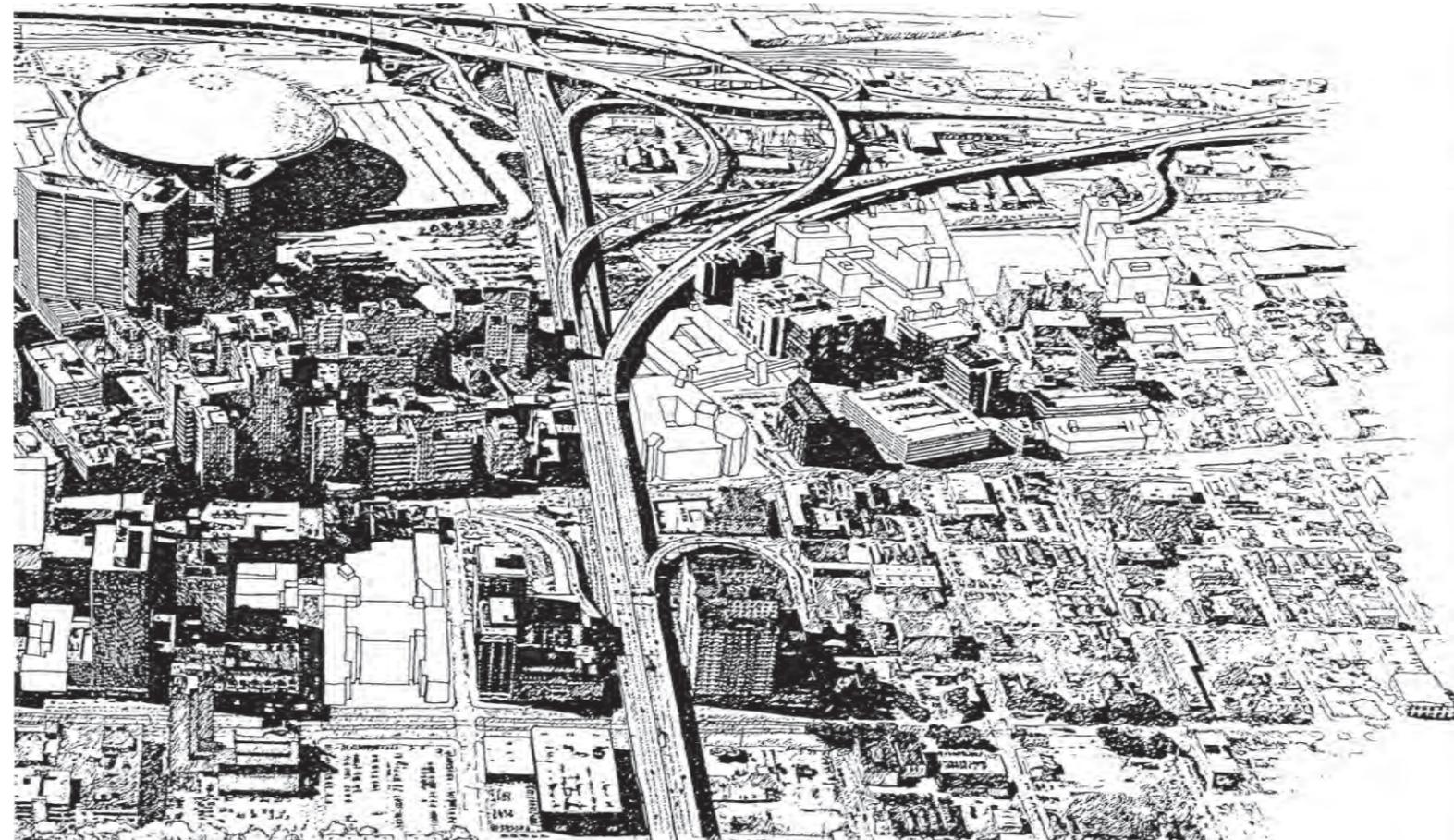
Several important changes between the 1992 and 2002 plans included:

- A new, more streamlined governance and operating structure for the BRDP Commission;
- Revised roles and responsibilities for the BRDP member institutions;
- Potential needs for and sources of funding for operations and capital projects;
- Plans for construction of a wet lab incubator to serve as a primary facility of the BRDP;
- Revised economic, employment, and tax revenue impact estimates.

The Master Plan Update included a proposed facility plan which identified projects that were in varying stages of planning and development and were anticipated to be completed by 2010, as well as a future development plan, which identified areas targeted for future development (including residential development) within the boundaries of the BRDP. The Update also noted that a key component of the state's economic devel-

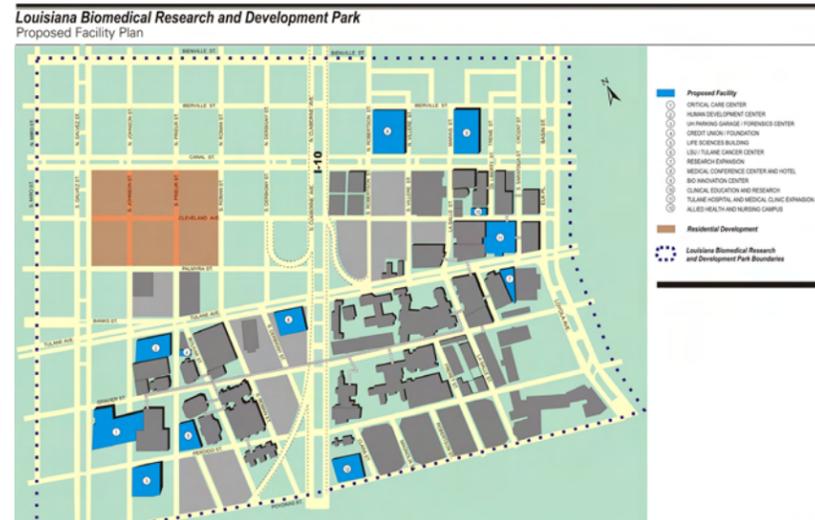


1993 Master Plan for New Orleans Regional Medical Center





Initial idea for Bioinnovation Center



2002 update, Louisiana Biomedical Research and Development Park Comprehensive Plan

opment program was the creation of a statewide network of wet lab incubators to provide vital infrastructure for clusters of biomedical and biotechnology development, and that the development of a wet lab facility in New Orleans is timely and consistent with Louisiana: Vision 2020. The Update foresaw the wet lab incubator, referred to as The BioInnovation Center, as the centerpiece of the BRDP.

- *LSU Health Sciences Center Advisory Plan (2007).* In 2007, Adams Management in conjunction with the firm of NBBJ developed a proposed site plan for the LSU Health Sciences Center main campus. The plan proposed expansion under two main areas: LSU HSC uses and housing. The plan called for new buildings at roughly the same scale as the existing campus along the east side of Galvez and the north side of Tulane Avenue, as well as a new building in the block bounded by S. Derbigny, Perdido, S. Roman and Gravier streets, and a new LSUHSC building along Bolivar Street between Poydras and Perdido Street. The plan called for converting Bolivar and S. Derbigny Streets into more of pedestrian mall configuration, as well as the construction of new parking garages along Poydras St. between Bertrand and S. Johnson Streets. In terms of housing, the plan called for the demolition of the existing LSUHSC dormitory adjacent to the I-10 ramps and replacing them with greenspace. The site envisioned the construction of 1,225,000 sq. ft. of residential space on multi-story buildings, to be located on the former site of the VA Hospital and the old LSU Medical School. The Advisory plan also envisioned the adaptive reuse of the Charity Hospital Building and the addition of much greenspace and landscaping.

Land Use Policies:

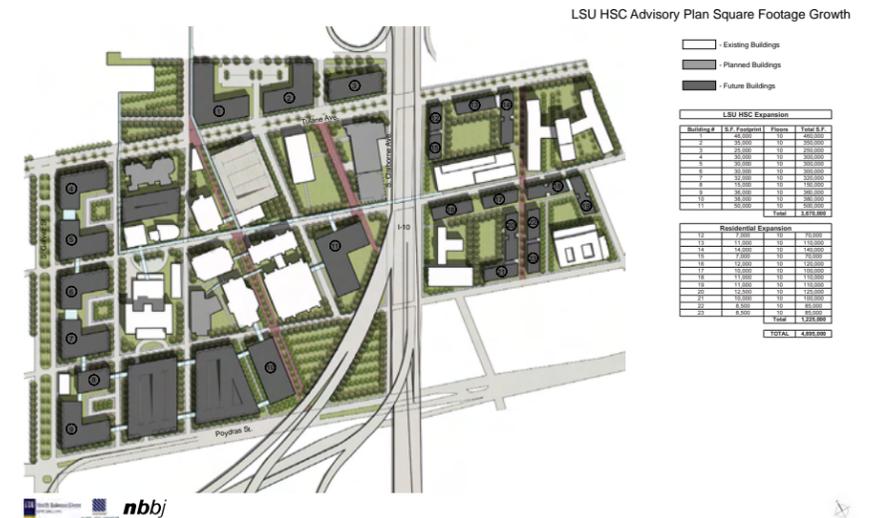
There have been a number of land use policies, which provide guidance for future development, that focus on the area around the New Orleans Medical District. These are summarized below.

- *City of New Orleans Master Plan:* The land use element of the City of New Orleans Master Plan was adopted in 1999. The plan recommended the continued existence of institutional and public/semi-public uses around the former Charity and VA Hospitals, the Tulane University Health Sciences Center and Hospital and the LSU Health Sciences Center. The area bounded by Claiborne Avenue, Galvez Street, Canal Street and Tulane Avenue was recommended as commercial and residential.
- *Lambert Advisory District 4 Plan:* Lambert Advisory, LLC was hired by the City of New Orleans after Hurricane Katrina to develop recovery plans for the most damaged neighborhoods. Portions of the Medical District, northwest of Claiborne Avenue, fall in District 4. Here, the plan recognized future medically-

related development around the LSU Health Sciences Center. Again, the area bounded by Claiborne Avenue, Galvez Street, Canal Street and Tulane Avenue was recommended as commercial and residential.

- *Unified New Orleans Plan, District 4 and District 1:* The Unified New Orleans Plan (UNOP) was another post-Katrina planning effort aimed at pulling together all of the neighborhood recovery plans. The plan for District 4, which covers the portion of the Medical District northwest of Claiborne Avenue, introduced the concept of a LSU/VA Regional Medical Center covering most of the area between Galvez Street, Claiborne Avenue, Poydras Street and Canal Street with the exception of the residential area between Palmyra and Cleveland. Southeast of Claiborne Avenue, the District 1 plan recommended the development of office/lab/medical research uses and associated parking structures on vacant and underdeveloped sites in the Medical District.

Collectively, these plans represent the evolution of the concept of the New Orleans Medical District from an area restricted to past medical uses and footprints to one of expanded size and economic potential.



2007 LSU Health Sciences Center Advisory Plan

EXISTING CONDITIONS

This chapter examines the current conditions in the New Orleans Medical District. It begins with a discussion of the general framework of the District – its paths, sub-districts, nodes, landmarks and edges – to provide a qualitative overview of its urban environment. The framework is followed by in-depth examinations of the land use, transportation system and physical infrastructure in the District.

DISTRICT FRAMEWORK

At its broadest level, the New Orleans Medical District is comprised of five main elements – subdistricts, nodes, landmarks, edges and pathways. These elements set the general framework for understanding how the District feels and functions for its users. These features are graphically displayed on **Map 1: District Framework** and discussed in further detail below.

Sub-districts

Sub-districts are areas defined by their similar land uses, urban form and scale, built typology, pedestrian accommodation, historic significance and relationship to the City fabric and economy. They provide a sense of the land use pattern in a larger district. A number of sub-districts have been identified in the Medical District.

- **Urban Medical Public Corridor:** These areas (shown in light blue on the map) are those that the public would most likely identify as the “Medical District.” Clustered around Tulane Avenue are three primary campuses: Tulane University Health Sciences Center, the Medical Center of Louisiana at New Orleans (MCLNO), and the Louisiana State University (LSU) Health Sciences Center. Parts of these clusters share consistency in architecture, urban design, open space, pedestrian amenities, and signage, which could serve as a basis for urban design standards in the larger Medical District.
- **Utilitarian and Emergency Access:** The areas to the immediate northeast and southwest of Tulane University Health Sciences Center and Charity Hospital (part of MCLNO) along Tulane Avenue (shown in yellow on the map) are characterized by utilitarian elements such as loading areas, parking garage entrances, emergency room entrances, and utility infrastructure. The windowless building facades and lack of pedestrian amenities create an overall impression

of a back-of-house area where the public, in particular the pedestrian, is not welcome. It is a vehicle oriented environment, with the exception of the Department of Veterans Affairs (VA) Hospital that fronts on Perdido Street and does provide some pedestrian amenities.

- **Light Industrial Land:** The areas, generally northwest of Claiborne Avenue/I-10 (shown in green on the map), are characterized by a haphazard mix of industrial properties, a few of which are in good condition, but most of which are in need of redevelopment.
- **Undefined Vacant Land:** Much of the land adjacent to Claiborne Avenue and I-10 (shown in brown on the map) is either fallow or occupied by temporary parking lots, which are placeholders for future development. The land under the I-10 expressway also falls into this category. The existence of this condition contributes to a feeling of disconnect between the southeast and northwest sides of Claiborne Avenue (also see District Framework, Edges).
- **Historic Residential:** Clustered around Galvez Street are residential neighborhoods within the Mid-City National Historic District (shown in dark blue on the map). The structures in these areas are mostly of the local vernacular shotgun style and would not be considered important individually, but together they form a consistent historic building fabric. Most are blighted and in need of major renovation.
- **Business / Office Buildings and Sports / Entertainment Complex:** The Poydras Street corridor has a strong downtown atmosphere of business and major entertainment venues (shown in shades of red on the map). This area is well utilized by pedestrians, and gives an impression of safety with an acceptable quantity of pedestrian amenities.
- **Public Uses and Undefined Urban Corridor:** The Loyola Avenue corridor is defined by two very contrasting urban conditions. On the west side, within the Medical District, is the municipal government complex with public open space amenities (shown in purple on the map). To the east side are vacant and under-utilized buildings, and a series of temporary parking lots that cover entire blocks of land (shown in brown). The overall impression is that Loyola Avenue is the dividing line in an area of transformation.



Louisiana State University Health Sciences Center campus along Gravier Street is part of the “Urban Medical Public Corridor” sub-district



Utilities, loading docks and emergency entrances give Cleveland Avenue near Tulane Hospital a utilitarian feel



Office buildings on Poydras Street reflect the Medical District's proximity to the Central Business District

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 1: NODES, LANDMARKS AND SUBDISTRICTS

-  SUBDISTRICTS (COLOR VARIES)
-  NODES W/ DIRECTIONAL CHOICES
-  LANDMARKS
-  DISTRICT EDGES



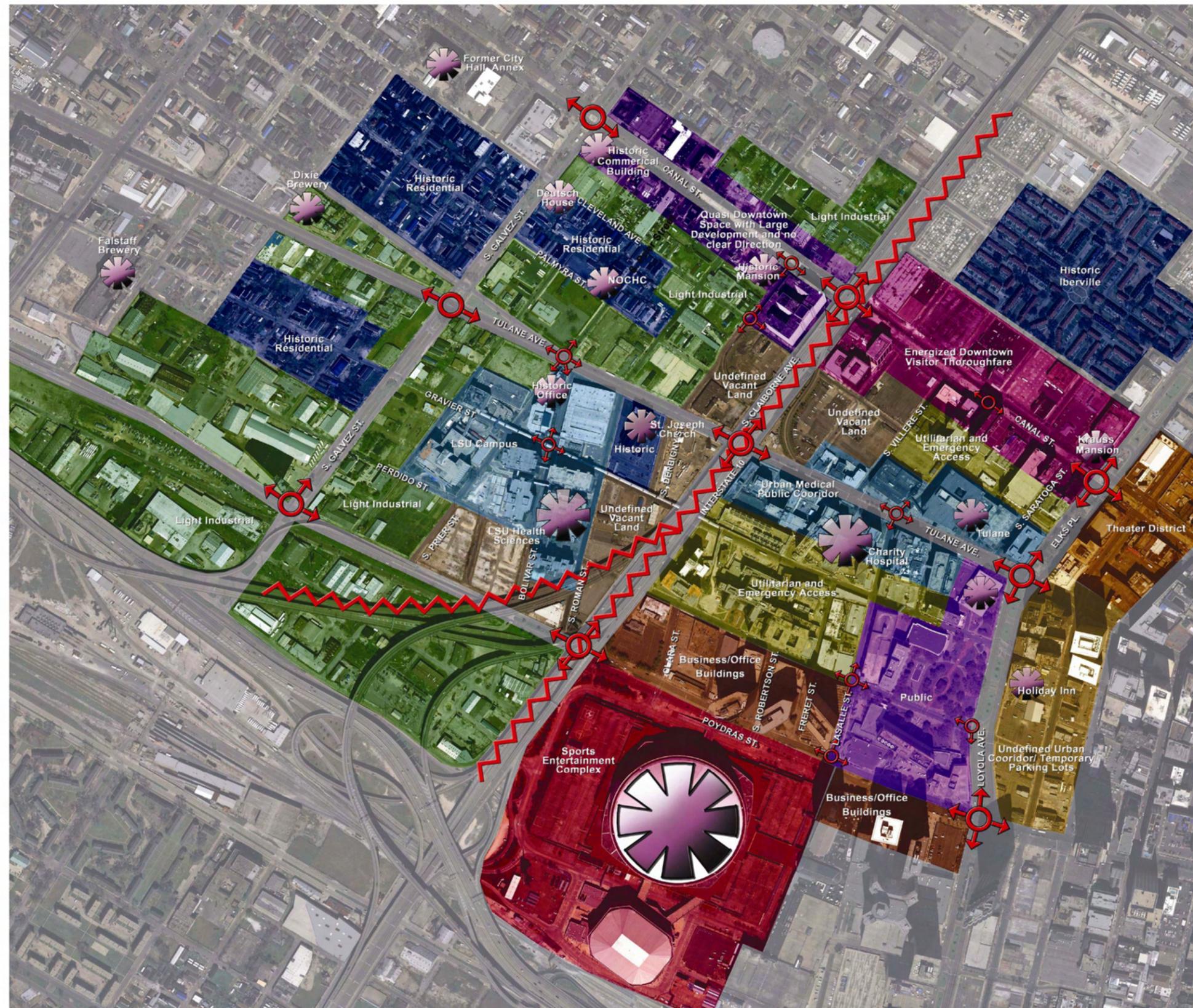
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Date:



Source:





Tulane Avenue is one of six primary pathways that define the Medical District



The New Orleans Center for Health Careers (NOCHC) is a landmark in the District's north quadrant



The elevated I-10 expressway acts as an edge that divides the Medical District into two distinct halves

- **Theater District, Energized Downtown Visitor Thoroughfare and Quasi-Downtown Space:** The northwest end of Canal Street's downtown section passes through the Medical District. This part of the street reflects a poorly developed transitional zone between the bustling downtown corridor and the residential section of the street in Mid-City to the north. The theaters (shown in brown), though in need of renovation and reopening, serve to anchor the northeast corner of the Medical District and connect to downtown. Looking beyond, the area from Loyola Avenue to Claiborne Avenue (shown in pink) has many development proposals being explored, and streetscape renovations have recently been completed. The section from Claiborne Avenue to Galvez Avenue (shown in purple), on the other hand, is full of used car and car rental lots, car repair shops, and obsolete office structures. This area could benefit greatly from complete redevelopment and land use changes providing a new front door for the Medical District on Canal Street.

Pathways

Six main pathways, or corridors, define the Medical District. Poydras Street, Galvez Street, Canal Street and Loyola Avenue form the outer boundaries of the District, while Claiborne Avenue/I-10 and Tulane Avenue bisect the District into four quadrants. While these pathways are most commonly used by vehicular traffic, they provide an easy way for all travelers to visualize the District. (See Transportation, Main Corridors for a further description of these pathways.)

Nodes

Nodes are decisional points along a pathway. Generally, they represent places where people are likely to converge and most often occur at major intersections. Major nodes in the Medical District occur at the intersections of the six major pathways that define the District. Smaller nodes are found at the intersections of some of the interior streets.

The most important nodes for the Medical District are those at the intersections of the arterial roads surrounding the district. The particular intersection locations are:

- Canal St. and Elks Place
- Tulane Avenue and Loyola Avenue
- Poydras Street and Loyola Avenue
- Poydras Street and Claiborne Ave.
- Tulane Avenue and Claiborne Ave.
- Canal Street and Claiborne Ave.
- Canal Street and Galvez Ave.
- Tulane Avenue and Galvez Ave.
- Poydras Street and Galvez Ave.

Each of these nodal locations offers opportunities to create a stronger sense of identity for the Medical District which functions to tie together an incongruous mix of existing urban development into a comprehensible entity that can be recognized as a special district with definable borders. Through proper urban design, the nodes may include the following features:

Signature Buildings: Existing or new structures at nodal locations should be designed or reconfigured in such a way as to present a unique, attractive street presence which will allow the building to

convey a certain message to the public about the Medical District. Architectural character, lively street presence, attractive uses, outdoor spatial relationships, quality landscaping and pedestrian weather protection are all features that can be employed.

Public Spaces: One or more corners of a nodal intersection may be

LAND USE OPPORTUNITIES

- There is a large amount of non-contiguous underutilized land (53% of land) that could be redeveloped to a higher and better use;
- The District could build on the development momentum that exists along Poydras and Canal Street south-east of Claiborne Avenue; and
- Over half of the land in the District is in public/medical institutional ownership.

LAND USE ISSUES

- Existing land use lacks the diversity and design needed to keep activity in the District at all hours of the day;
- Current zoning allows potentially incompatible land uses adjacent to one another; and
- Local and national historic district designation add another level of regulation to the development process.



Residential structures in the District's north quadrant

occupied by a well-designed public open space feature to attract pedestrians off the street, promote street-level activity, and improve the urban experience of the district. Landscape architectural features such as flexible plaza spaces, shady seating opportunities, public fountains, leisurely lawn areas, and landscaped berms could be employed.

Gateway Elements: The intersection nodes provide a perfect location for wayfinding elements that visually suggest one is entering the Medical District, and provide information on navigation of the district. These elements work well with both the signature buildings and public spaces, and physical components may include landmark identity signage, gateway portals for pedestrians and/or vehicles to pass through, informational kiosks, directory map boards, interactive media boards, signature sculpture, and flags or banners.

High-Traffic Uses: Important nodes are great locations to feature high-profile uses which attract large numbers of people, and create a feeling of a vibrant downtown experience. These locations are attractive to private businesses in retail, entertainment, and hospitality industries, and effort should be made to attract quality businesses into such locations to set the tone for success that can help smaller businesses to thrive from the increase in pedestrian traffic. Movie theaters, specialty chain retailers, popular restaurants, and hotels are some the possible tenants that may be targeted for these locations.

In implementation of the node features, special attention should be paid to programming and design so that different nodes have individual character and uses while also respecting the overall character of the Medical District that is generated by the composition of the whole.



Industrial uses along Poydras Street near the intersection with Galvez Street transition to a larger industrial area outside the District

Landmarks

Landmarks serve as a point of reference. They often include public buildings, buildings with unique architecture, or large buildings that are easily distinguished from their surroundings. In the Medical District, major landmarks include the Superdome, Charity Hospital and LSU Health Sciences Center. Smaller landmarks include St. Joseph's Church, the New Orleans Center for Health Careers, the Deutsches Haus, a historic building at the corner of Galvez and Canal Streets, Tulane Hospital, the main branch of the public library, and the Holiday Inn along Loyola Avenue.

Edges

Edges generally fall at the border of a district. Any number of linear elements can create an edge, such as interstates, railroad tracks, water features. The Medical District is actually comprised of two historically distinct communities – the Central Business District (CBD) and the Tulane-Gravier neighborhood. Claiborne Avenue and I-10 serve as the edge between the two. Today the District is straddling both sides of this edge, yet the past border is still clear.

LAND USE

There are three major strengths of the land use situation in the New Orleans Medical District. First, the land is largely underutilized. Over half of the total acreage of the District is comprised of vacant lots, vacant buildings (such as Charity and the VA Hospitals), and surface parking. This lack of viable land use creates a huge opportunity for redevelopment. Secondly, the District has development momentum creeping up from the



Surface parking lots are one of the most familiar land uses in the Medical District

Central Business District (CBD). Land uses along the southeastern portions of Poydras and Canal Streets show more investment than those further northwest in the District. Lastly, medical institutions (or their affiliates) own the bulk of the land in the Medical District, which puts them in a position to control its future development. The District is challenged by the current level of disinvestment, zoning which may allow incompatible uses, and historic districts which may complicate redevelopment decisions.

| LAND USE ACTIVITY | ACRES | PERCENT OF LAND AREA |
|--|-------|----------------------|
| No Human Activity or Unclassifiable Activity | 40 | 29% |
| Travel or Movement Activities | 34 | 24% |
| Social, Institutional or Infrastructure Related Activities | 27 | 20% |
| Shopping, Business or Trade | 22 | 16% |
| Residential | 7 | 5% |
| Industrial, Manufacturing and Waste Related Activities | 4 | 3% |
| Leisure Activities | 4 | 3% |
| Mass Assembly of People | 1 | 1% |
| Total | 139 | 100% |



St. Marks Fourth Baptist Church is one of two religious institutions in the District

Existing Land Use

The District includes a wide spectrum of land uses; however it is dominated by a select few. Institutional uses, parking (travel or movement activities) and vacant land and structures (no human activity or unclassifiable activity) make up nearly three quarters of the land in the district. The distribution of these existing land uses is shown on **Map 2: Existing Land Use** and discussed in further detail below. As shown on this map there are several issues that need to be addressed in this Master Plan. Firstly, there is a large amount of underutilized land that could be redeveloped to a higher and better use. The existing land use also lacks the diversity and design needed to keep activity in the District at times other than daytime work hours. Another issue is that the current zoning within the district allows potentially incompatible land uses to be located adjacent to one another.

Each type of land use is described in detail below:

Residential Activities

Residential land uses are found almost exclusively northwest of Claiborne Avenue/I-10, where the lot and block pattern is still reminiscent of past neighborhoods. The largest concentration of residential structures falls in the quadrant bounded by Galvez Street, Claiborne Avenue, Tulane Avenue and Canal Street. Many of these structures were flooded by Hurricane Katrina. It is estimated that 37 of the residences are currently occupied.



Duncan Plaza is the Medical District's largest recreational space

Shopping, Business or Trade Activities

Poydras and Canal Streets are the primary commercial corridors of the Medical District and are where most of the shopping, business and trade activities are located. Poydras Street is lined with multi-story office buildings – namely City Hall, 1515 Poydras, 1555 Poydras and 1615 Poydras. On the other hand, automobile oriented businesses and hotels dominate the streetscape along Canal Street.

Industrial, Manufacturing and Waste Related Activities

Because of its proximity to the CBD, industrial and warehousing activities are not commonly found in the Medical District, although there are quite a few light industrial uses just outside the western boundary. There are a handful of small warehouse buildings along Poydras Street near the intersection with Galvez Street, many of which are vacant. There is a large Entergy governor station (see Infrastructure, Gas Distribution) with an entrance from Perdido Street at Magnolia Street. Finally, MCLNO operates a warehouse, laundry and thermal energy facility on LaSalle Street at Perdido.

Social, Institutional, or Infrastructure-Related Activities

As one would expect, institutional activities, particularly educational and medically related buildings, make up a large percentage of land in the Medical District. Tulane University occupies the eastern half of the District, while LSU occupies the western half. In the middle are a number of shared medical facilities, including the former VA Hospital and the former Charity Hospital, as well as the Delgado Community College



Vacant land makes up a large portion of the Medical District

Charity School of Nursing. Additionally, the Blood Center of Southeast Louisiana is located along Johnson Street, near the intersection of Tulane Avenue and Galvez Street.

Travel or Movement Activities

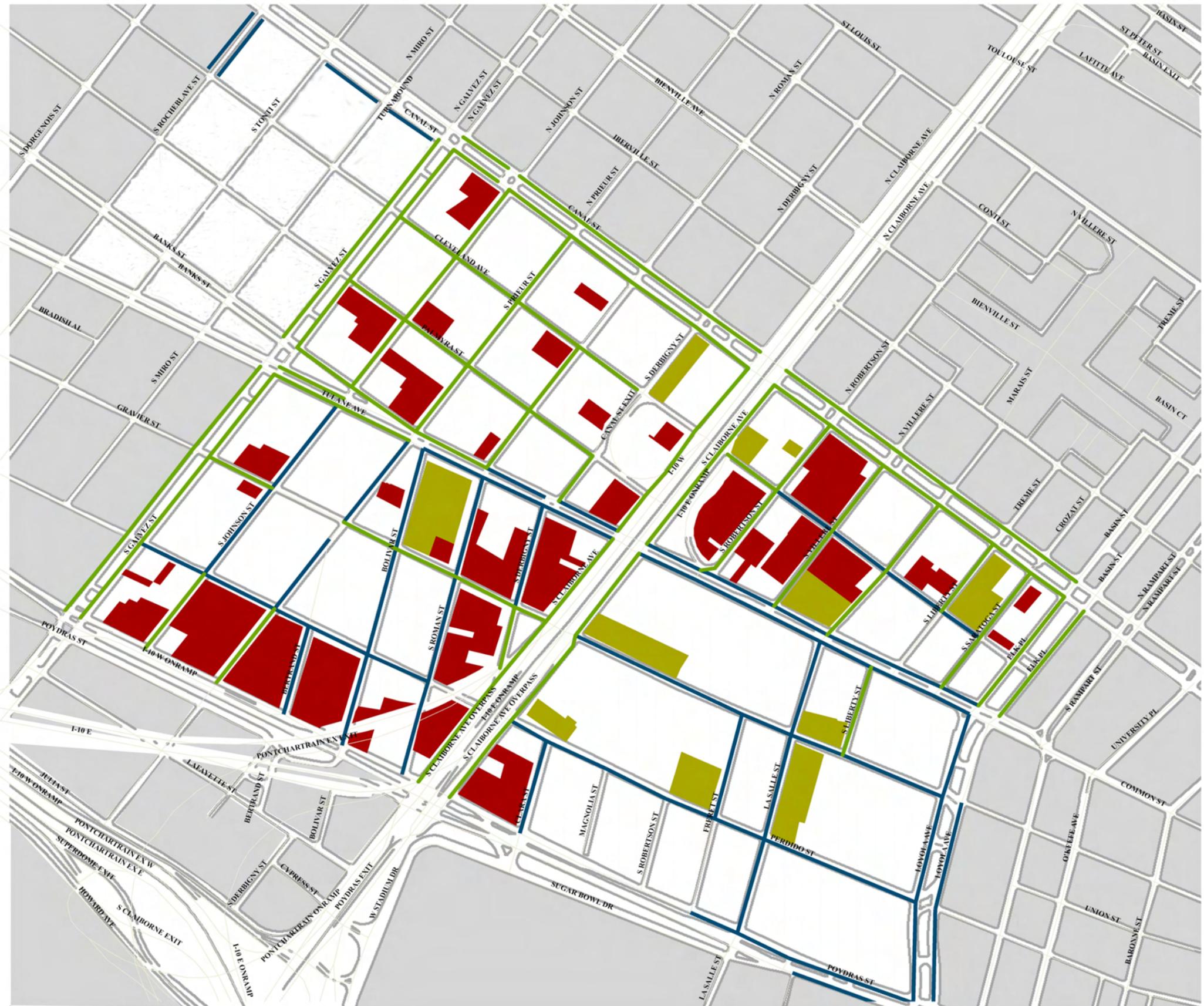
Vehicular parking is the only land use classified as “travel or movement activity” in the New Orleans Medical District. At 24% of the total land area, off-street parking is a sizable component of the existing land use. As shown on **Map 3: Parking Facilities**, most of the off-street parking is surface parking that services the LSU and Tulane University Health Sciences Centers; however, there are also a handful of parking garages that handle hospital and patient parking. All in all, it is estimated that there are over 7,000 off-street parking spaces, approximately 80% of which are contracted for use by faculty, staff, and students of the medical institutions.

On-street parking is the main source of public parking in the Medical District. Nearly all streets have on-street parking on one or both sides for an estimated total of 3,000 on-street parking spaces. Of the on-street parking approximately one third is metered, the remaining two thirds is un-metered.

Mass Assembly of People

Religious and cultural institutions are the sole source of public assembly activities in the Medical District. These include:

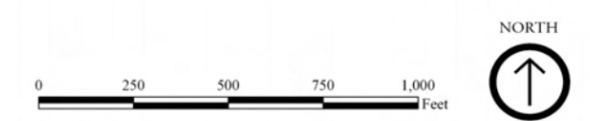
- St. Marks Fourth Baptist Church located at the intersection of Galvez and Perdido Street;



NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 3: PARKING FACILITIES

- Surface Parking
- Structured Parking
- Unmetered On-Street Parking
- Metered On-Street Parking



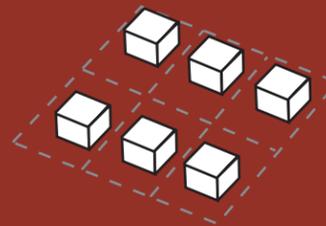
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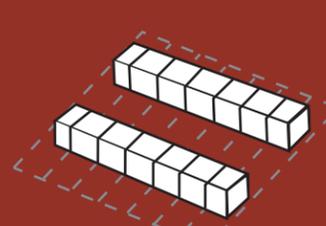
Source: Fieldwork by N-Y Associates in December 2006 and January 2007. Number of structured parking spaces from "Site and Facility Master Plan for consolidation of Charity and University Hospital," completed by NBBJ Architects and Adams Management in 2003.

EXPLANATION OF ZONING TERMS

Density/Intensity: A measure of the number of units per acre of land.

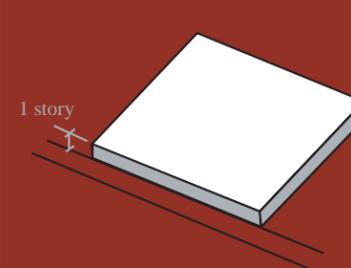


A density of 6 units per acre

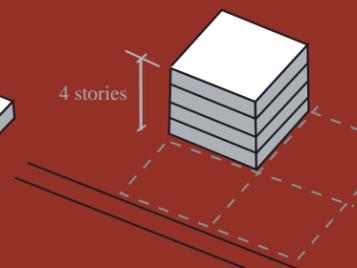


A density of 14 units per acre

Floor Area Ratio (FAR): The floor area of a building or buildings on any lot divided by the area of the lot.

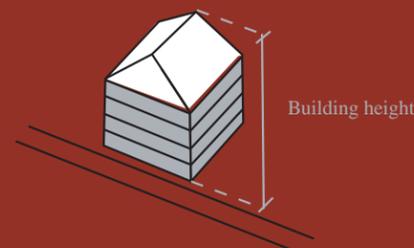


1.0 FAR achieved by building one story over the entire lot



1.0 FAR achieved by building four stories on one-quarter of the lot

Height: Building height is typically measured from the average grade surrounding the structure to the highest point of the structure.



Permitted Use/Conditional Use: Permitted uses are those allowed by right in a zoning district. Conditional uses require a public hearing and report before approval by City Council.

- St. Joseph Catholic Church on Tulane Avenue at Derbigny Street; and
- The Deutsches Haus, an organization which celebrates German heritage in New Orleans, located at the intersection of Cleveland Avenue and Galvez Street.

Leisure / Recreational Activities

There are four parcels or spaces specifically devoted to leisure or recreational activity in the Medical District. Two of these can best be defined as parks or public green spaces-- the larger is Duncan Plaza, located in front of the municipal government complex on Loyola Avenue. It is approximately 3.7 acres and contains a number of pieces of public art, walking paths and a gazebo. The smaller of the two is Nanny Goat Park, a quarter-acre triangular piece of land located at the confluence of Banks Street and Tulane Avenue. Nanny Goat Park contains a statue and benches for sitting. Lastly, St. Mark's Church operates an indoor recreation center adjacent to its church on Galvez Street, and the LSUMC dormitories feature two full outdoor basketball courts.

In addition to the parcels and spaces formally dedicated to leisure and recreational activities, there are a number of informal green spaces and open spaces located on private property, such as lawns and landscaped areas surrounding the buildings of the medical complex. However, these scattered spaces and the four above-mentioned spaces do little in terms of adding to the attractiveness of the district. Their utilization is almost nonexistent; there are no amenities either within the spaces or near the spaces that would lead workers and residents to actually stop within these areas.

No Human Activity or Unclassifiable Activity

The majority of land in the New Orleans Medical District is underutilized – either undeveloped land or built upon land with vacant structures (See Map 4: Vacant Land and Structures). Nearly two thirds of the unused land is occupied by vacant structures; the former Charity Hospital and VA Hospital are the largest examples of this type of use. There are also a number of vacant hotels, office buildings, warehouses, parking garages and residences. The remaining 38% of the “unused” land is undeveloped. These vacant lots are most common in the area bounded by Galvez Street, Claiborne Avenue, Canal Street and Tulane Avenue, although they also exist around the LSU Health Sciences Center. The vacant parcels are for the most part not contiguous, and vary in size from nearly a block in size down to very small parcels. When combined with the sizable amount of surface parking, over half of the land (53%) in the Medical

District is currently underutilized, creating a tremendous opportunity for infill redevelopment.

Current Land Ownership

Most of the land in the New Orleans Medical District is owned by medically-related or government institutions. Louisiana State University is the largest land owner, holding approximately 35 acres of land. The City of New Orleans and Tulane University also own significant portions of the Medical District. These land holdings are shown on Map 5: Land Ownership and are summarized in the table below.

These large land holdings are significant in that they put the member institutions in a position to collectively control the future development of the Medical District.

Development Potential

| LAND OWNERSHIP | ACRES | PERCENT OF LAND AREA |
|-------------------------------------|-----------|----------------------|
| Louisiana State University | 35 | 25% |
| City of New Orleans | 16 | 11% |
| New Orleans Medical Complex (NORMC) | 1 | 1% |
| Orleans Parish | 1 | 1% |
| State of Louisiana | 2 | 1% |
| The Blood Center | 4 | 3% |
| Tulane University | 10 | 7% |
| USA (Dept. of Veterans Affairs) | 5 | 3% |
| Total | 73 | 53% |

As the previous section described, much of the land in the Medical District is vastly underutilized. However, future development of the District is not constrained to its present condition. There are a variety of existing regulations and policies, which specify the allowed and desired type of future development in the Medical District.

Zoning Regulations

Zoning is the primary regulatory method for controlling land



Dixie Brewery is a landmark of the Mid-City National Historic District due to its distinctive architecture



St. Joseph's Catholic Church is the Medical District's largest church and another landmark of the Mid-City National Historic District



Historic residence at 1800 Canal Street is the last on the block

use. In the New Orleans Medical District, zoning is regulated by the *City of New Orleans' Comprehensive Zoning Ordinance*. The zoning districts in the Medical District are shown on [Map 6 :Zoning](#) and described below.

- **CBD-2:** About half of the Medical District is zoned Central Business District (CBD-2). CBD-2 is intended to provide for central business growth at lower densities than in the main central business district (CBD-1). CBD-2 allows any use permitted in CBD-1, which include multiple family development as well as businesses and services basic to local, national and international functions. The district also permits hospital and associated medical uses by right as well as hotels, office buildings, public and government buildings, retail and service uses. Additionally, mixed use development is encouraged. There are no height limits in this district, within the Medical District boundaries. Intensities are lower than in CBD-1; floor area ratio (FAR) requirements vary from a minimum of 7.0 for residential buildings to a maximum of 12.0 for mixed-use developments, with bonuses available for facilities that provide additional public amenities.
- **CBD-2B:** There are small amounts of CBD-2B in the Medical District. CBD-2B is similar to CBD-2, described above. The purpose of CBD-2B is to provide for central commercial and high density residential development in areas near office and retail cores. The district permits the same uses as in CBD-1, but at lower development intensities. These uses include: hospitals and related accessory functions, high density multi-family residential, hotels, office buildings, public and

government buildings, retail and service uses. Parking requirements are designed to be consistent with street capacities. CBD-2B contains no maximum height limits, except along certain streets. The maximum FAR of 11.0 for mixed use buildings is allowed with bonuses under certain conditions in CBD-2B.

- **CBD-3:** CBD-3 is intended to preserve and enhance that portion of Canal Street lying within the Central Business District by: requiring retail consumer and service establishments on the lower floors as a condition for new development, maintaining the scale and height of existing development, preserving and enhancing the pedestrian environment, fostering a sense of historic continuity, controlling traffic generation, and protecting the adjacent Vieux Carré from tall buildings on its boundaries and from excessive concentrations of vehicles, activities and noise. Permitted uses include any use allowed in CBD-1 except hotels, motels, bars and selected other uses are specifically prohibited. The maximum height of structures in CBD-3 is 85 feet, except along certain streets. The maximum FAR is 6.0 for non-residential and mixed uses and 4.5 for residential uses.
- **MS:** MS is a commercial zoning district intended to encourage an appropriate grouping of medical service facilities. In most cases, MS would include a hospital or group of hospitals as the center for such hospital-related service as offices, drugstores, restaurants and shops. Apartments are permitted in the district. The height of structures is not limited in MS. The maximum FAR is 4.0.

- **C-1A:** C-1A is intended to provide for a variety of commercial, miscellaneous service activities and residential uses, generally serving a wide area and located along major thoroughfares where a general mixture of commercial, service and residential activities exist. C-1A is used in older developed areas to encourage a proportionate mixture of commercial and residential uses, the retention of historic and architecturally significant structures, compatibility with adjacent land uses and the general character of the area. While a variety of uses (including hospital and related accessory functions) are permitted by right, they are limited in size to a maximum of 10,000 square feet in floor area, with structures in excess of 10,000 square feet requiring conditional use approval. C-1A contains a maximum height limit of 100 feet. The maximum FAR in C-1A is set at 2.25 for non-residential structures, 3.5 for residential structures and 3.5 for mixed use with at least 50 percent of the floor area used for residential purposes.
- **C-2:** C-2 provides sufficient space in appropriate locations for a wide variety of existing commercial, miscellaneous service, and multiple family uses situated along major thoroughfares which are not characterized by extensive warehousing, frequent truck activity, open storage of material or the nuisance factors of dust, odor and noise associated with manufacturing. C-2 is intended for intensely developed or developing areas. Structures in C-2 are permitted without limitation to height. The maximum FAR is 6.0.
- **RD-3:** The only purely residential zoning district contained in the Medical District is the Two-Family

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 6: ZONING

- B-1A: Neighborhood Commercial
- C-1A: General Commercial
- C-2: Commercial
- CBD-2: Central Business District 2
- CBD-2B: Central Business District 2B
- CBD-3: Central Business District 3
- LI: Light Industrial
- HI: Heavy Industrial
- MS: Medical Service District
- RD-3: Residential, Two-Family
- RO-1: Office



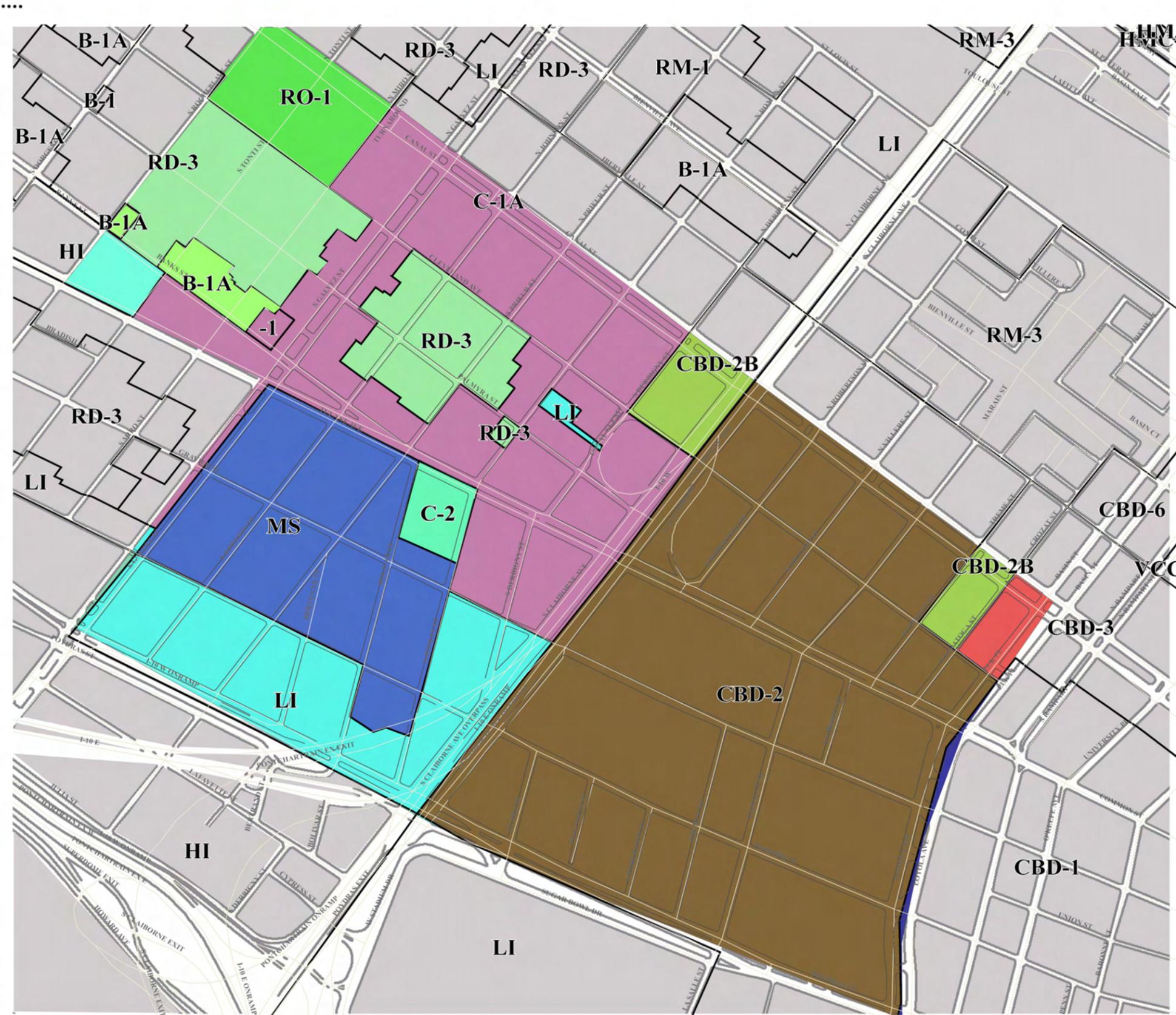
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Date:



Source:



Residential District (RD-3). RD-3 District is the most restrictive classification in the Medical District, providing for two-family or townhouse development on smaller lots in older, more densely populated areas. This district does not allow hospital or medical related functions, including but not limited to any associated commercial, multi-family or dormitory facilities, whether by right or through conditional use approval. The maximum height of structures in RD-3 is 40 feet. The FAR is set at 0.3 for single family residences and 0.6 for two, three and multiple family development, townhouses and nonresidential development.

- **LI:** The least restrictive zoning district in the Medical District is the Light Industrial District (LI). The purpose of LI is to provide a wide variety of light manufacturing, fabricating, processing, wholesale distributing and warehousing uses appropriately located near or adjacent to major thoroughfares or railroads for access. Commercial uses and open storage of materials are allowed in LI. New residential development is excluded except for certain specific uses deemed as an appropriate adjunct to industrial operations. LI includes performance standards that apply to all uses permitted in the district. Maximum height of structures in LI is 75 feet. The maximum FAR is 1.0.

Zoning Conclusions and Challenges: There are two main conclusions to be drawn from examining the current zoning in the Medical District. First, while the existing land uses and densities of the structures in the Medical District are generally consistent with the intent of the current zoning regulations, they are insufficient for the further development of the district, particularly the type of development that has been envisioned for the district and led to this study. Secondly, it appears that there are a number of districts that have the potential to allow uses that are incompatible with one another and the desire to create a comprehensive medical district. For instance uses allowed in the LI zoned areas could conflict with the nearby uses in MS or RD-3. This could dissuade medical businesses and others from investing in the District.

It is clear that for the area to move forward as a comprehensive, attractive medical district, existing zoning will have to be addressed in a manner which promotes development in the area as a medical community.

Historic Regulations

Regulations pertaining to historic properties also affect development potential in the Medical District. Portions of the District fall within both a National Register Historic District and a Local Historic District as shown on **Map 7: Historic Districts**.

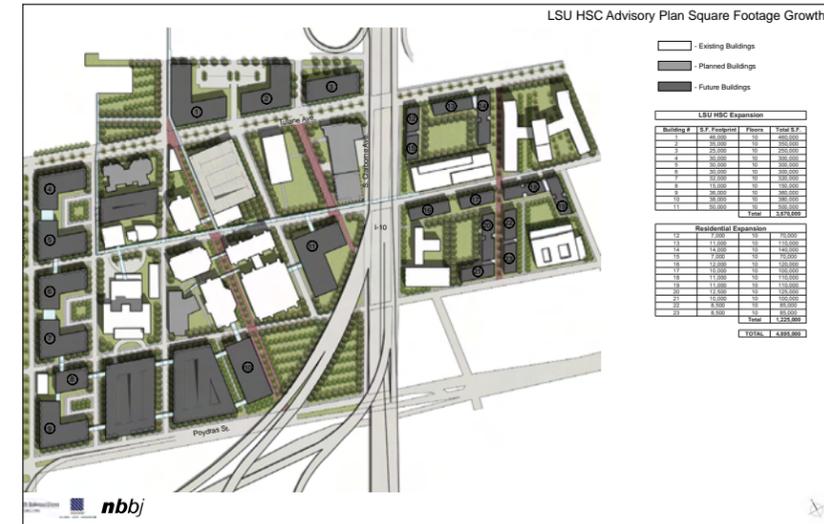
The National Register Historic District (indicated in green) is comprised of the Mid City Historic District. The Mid-City Historic District is a mainly residential urban area approximately two miles long and a half mile wide, generally extending from Bienville Avenue on the north, Derbigny Street on the east, Perdido Street on the south and as far as City Park Avenue on the west. Although the district's building stock represents the period from 1860 to 1943, most historic buildings are post 1900. Section 106 of National Historic Preservation Act (1966) requires all federal agencies to take into account the effects of their actions on properties falling within historic districts. The national Advisory Council on Historic Preservation (ACHP) must be advised of all federal actions and have a reasonable opportunity to comment on how federal agencies are taking historic properties into account in their decisions.

The local historic district indicated by the hatched brown lines constitutes the edge of the Canal Street Historic District. The Canal Street Historic District is bounded by Tchoupitoulas Street and North Peters Street on the east, Iberville Street on the north, South Saratoga Street and Crozat Street on the west and Cleveland Street, Canal Street and Common Street on the south. The Canal Street Historic District falls under the purview of the New Orleans Central Business District Historic Landmarks Commission, which is authorized to regulate, preserve and protect historic districts and landmarks within the Central Business District of New Orleans.

There are several buildings of historical interest within the district, many of which are shown on photos on this page and on other pages within this Chapter. These include the New Orleans Center for Health Careers, the Dixie Brewery, St. Joseph Church, St. Marks Fourth Baptist Church, and the residence at 1800 Canal Street. Several buildings in the older portion of the MCLNO complex on the river side of Claiborne Avenue provide historical examples of art deco architecture, including Charity Hospital and the Delgado School of Nursing.

Currently Planned Improvements

Because of the constraints created by their location in an urban environment, nearly all of the medical institutions in the



An early conceptual plan for the LSU Medical Center.



Rendering of the Louisiana Cancer Research Consortium



New Orleans Bio Innovation Center final concept.

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 7: HISTORIC DISTRICTS

-  National Register
-  Local Historic Districts



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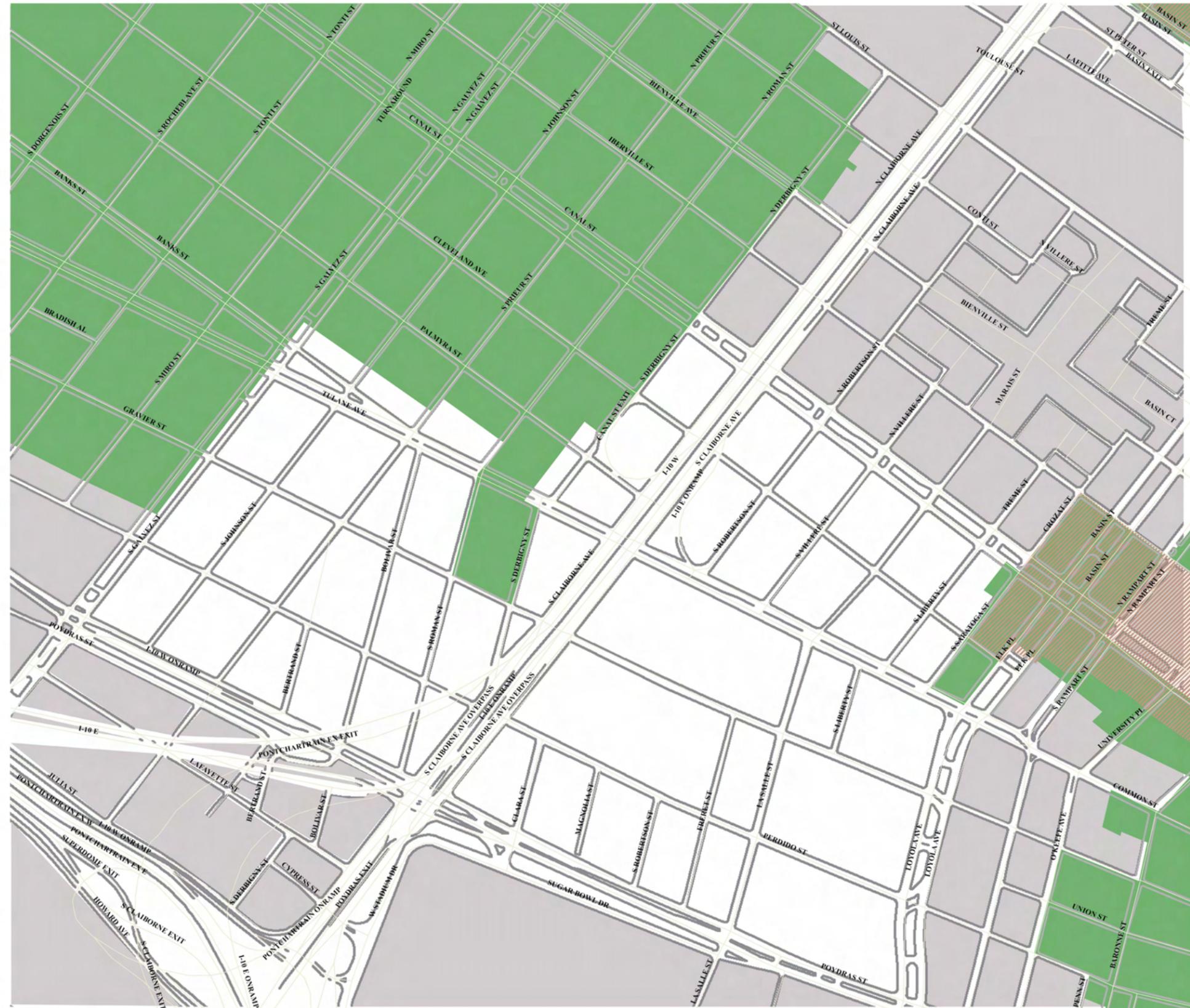
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Source:





Tulane Avenue Corridor



Canal Street Corridor

Medical District have individually planned for ways to meet their future land use needs. **Map 8** shows the current footprint of each institution and highlights planned and conceptual projects.

- **Louisiana State University:** LSU recently completed a plan for expansion of its Health Sciences Center. The plan recognizes funded projects in the area, like the Human Development Center, the School of Public Health and the Louisiana Cancer Research Consortium. In addition, the plan provides options for expanding the Clinical Science Research building and the Medical Education Building, recommends new housing be constructed at and around the former VA and Charity Hospitals, and provides for two new parking garages and a park along Poydras. A number of other sites along Galvez Street and Tulane Avenue are shown for potential future expansion, but no specific use is recommended.
- **Tulane University:** Tulane University has plans for the expansion of its downtown Health Sciences campus. Its primary space needs include educational space, research space and hospital space. Options for expanding educational space include relocating the Medical School administration into the Murphy Building at 131 S. Robertson Street. Research space could come from any number of expansion options, including additions to the J. Bennett Johnston Building, renovations of existing Medical School buildings and/or acquisition of a site or building in the area bounded by Tulane Ave., Claiborne Ave., Canal Street and Elks Place. Hospital expansion could be accomplished by adding onto the existing clinic building, building a new tower on the block where the

current Tidewater Building is, or possibly acquiring a site in the vicinity of the current hospital.

- **Department of Veterans Affairs:** The VA is currently studying redevelopment opportunities for the existing VA Hospital. It is likely that the VA will retain ownership over the site, but allow a long term ground lease so that redevelopment can be facilitated by the private sector. In addition, LSU and the VA have been jointly working on a concept plan for a new MCLNO teaching hospital adjacent to a new VA hospital. At the current moment, it is conceived that the new hospital will be located between Rocheblave Street, Tulane Avenue, Claiborne Avenue and Canal Street, with Galvez Street splitting the land ownership between LSU and the VA. Blocks to the northwest and southeast will contain parking, retail and support services.
- **Delgado Community College:** Delgado Community College owns and operates the Charity School of Nursing in the Medical District. They are currently studying their needs related to constructing a new nursing school. If built, it would be located at the corner of Poydras Street and Claiborne Avenue. The existing Charity School of Nursing building would be used by the College for allied health services.
- **Louisiana Cancer Research Consortium (LCRC):** The LCRC is a research collaborative among LSU, Tulane and Xavier Universities with the goal of creating an NCI designated cancer research, education and treatment resource for the region. The LCRC will be housed in a 10-story building currently under construction at the corner of Tulane and Claiborne Avenues. Phase I is

scheduled to open in 2009. A surface parking lot fronting Gravier Street will reserve space for Phase II.

- **New Orleans BioInnovation Center (NOBIC):** NOBIC will be a wet-lab facility located on the corner of Canal and LaSalle Streets with the goal of assisting companies with the commercialization of biotechnologies coming out of the surrounding Universities. The building, currently under design, is planned to include 65,000 square feet of wet-lab incubator, office and meeting space. It will open in 2009.

There are also a number of developments and projects planned around the edges of the Medical District.

- **Falstaff Brewery:** The Falstaff Brewery is being redeveloped into 174 mixed-income apartments. The ground floor will include commercial space, which could accommodate a brewpub, restaurant or cafe. project is under construction and now leasing.
- **Dixie Brewery:** This building will be sold to the VA and may be redeveloped as part of the VA hospital project, but this will be determined by the VA.
- **New Orleans City Hall Annex:** The former City of New Orleans Annex on Canal Street will be sold to the VA and will be re-used as part of their complex.
- **Rampart Corridor:** The Downtown Development District (DDD) has recently completed a study which encourage the higher-density mixed-income and workforce housing residential redevelopment potential along Rampart Street between Canal Street and Howard Avenue.
- **Canal Street Redevelopments:** The Krauss Building and the Texaco Building on Canal Street between Elks Place and Claiborne Avenue are both in the process of being redeveloped into apartment/condo units.
- **LF Gaubert Site:** Adjacent to the Falstaff Brewery complex, this 5.7 acre site is being constructed with a mixture of affordable and market-rate housing

There are also numerous renovations and rehabilitation of single and two-family housing units occurring around the periphery of the proposed medical district, spurred on by the ongoing redevelopment of larger sites such as Falstaff and the LF Gaubert site.

As can be seen by all of these developments, a definite synergy is occurring and can be built upon for the provision of nearby housing of all types for a vibrant new medical community, provided infrastructure, transportation and zoning considerations are addressed.

TRANSPORTATION SYSTEM

The overall framework of the transportation system in the New Orleans Medical District creates an environment that is oriented

TRANSPORTATION ISSUES

- Lack of marked bicycle routes and amenities (bike racks);
- Lack of internal public transit service or shuttle service;
- Lack of transit-related amenities, which would encourage ridership, such as covered shelters, benches, route signs and route schedules;
- Interior streets are difficult for vehicular travel due to changes in directional flow and cross-sections;
- Pedestrian crossings are missing from primary pedestrian routes throughout the District;
- Several of the main corridors in the District are not living up to their potential:
 - Tulane Avenue acts more like a commuter thoroughfare than the entry way to the Medical District;
 - Claiborne Avenue/I-10 create a physical and psychological edge that prevent travel between the two halves of the District;
 - Development along Canal Street is not supportive of its grand cross-section;
 - Poydras Street loses momentum quickly between Claiborne Avenue/I-10 and Galvez Street;
 - Galvez Street is in dire need of redevelopment to remove blight.
- Overhead walkways have the potential of detracting from street-level activity.



Galvez Street Corridor

to local and regional vehicular travelers, as well as pedestrians and transit users. Six streets set the framework for vehicular transportation – Galvez Street, Loyola Street, Canal Street, Poydras Street, Claiborne Avenue/I-10 and Tulane Avenue. The interior streets of the District and accompanying sidewalks are preferable for pedestrian circulation, which is further enhanced by a private overhead walkway system operated by Tulane University and LSU. Finally, its downtown location also gives the Medical District access to a number of regional bus routes that operate on its perimeter.

While the transportation “bones” of the District are good, the shortcomings of the transportation system are in its details. Some of the District’s main corridors are not reaching their potential, the changing directional flow and cross-section of the interior streets create a confusing travel environment for drivers, and pedestrian, bicyclist and transit amenities have been largely overlooked.

Vehicular Transportation

Types of Roadways

The vehicular transportation system in the Medical District is comprised of a hierarchy of interstates, primary arterials, minor arterials, collectors and local streets, as illustrated on **Map 9: Street Network**. These classifications are based on the land uses the streets are intended to serve and the capacity and speed of vehicular traffic they must carry.

- **Expressways:** Expressways are high capacity, limited access roadways that provide travel between states. I-10 is the only interstate expressway in the Medical District, bisecting it on a northeast/southwest axis. The Pontchartrain



Perdido Street, near University Hospital, suffers from insufficient lane widths and a changing street cross-section

TRANSPORTATION OPPORTUNITIES

- The District is defined by a well-connected system of collector and arterial streets, which make it easy to visualize and traverse by automobile;
- The confusing nature of the interior streets for vehicles has created an environment preferable for pedestrians;
- The overhead walkway system provides additional options for pedestrian circulation through the District;
- The District has excellent regional access created by its proximity to downtown and I-10, its connection to regional streets such as Tulane Avenue and Canal Street, and the bus and streetcar system that operate along its perimeter.

Expressway (U.S. 90) branches off of I-10 just southwest of the District and provides access to the West Bank of the New Orleans region. There are future plans for the Pontchartrain Expressway to be designated as I-49.

- **Primary/Minor Arterials:** Arterials carry high traffic volumes and generally serve regional destinations. Loyola Avenue, Tulane Avenue, Canal Street and portions of Poydras Street are arterials, which generally connect the Medical District to the CBD and Mid-City.

- **Collector Streets:** Collector streets carry moderate traffic volumes and serve neighborhood destinations, in this case major medical facilities. Claiborne Avenue, Galvez Street, and portions of Poydras, Perdido and Gravier Streets are collectors in the Medical District.
- **Local Streets:** Local streets carry the lowest traffic volumes and serve residential and small scale commercial areas. The bulk of the interior streets in the Medical District are local streets.

Main Corridors

As suggested by their functional classification, there are six streets that provide the main vehicular circulation in and around the Medical District. Canal Street, Loyola Avenue, Poydras Street and Galvez Street define the perimeter of the District, while Tulane Avenue and Claiborne Avenue/I-10 bisect the middle of the District, separating it into four quadrants. Each of these corridors has its own sense of place, which provides a unique experience of the Medical District. They are highlighted in white on [Map 10: Circulation System](#).

- **Tulane Avenue:** This corridor acts as the main address for several of the existing medical facilities including the LSU Health Sciences Center, the Tulane University Health Sciences Center, and Charity Hospital. It also provides a connection to Xavier University and the remainder of the GNOBEDD area. The cross-section of the roadway – three travel lanes in each direction with a concrete median and no left turns allowed - seems to be a remnant of its past importance as a primary commuter road (US 61). However, Tulane Avenue must also now be seen in light as the main transportation connector linking newer residential developments along Tulane (the afore-mentioned Falstaff redevelopment, the Preserve and Crescent Club, etc.) to a revitalized Medical District.
- **Claiborne Avenue/I-10:** This corridor plays a dual role in the Medical District. The ground-level Claiborne Avenue (also US 90) functions as a local commuter road, while the elevated Interstate 10 expressway provides regional access. The value of the access provided by I-10 to the District cannot be overstated, yet the built form of the expressway and the land beneath it have an oppressive quality that forms a physical and psychological barrier, dividing the District in two.
- **Canal Street:** As the link to the symbolic center of downtown New Orleans and Mid-City, this street has the spatial feeling of a great outdoor public space. Wide tree-lined

lanes separated by a historic streetcar in the median creates a sense of grandeur. Unfortunately, despite its grand cross-section, the section of the street that passes through the Medical District is lacking the identity of the other sections, with many vacant and under-utilized properties.

- **Poydras Street:** This is a similarly important street which forms the distinct southwest boundary of the Medical District and connects the District to many primary office and government facilities to the southeast. In fact, toward the southeastern edge of the Medical District the Poydras corridor has a very well utilized and efficient grouping of private office high rises, municipal government buildings, and sports/entertainment venues. In contrast, the northwest edge is composed of vacant land and parking lots, and lacks any defining qualities for the District.
- **Loyola Avenue:** This broad avenue forms the eastern edge of the district, separating medical /municipal uses from the high rise office area of the CBD, to the east. Loyola Avenue is a historic mass transit corridor, with the old Southern Railway terminal north of Canal Street and the current main Amtrak/Greyhound terminals at the Union Passenger Terminal, south of Poydras Street. Since the development of the Canal Street Streetcar line, there have been plans to extend a spur line along Loyola Avenue from Canal Street to the Union Passenger Terminal. These plans are still being explored.
- **Galvez Street:** This street forms the current northwest boundary of the Medical District and is the weakest of the six primary corridors in the District. Most properties along the street are in dire need of redevelopment, being comprised of blighted houses and obsolete light industrial and commercial buildings. The area beyond Galvez Street to the northwest consists of both historic, but blighted residential areas and light industrial corridors.

Interior Streets

These main corridors of the Medical District are easily traveled because of their multiple lanes, wide medians and bi-directional flow. Vehicular circulation in the interior of the District is much less clearly defined and can be quite confusing to comprehend for two primary reasons:

First, the directional flow of vehicular traffic is subject to change (sometimes without notice) on these interior streets. [Map 9: Street Network](#) shows the directional flow of the streets in the Medical District and highlights in red locations where streets switch directional flow or change from one-way to two-way streets between

segments. These trouble spots include:

- Johnson Street at the intersection with Perdido Street;
- Prieur Street at the intersection with Perdido Street;
- Roman Street at the intersection with Gravier Street;
- Derbigny Street at the intersection with Gravier Street;
- Derbigny Street at the intersection with Palmyra Street;
- Cleveland Avenue at the intersection with Prieur Street;
- Robertson Street at the intersection with Cleveland Avenue; and
- Perdido Street at the intersection with LaSalle Avenue.

A second factor compounding the difficulty of travel on interior streets in the Medical District is changes to the street cross-section. Cross-section refers to the layout of the street between the curbs and includes the number and width of lanes, medians, and on-street parking. The cross-section of a street can become an issue when it is either substandard or inconsistent with the rest of the street's segments.

- **Substandard cross-sections** are those where the width of the travel lanes, median or parking is insufficient to serve the traffic flow the street is currently designed to carry. These streets present a safety concern. Standard vehicle lane widths should be at least 9 feet wide, preferably 11 or 12 feet. On-street parking should also be at least 9 feet wide to provide adequate space for exiting automobiles. In many instances, the solution to substandard cross-sections is to reduce the number of travel lanes or to remove on-street parking from one side of the street.
- **Inconsistent cross-sections** are those where the number or width of lanes, the location of on-street parking or the existence of a median changes from one segment to another. Inconsistent cross-sections do not present a safety concern, but rather an urban design issue. Changing the layout of a street, aside from at major intersections, impacts the cohesiveness and legibility of the built environment for the driver.

Street segments where current cross-section layout is substandard or inconsistent are shown on [Map 11: Street Cross-Sections](#).

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 10: CIRCULATION SYSTEM

-  PEDESTRIAN CIRCULATION
-  BIKE PATH
-  STREETCAR
-  OVERHEAD WALKS
- BUS ROUTES**
-  100 Algiers Owl Loop
-  16 South Claiborne
-  39 Tulane
-  52 St. Bernard
-  64 Lake Forest Express
-  84 Galvez
-  MAJOR VEHICULAR CIRCULATION



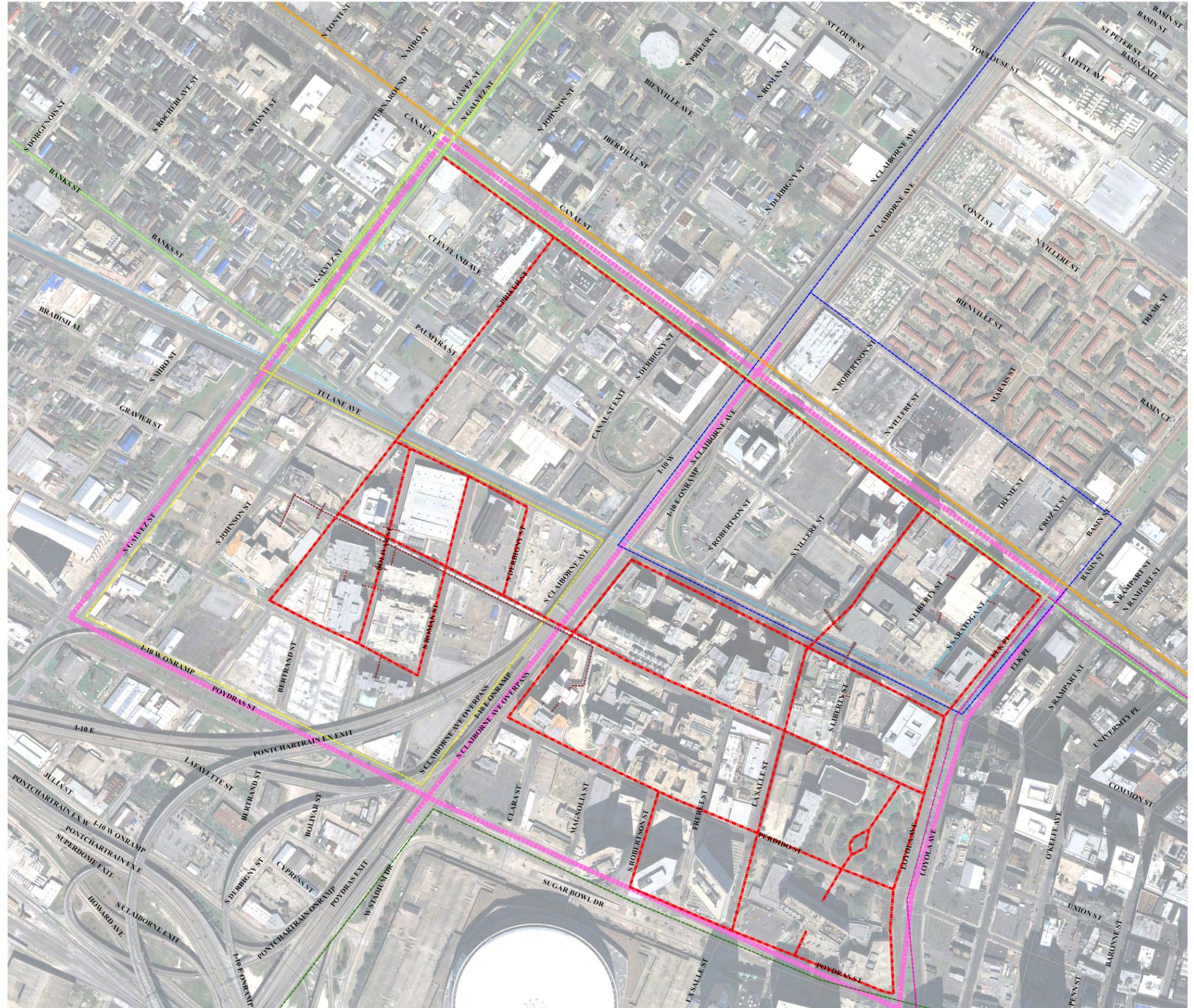
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Date:



Source:





NEW ORLEANS MEDICAL DISTRICT

STRATEGIC INTEGRATION PLAN

Map 11: STREET CROSS SECTIONS

- Substandard Street Cross-Sections:** Those cross-sections where the width of the travel lanes, median or parking is insufficient to serve the traffic flow the street is currently designed to carry. These streets present a safety concern.
- Inconsistent Street Cross-Sections:** Those cross-sections where the number or width of lanes, the location of on-street parking or the existence of a median changes from one segment to another. These streets present an urban design issue.



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Date: August 29, 2007



Source: Vacant land and structures were identified during field surveys by N-Y Associates during December 2006 and January 2007. Common indicators of vacant structures were boarded windows, open or broken windows and doors and other visible signs of lack of occupation.

Pedestrian Travel

Pedestrian travel in the Medical District occurs through the use of sidewalks and overhead walkways that are connected by crosswalks at major street crossings. Sidewalks of varying condition (see Infrastructure, Sidewalks) exist on both sides of nearly all streets in the Medical District. However, most of the pedestrian movement of personnel, visitors and patients occurs on the interior streets, in and around the medical centers, hospitals and the municipal government complex. The primary ground-level pedestrian routes of Medical District are illustrated on **Map 10: Circulation System** and include:

- Tulane Avenue from Loyola Avenue to Claiborne Avenue;
- Gravier Street from Loyola Avenue to Prieur Street;
- Perdido Street from Claiborne Avenue to Loyola Avenue;
- Lasalle Street from Canal Street to Poydras Street;
- Prieur Street from Perdido Street to Canal Street; and
- Bolivar Street from Perdido Street to Tulane Avenue.

Some streets within the Medical District are avoided by pedestrians due to specific conditions which cause them to be unfriendly. Some areas, particularly around temporary parking lots, have no sidewalks, containing only soil and sometimes debris. Certain streets are oriented toward vehicular traffic only, with building facades that do not have any windows or doors. Other pathways pass by the front of vacant and blighted buildings, which present a safety/security issue for pedestrians.

Crosswalks to assist pedestrians in crossing interior streets are difficult to find in the Medical District (See Infrastructure, Crosswalks). Where they do exist, they typically consist of nothing more than striping. There are no ped heads - signals indicating when pedestrians should cross - in the District. Fortunately, since most vehicles travel on the main corridors of the District, pedestrian crossings on the internal streets are not that dangerous. **Map 12: Bicycle and Pedestrian Crashes** shows the location of vehicle-pedestrian and vehicle-bicycle crashes in the Medical District from 1999-2002. Note that the majority of crashes occurred at the interface of the interior, pedestrian routes and the perimeter, vehicular routes.

Overhead walkways round out the pedestrian transportation system in the Medical District. Both LSU and Tulane University have invested in a system of overhead walkways that provide uninterrupted circulation among the various building of the university fa-

cilities. LSU's system connects University Hospital at Prieur and Gravier Streets to the Delgado School of Nursing at Claiborne Avenue. Gravier Street serves as the spine of this system. Tulane's system connects the parking garages at Elks Place and Canal Street to the other parking garages at LaSalle and Perdido Streets, passing through all the health care and teaching buildings along the way. The overhead walkways are an added benefit to the pedestrian circulation system in the Medical District, but also have the potential to contribute to disinvestment in the pedestrian realm at street level. Strategic placement and/or limiting use to medical center staff, patients and personnel should be required of any further overhead walkway development.

Bicycle Travel

There are no facilities or amenities in the Medical district that currently support bicycle usage. Bicyclists currently travel with traffic on roadways to get to and around the District. With the new nearby residential developments, this could be greatly improved, enhancing the competitive advantage of the District in attracting companies and workers and improving the overall quality of life in the area.

Transit

As illustrated by **Map 10: Circulation System**, the New Orleans Medical District is well served by regional transit, particularly at its edges, because of its proximity to the CBD. Canal Street, Claiborne Avenue and Loyola Avenue/Elks Place are main circulation routes and transfer points for buses on their way into and out of downtown. Additionally, the Canal Street streetcar runs the length of Canal Street, connecting the District to the CBD, the French Quarter and Mid-City.

Transit circulation on the interior streets of the Medical District is less optimal. Route 39: Tulane Avenue provides the only northwest/southeast public transportation through the heart of the District. Prior to Hurricane Katrina there were also southwest/northeast bus routes along Claiborne and Galvez; currently there are no routes (other than those previously mentioned along Loyola Avenue) that transect the District from southwest to northeast. To supplement public transit, some of the private health care institutions provide private shuttle service to their facilities in the District.

In addition to poor internal circulation, transit ridership in the District suffers from a lack of transit-related amenities. Transit stops (see Infrastructure, Transit Stops) throughout are not well marked and provide minimal amenities, such as covered waiting shelters, benches, route indicators and route schedules.



Liberty Street is an example of a street in the Medical District that requires extensive repair work.



Well-maintained sidewalks of unique paving create an excellent pedestrian pathway in front of office towers on Poydras



Damaged directional signage in front of Charity Hospital

INFRASTRUCTURE OPPORTUNITIES

- Street surfaces and sidewalks are generally in fair condition;
- High quality open space and tree plantings around medical centers and Poydras office towers can serve as a basis for new open space standards;
- The capacity of the electrical system in the Medical District is good; further, redundancy in the system southeast of Claiborne Avenue/I-10 creates a more dependable environment for institutional and business uses;
- District-wide thermal energy plant has the capacity to handle additional demand;
- The water distribution system is thought to be in reasonably good condition; and
- Large box culverts provide adequate drainage capacity to the District.

Currently Planned Improvements

The City of New Orleans and the metropolitan region have planned for a handful of improvements to the transportation system in the Medical District. The *New Orleans Bicycle Master Plan* recommends Canal and Banks Streets to be configured to provide access for bicycle lanes and amenities. In addition, the region's long term transportation plan, *Metropolitan Transportation Plan 2032*, envisions several other projects. These include:

- Resurfacing of Poydras Street between Claiborne and Broad, to be done as part of a requested post-Katrina FHWA Emergency relief funding for hurricane damaged road;
- Streetscape Improvements to Claiborne Avenue, scheduled for Fiscal Year 2011;
- Signal improvements to Claiborne Avenue and Tulane Avenue; and
- Improved connectivity between Canal Street streetcar and the rest of the RTA transit system.

Other projects to improve the transportation system in the



Live oak trees provide shade - and character - along Canal Street

GNOBEDD area that would benefit the Medical District include:

- The DDD's Canal Street Streetscape Project, which was completed in 2007.
- Construction of a greenway and bicycle/pedestrian pathway along the Lafitte Corridor.

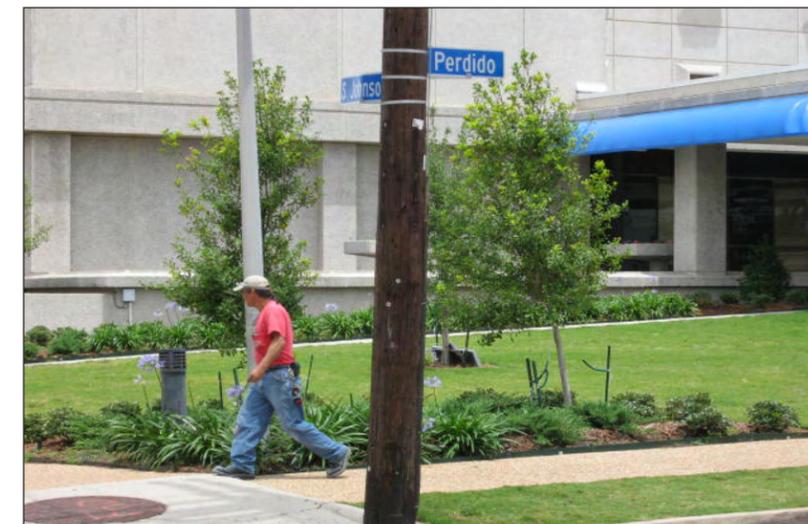
PHYSICAL INFRASTRUCTURE

Physical infrastructure refers to the components of the built environment in the Medical District that support existing and future growth. It includes elements of the transportation system, signage, open space, and utilities.

In general, the physical infrastructure of the Medical District needs to be upgraded. The transportation network is probably in the best physical condition; most streets and sidewalks are in fair conditions with only a few segments in need of extensive repair. The overall transportation network provides excellent access and circulation both internally as well as to and from the district. However, what the transportation network has in utility it lacks in attractiveness, particularly for pedestrians and bicyclists

Streets

Streets in the Medical District are mostly constructed of asphalt with concrete curbing. Their physical condition is largely "fair" or "good," requiring minimal to no repairs or resurfacing. However, there are a few street blocks on Galvez Street (between Tulane Avenue and Palmyra) and Poydras Street (between



Intentional greenspace in front of University Hospital is not sizable, but contributes to a sense of investment in the District

Claiborne Avenue and Galvez Street) that are in poor condition and would require extensive repairs. **Map 13: Street Condition** displays the condition of District streets. The current street network works well for both pedestrian and vehicular access.

Sidewalks

Overall, the condition of the sidewalks in the Medical District is fair. Nearly all streets in the District have sidewalks of varying condition on both sides of the street. Twenty percent of the sidewalks need large scale improvements – 11% of these sidewalks are incomplete, another 9% are complete but in poor condition. These are mostly found northwest of Claiborne Avenue/I-10. The remaining 80% of sidewalks are in satisfactory condition, with over half considered to be in good or excellent condition. Sidewalk condition is shown on **Map 14: Sidewalk Condition**. While most of the sidewalks in are good or satisfactory physical condition, they lack the landscaping, shade and overall aesthetics that make them inviting to pedestrians walking the district.

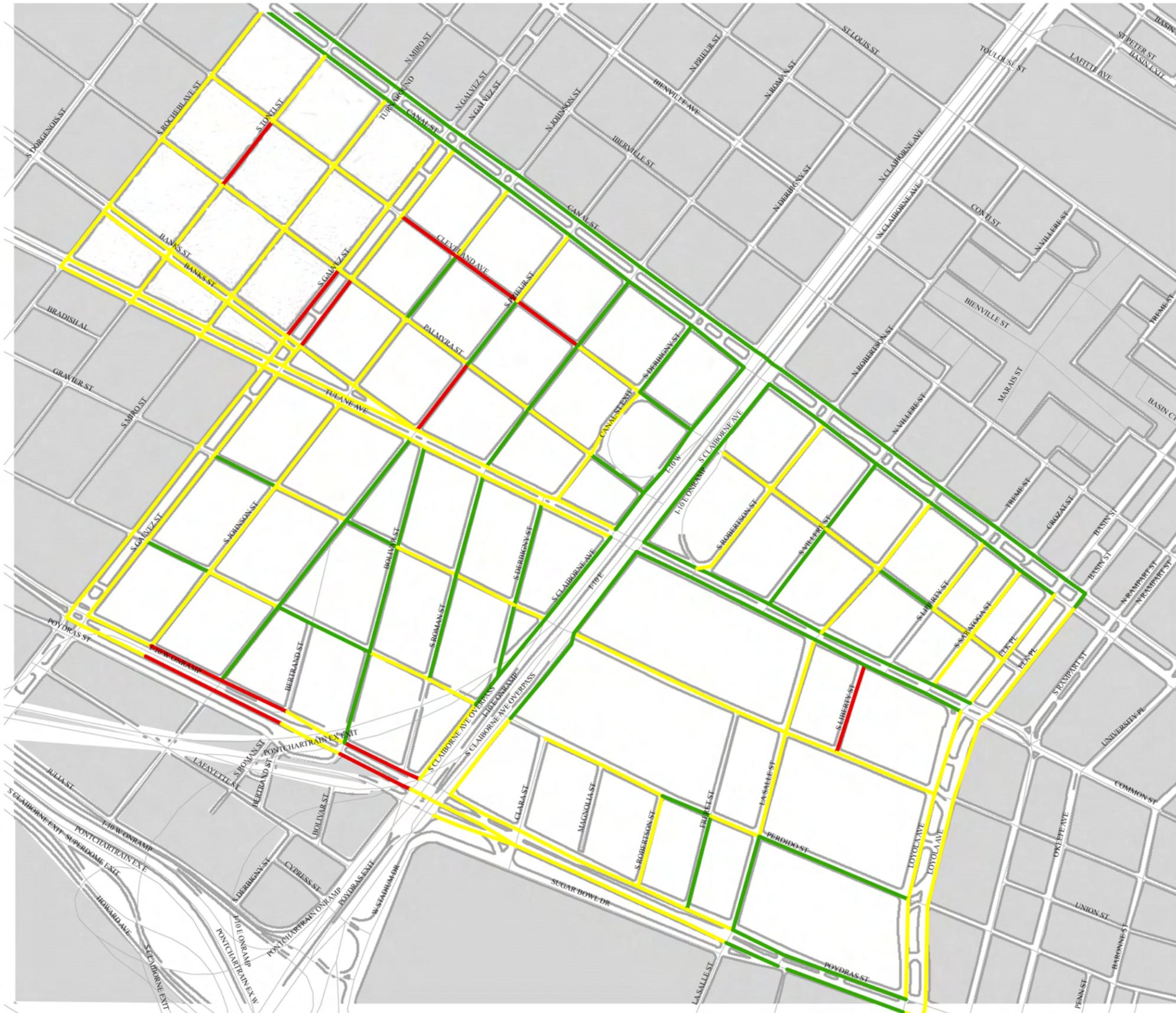
Crosswalks

Crosswalks are intermittent in the Medical District. Southeast of Claiborne Avenue/I-10 there are crosswalks at nearly every intersection. Most of the crosswalks are in decent condition, but could use restriping to improve their visibility to motorists. There are a handful of crosswalks where the white striping is barely visible on the pavement; these should be the highest priority for repairs. Northeast of Claiborne Avenue/I-10 there are notably fewer crosswalks. Those that exist are typically in fair to poor condition. Crosswalk condition is shown on **Map 15:**

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 13: STREET CONDITION

- Poor
- Fair
- Good



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Date: August 29, 2007



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Mathes Brierre ARCHITECTS Essential Environmental Engineering, Inc.

Source: Vacant land and structures were identified during field surveys by N-Y Associates during December 2006 and January 2007. Common indicators of vacant structures were boarded windows, open or broken windows and doors and other visible signs of lack of occupation.

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 14: SIDEWALK CONDITION

Sidewalk Condition

- No Data
- No Sidewalk
- Partial Sidewalk in Poor Condition
Partial sidewalks are those that are not continuous for the entire street segment. All sidewalks that are not complete are considered to be in "poor" condition.
- Completed Sidewalk in Poor Condition
Completed sidewalks are continuous for the entire street segment. Sidewalks in "poor" condition have numerous cracks, holes or other deficiencies that create an unsafe and uninviting environment for the pedestrian.
- Completed Sidewalk in Fair Condition
Completed sidewalks are continuous for the entire street segment. Sidewalks in "fair" condition have minor cracks or holes, but overall provide a satisfactory pedestrian environment.
- Completed Sidewalk in Good Condition
Completed sidewalks are continuous for the entire street segment. Sidewalks in "good" condition have no cracks or holes and provide a safe and inviting pedestrian environment.
- Completed Sidewalk in Excellent Condition
Completed sidewalks are continuous for the entire street segment. Sidewalks in "excellent" condition incorporate unique design features, such as textured paving or extra width, that make them exceptional environment for pedestrians.



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NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 15: CROSSWALK CONDITION

- Satisfactory Condition -
Striping on pavement is easily visible.
- Fair Condition -
Striping on pavement is visible in most places,
but could be touched up
- Poor Condition -
Striping on the pavement is barely visible;
restriping is necessary



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Source: Vacant land and structures were identified during field surveys by N-Y Associates during December 2006 and January 2007. Common indicators of vacant structures were boarded windows, open or broken windows and doors and other visible signs of lack of occupation.



INFRASTRUCTURE ISSUES

- Pedestrian crossings are intermittent and of basic design; many need restriping;
- Transit stops are not well marked and do not contain amenities that would encourage transit ridership;
- The District lacks gateway and wayfinding signage that would help to establish presence in and a route for passage through it;
- Existing identity signage, directional signage, green space and paved pedestrian areas lack consistency in design, creating a haphazard appearance;
- The District lacks pedestrian scale lighting along streets and in public open space;
- There is a large amount of low-quality open space (parking lots, vacant lots and private yards) in the half of the District northwest of Claiborne Avenue/I-10;
- Major above ground electrical transmission lines located in the area bounded by Galvez Street, Claiborne Avenue/I-10, Canal Street and Tulane Avenue will have to be relocated if major medical expansion is to occur in the area;
- Abandoned SWB feeder lines may need to be removed before new construction;
- The utilization pressure steel and cast-iron gas lines in the Medical District may contain water and have corrosion due to saltwater intrusion following Hurricane Katrina. Until the lines are replaced, gas service in the District may be unreliable; and
- Several projects, including a new pump station, are needed to bring the sewer system in the Medical District up to capacity. These projects are currently on hold.

Crosswalk Condition. It should be noted that none of the crosswalks in the Medical District have enhanced pedestrian crossing features, such as ped-heads or textured pavement.



Cobra-head light fixtures are the primary type of street lighting in the Medical District. New lighting standards and designs may be needed.

Transit Stops

Transit stops in the Medical District are not well marked or designed for user comfort. Most stops in the Medical District are marked only by a sign; many signs do not indicate the bus route that will stop there. Only two of the sixteen transit stops identified in the District provided a covered shelter and/or bench to make the transit users wait time more enjoyable. Transit stops are identified on [Map 10: Circulation System](#).

Traffic Signals

Traffic signalization in the Medical District consists of stop signs and lights. For the most part, traffic lights are found at intersections of arterial streets and stop signs control traffic operation along local and collector streets. The location of these traffic signals is shown on [Map 16: Signalization](#). It should be noted that none of the traffic signals in the district include pedestrian crossing signals, which hampers movement for pedestrians within the district.

Signage

In addition to traffic control signage, there are currently two other types of signage in the Medical District - identity signage that identifies the name or function of a building and directional signage that helps people navigate to specific destinations throughout the District. The locations of these signs are shown on [Map 17: Wayfinding & Signage](#).



Above grade primary distribution lines run along Prieur Street. Utility lines can be run underground in some cases.

Identity Signage

The existing identity signage in the District is generally located at building and parking lot entrances. While most buildings with some public access function are identified by name, in many cases there is little indication of the kind of activities being conducted within. Additionally, there is generally no coordination of sign type, design, size, placement, or font among the various identity signs.

Directional Signage

There are a limited number of directional signs in the District, most indicating the directions to parking lot entrances, which are installed in front of private parking lots and garages. The few health care facility directional signs present are inadequate in that they do not have additional signs along pathways to allow visitors to follow a continual route to their intended destination. Many directional signs in the district are damaged and need to be replaced or incorporated into a new system.

Missing from the Medical District is gateway identity signage around the perimeter of the District, which would create an awareness of its boundaries and welcome visitors into the area. There is also no overall wayfinding system in the Medical District, which would provide a visitor with a consistent and comprehensive method for understanding the location of institutions and facilities in the District.

Open Space and Trees

Open space and trees are another type of physical asset in the

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 16: SIGNALIZATION

-  STOP SIGN
-  TRAFFIC LIGHT
- Indicates the direction the signal is facing



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Source: Fieldwork by N-Y Associates in December 2006 and January 2007. Number of structured parking spaces from "Site and Facility Master Plan for consolidation of Charity and University Hospital," completed by NBBJ Architects and Adams Management in 2003.



NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

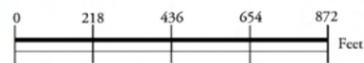
Map 17: WAYFINDING AND SIGNAGE

SYMBOLS

- IDENTITY SIGNS
- ▽ DIRECTIONAL SIGNS
- BUILDING PEDESTRIAN ENTRANCES
- VEHICLE PARKING ENTRANCES

SIGNAGE DESIGNATION

- MEDICAL CENTER OF LA/CHARITY HOSPITAL
- LSU MEDICAL CENTER
- TULANE UNIVERSITY MEDICAL CENTER
- VA MEDICAL CENTER
- PUBLIC/GOVERNMENTAL FACILITIES
- PRIVATE COMMERCIAL BUILDINGS
- PUBLIC PARKING LOTS/GARAGES
- STREET SIGNS



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Essential Environmental Engineering, Inc.

Source:



Medical District that impact the quality and function of the built environment.

Open Space

Open space in the Medical District falls into two main categories – intentional, higher-quality (useable) open space and utilitarian, lower quality (unuseable) open space. The intentional open space is located primarily southeast of Claiborne Avenue/I-10 and consists of green space and paved pedestrian areas. The utilitarian, lower quality open space is most located northwest of Claiborne and consists of parking lots, private yards, service areas and vacant lots. Both types of open space are shown on **Map 18: Open Space and Trees** and are discussed in further detail below.

- **Green Space:** Green space is one of the intentional and higher-quality types of open space in the Medical District. It is found primarily around the large building structures associated with LSU, Tulane, and the VA and includes plantings and pedestrian amenities, such as benches, light bollards and fences. Unfortunately no consistent vision has been employed in the selection of these amenities, resulting in a haphazard mix of elements which have accumulated over time. Duncan Plaza, located at the municipal government complex on Loyola Avenue, is the largest green space in the District. While the park is fairly attractive, the space is rarely used by people, suggesting the need for a redesign. There is also an inadequate amount of lighting and security amenities in the green space throughout the District.
- **Paved Pedestrian Areas:** Paved pedestrian areas are the second type of high-quality open space in the Medical District. Like green space, paved pedestrian areas are found mostly around the core campus areas for Tulane University and LSU, as well as some of the office buildings on Poydras Street. Amenities in paved pedestrian areas include special paving, street trees, occasional seating, and some lighting. Again, there is little consistency in the vision employed in the design of paved pedestrian areas across the District.
- **Private Yards and Service Areas:** Private yards and service areas fall into the more utilitarian category of open space. In the Medical District, private yards associated with residential uses are concentrated northwest of Claiborne Avenue/I-10. Southeast of Claiborne Avenue/I-10, service areas, such as loading docks, waste disposal storage yards, power generation or transformer yards, and service vehicle parking, predominate. Both of these are necessary uses which are appropriately separated from the public open space; however because of their functional nature they are

also the most difficult types of open space to transform, barring large scale redevelopment.

- **Public Surface Parking Lots:** Surface parking lots are lower-quality open space. Much of the land surrounding the Claiborne Avenue corridor and the upper stretch of Poydras Street is occupied by unorganized surface parking, some surrounded by rusty chain-link fencing, others without any curbs or circulation controls. The condition of these lots, and the lack of landscaping or other aesthetic treatments results in an unpleasant character for these areas.
- **Vacant Lots:** Vacant lots are, perhaps, the least valuable form of open space in the Medical District. The area northwest of Claiborne Avenue/I-10 has numerous lots and portions of blocks with fallow land due to properties destroyed by fire, stalled redevelopment plans, or lack of interest from land owners. The presence of these properties contributes to an atmosphere of disinvestment that certainly influences one’s impression of the area’s viability.

Trees

Street trees are a commodity in the Medical District, as it is a very urban environment. Valuable shade trees, including Live Oak Trees and newly planted Madjool Date Palms, are located at Duncan Plaza at City Hall, the area surrounding the New Orleans Public Library and the former State Supreme Court, and the road rights-of-way along Canal Street and Galvez Avenue. Other well-established plantings in the District include:

- Chinese Elms surrounding the Tulane University Health Sciences Center;
- Cabbage Palms on the Tulane Avenue median in front of Charity Hospital;
- Red Oaks surrounding the parking garage structures near Perdido Street; and
- Willow Oaks planted within the LSU Medical Center area.

However, these tree plantings represent only small portions of the District as a whole. Particularly on the lake side of I-10/Claiborne, there is a dearth of street trees and trees on green paces of public property.

Open Space Conclusions and Challenges

There is little well-thought out and/or planned outdoor gathering and activity spaces in the District. The lack of such places magni-

fies the unattractiveness of the District. Useable open space and green spaces, as well as attractive, tree-lined roadways would go a long way towards creating a vibrant, walkable dynamic District.”

Street Lighting

The majority of the street lighting in the Medical District is cobra-head fixtures mounted on utility poles. They are typically spaced every 80 to 120 feet. Cobra-head fixtures are intended to light the roadway for vehicles; they are not appropriate for pedestrian-scale environments. Historic-style light fixtures are found along Canal Street. While more pedestrian-oriented in design, their height and location suggests they too are intended to light the way for vehicular travel. Overall, while lighting in the district is effective in a utilitarian and safety sense, there is little to that creates an inviting pedestrian-scale environment and little if any differentiates the District from any other areas of the city

Electrical Distribution

There are three electrical systems present in the New Orleans Medical District. Two are operated by Entergy - the primary electrical generation system, shown on **Map 19**, and Entergy’s supplemental Central Business District (CBD) network, shown on **Map 20**. The third is operated by the Sewerage and Water Board and displayed on **Map 21**.

Entergy’s Primary Electrical System

The primary electrical generation system is extensive with underground and above grade power lines providing single phase, two phase and three phase electrical power. Above-grade primary distribution lines are found in the north quadrant of the Medical District, bounded by Canal Street, Tulane Avenue, Claiborne Avenue and Galvez Street where medically-related expansion is likely to occur. Here the main lines run:

- Northwest to southeast on Cleveland Street; and
- Southwest to northeast on Roman, Prieur, Johnson and Galvez Streets.

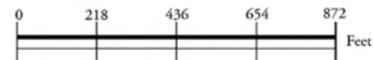
In the other areas of the Medical District, primary distribution lines appear to be underground.

The primary electrical system in the Medical District has the

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 18: EXISTING GREEN SPACE AND OPEN SPACE

-  GREEN SPACE
-  PUBLIC SURFACE PARKING LOTS
-  PRIVATE YARDS / SERVICE AREAS
-  VACANT LOTS
-  PAVED PEDESTRIAN AREAS
-  EXISTING TREES
-  EXISTING BUILDINGS



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Map 20: ENERGY ELECTRICAL DISTRIBUTION CBD NETWORK

- Subsurface Vaults With Transformers
- Manholes
- Network Transmission Lines



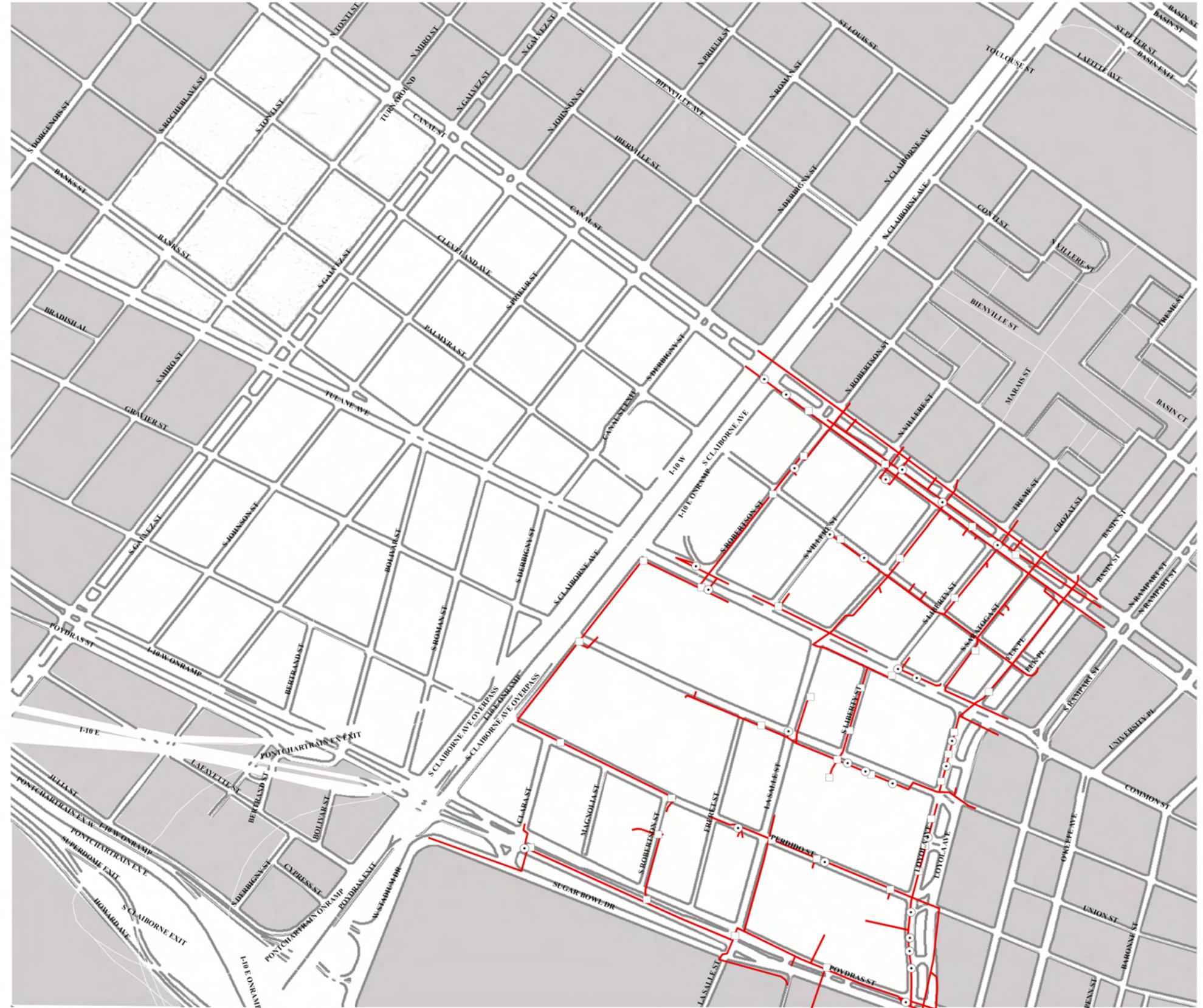
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Entergy's governor station, LP 14, from Perdido Street



Entergy Thermal's chill water plant and 600 space parking garage is located on a site owned by NORMC



Chill water and steam from the thermal plants are piped along overhead walkways in some parts of the District

capacity to satisfactorily handle the current demand, as well as new growth.

Entergy's CBD Network

In addition to the primary distribution system, Entergy operates a supplemental network which supplies power to the CBD and French Quarter areas and is largely an underground system. The portion of the Medical District southeast of Claiborne Avenue/I-10 is located in this network. The network has a greater level of redundancy and interconnectivity than the primary distribution system, such that if a transformer in one area of the network malfunctions power can be supplied to this area from another transformer in the network.

Sewerage and Water Board Electrical System

The Sewerage and Water Board of New Orleans (SWB) has historically maintained an electrical generation and distribution system that produces 25 cycle electricity (as compared to Entergy's network provides 60 cycle electricity). This power source is intended as backup power for some SWB equipment operations and serves as the primary power supply for some drainage pump operations.

There are two SWB electrical feeders located in the Medical District.

- **Feeder 150** is in service and is 660 volts. It includes an underground cable that traverses Galvez and Palmyra Streets.
- **Feeder 21** is located along Claiborne Avenue, Palmyra and Robertson Streets. It has been out of service since the early 1970's due to the construction of the Superdome over top of it. For the purposes of future development in the Medical District, Feeder 21 can be considered abandoned and will not be re-energized. However, the cable and other subsurface structures have not been removed and could be encountered if construction occurs in this area.

Gas Distribution

Map 22 displays the Medical District's extensive natural gas distribution system provided by Entergy. There are two main features of this system. The first is a 20-inch high pressure gas line that enters the CBD near the Superdome. It is routed to a governor station (LP14) in the Medical District between Clara and Robertson Street, where the high pressure gas (80 psi) is reduced to utilization pressure (0.25 psi). This station is the primary pressure regulator for the utilization pressure



Poydras Street, known as having some of the worst pavement conditions in the Medical District, is schedule for an overlay between 2011 and 2016

system. However, there are booster stations throughout to help control pressure. The other major high pressure gas line is an 8-inch steel line that traverses Tulane Avenue throughout the Medical District. This 8-inch high pressure line branches off Tulane Avenue at Claiborne Avenue to connect to the old Charity Hospital by way of Gravier Street and back to Poydras Street and the Superdome via LaSalle Street.

Saltwater intrusion caused by flooding associated with Hurricane Katrina caused significant damage to the gas system in the Medical District and elsewhere. Until the corroded pipes are replaced (see Infrastructure, Planned Improvements), gas service in the Medical District may not be reliable.

Thermal Energy

The Medical District is also home to a thermal energy plant and distribution system, which is used to heat and cool buildings throughout the District, including Tulane Medical School, LSU Health Sciences Center, Charity and University Hospitals, the VA Hospital and Delgado Charity School of Nursing. The plant produces chill water and steam which is transported to participating buildings via underground and overhead pipes (attached to the elevated walkway) along Gravier Street, as shown on **Map 23**: Chill Water System. The plant is operated by Entergy Thermal, LLC and consists of the steam generation facility in the block bounded by Gravier, Perdido, Freret and LaSalle Streets and a 600 space parking garage with the cool water chillers atop of it along Perdido Street.

The chill water system is currently capable of providing 22,000 tons of cooling capacity; additional cooling capacity can be gained by using ice produced during off-peak hours to as-

sist in chilling water during business hours and/or adding more chillers. Present demand for chill water in the District is 12,000 tons, which is surprisingly close to pre-Katrina levels. While some clients, like Charity Hospital have been lost after the storm, other clients, like the VA Hospital, have been added, which has equalized the demand. The steam plant is designed to provide 120,000 pounds of steam per hour at a pressure of 220 psi. Actual peak load has been approximately 40,000 pounds per hour.

With respect to both chilled water and steam, the thermal system currently has available capacity. It is intended that capacity can and will be expanded as the District grows.

Water Distribution System

The Medical District has an extensive network for water distribution operated by the SWB. As [Map 24](#) illustrates, underground water lines, 4 to 8-inches in diameter, are located along most streets. Larger lines (12 to 36-inches in diameter) fall under Canal Street, Loyola Avenue/Elks Place, Poydras Street, Claiborne Avenue/I-10, and Gravier Street. The water supply for these lines is generated from the Mississippi River and is treated at the Carrollton Water Treatment Plant on the Eastbank of New Orleans.

Prior to Hurricane Katrina, a new main was installed on Earhart Boulevard, where it ties into Claiborne Avenue on the District's southwestern boundary. The District is also well served by transmission lines and the SWB has indicated that a number of repairs were made to the distribution in this area post-Katrina. Therefore, the SWB does not anticipate the new development placing a strain on the existing system. However, due to the critical nature of hospital facilities, redundancy for fire sprinkler systems and a major catastrophic outage of the Carrollton Water Treatment Plant may need to be evaluated by the Medical District developer institutions.

Sewer Collection System

The sewer collection system, also operated by the SWB, is shown on [Map 25](#). Most sewer lines in the New Orleans Medical District are between 6 and 10-inches in diameter. However, there are several larger sewer mains, such as the 42 and 48-inch main along Galvez, a 69-inch main along Claiborne (known as the Clara Street Trunk Line), and a 62 to 66-inch main along South Robertson north of Tulane Avenue.

The Medical District is split between two different sewer basins

– the Mid-City basin and the French Quarter/ Central Business District (FQ/CBD) basin. The portion of the District located in the Mid-City basin is primarily located on the northwestern side of Claiborne Avenue/I-10 and is served by Sewer Pump Station (SPS) 15. The remainder of the Medical District falls in the FQ/CBD basin and is served by one of the largest sewer pumping stations in New Orleans, SPS A. The SPS 15 transfers raw sewage to SPS A via the Galvez sewer main and SPS A transfers raw sewage to the Eastbank Sewage Treatment Plant located on Florida Avenue.

The sewer system in New Orleans has many issues. Prior to Hurricane Katrina, the SWB was mandated by the Environmental Protection Agency (EPA) and the Department of Justice to make improvements to the sewer collection system in order to bring it into compliance with the Clean Water Act. Three improvements were planned for the Medical District (see Infrastructure, Planned Improvements) to increase sewer capacity in anticipation of significant new development. Progress on these improvements is currently in force majeure due to Hurricane Katrina while the SWB renegotiates the mandated deadlines and scope of work with the Department of Justice and the EPA. Until the sewer improvements are made, sewer capacity in the Medical District will remain a potential issue for new development.

Drainage System

The SWB maintains drainage culverts 36 inches and larger that collect and pump stormwater into Lake Pontchartrain via twenty-two drainage pump stations located throughout the City of New Orleans. Stormwater does not gravity flow to outfalls and must be mechanically pumped because large portions of New Orleans are below sea level. The City of New Orleans Department of Public Works (DPW) maintains drainage lines smaller than 36 inches.

As illustrated on [Map 26](#), in the Medical District there are three large scale drainage collection systems that provide drainage capacity. They are located on Galvez Street, Claiborne Avenue and Loyola Avenue/ Elks Place and range from 7 to 14 feet in size. The Galvez Street box culvert is supported by piles and due to subsidence of the ground surface the culvert protrudes from the ground surface. During a storm event localized street flooding has been reported by Medical District tenants and other familiar with the area. The SWB has indicated that these current drainage culverts (>36") are adequate to handle drainage from an urban environment, such as the proposed Medical District. During redevelopment, the street level drainage lines (<36") in this area must be evaluated and redesigned as neces-

sary to establish building elevations relative to current base flood elevations and the elevation of intake to the Galvez Street culvert to prevent localized flooding.

Telecommunications

Telecommunications conduits and major ducts owned by AT&T are located in the Medical District to provide voice and data communications. These conduits and ducts include buried copper and fiber optic cables and are primarily located along northwest - southeast streets such as Cleveland Avenue, Tulane Avenue, Gravier Street, Perdido Street and Poydras Street, as displayed on [Map 27](#).

The Louisiana Optic Network Initiative is a state of the art fiber optic network that connects Louisiana's major universities to one another. LSU, Tulane University and the University of New Orleans are all connected to this network.

Currently Planned Improvements

The age of the infrastructure in the Medical District, along with the impacts of Hurricane Katrina, has created the need for a number of infrastructure improvements. Planned improvements include:

Streets: According to the region's Transportation Improvement Plan, Poydras Street, between Claiborne and Broad, is scheduled for an overlay (repaving and repair of curb and gutter) sometime between 2011 and 2016.

Gas Distribution: Entergy Gas plans to replace the utilization pressure steel and cast iron piping system in New Orleans over a ten year period, due to corrosion caused by saltwater associated with the flooding following Hurricane Katrina. Because of the extensive amount of steel and cast iron piping at utilization pressure in the Medical District, significant construction activity can be expected.

Sewer Collection System: Three sewer improvement projects were planned in the Medical District prior to Hurricane Katrina as part of the Sewer System Evaluation and Rehabilitation Program (SSERP). These are currently subject to the pending renegotiation of the schedule and scope of work between SWB and EPA.

- Reconstruction of Pump Station No. 15 – The replacement pump station would transmit flow directly to the Eastbank Treatment Plant and would no longer utilize needed capac-

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 24: WATER DISTRIBUTION SEWERAGE AND WATER BOARD

- 2 - 8 inch water lines
- 9 - 16 inch water lines
- 17 - 24 inch water lines
- 25 - 36 inch water lines



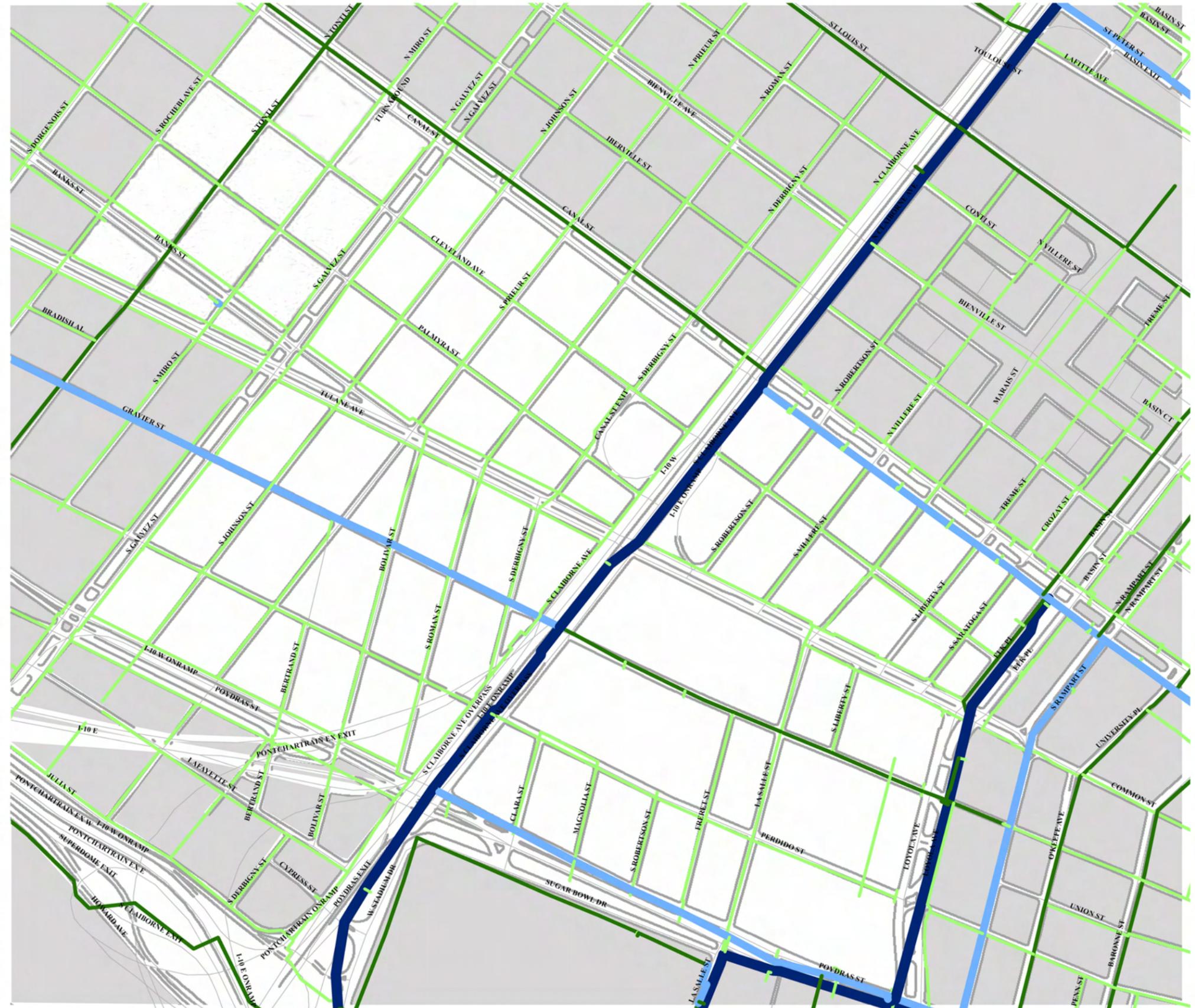
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Map 26: DRAINAGE COLLECTION SEWERAGE AND WATER BOARD

- 3.3 - 5 foot wide culvert/canal
- 6 - 8.5 foot wide culvert/canal
- 8.6 - 13 foot wide canal
- 14 - 20 foot wide canal
- 21 - 25 foot wide canal



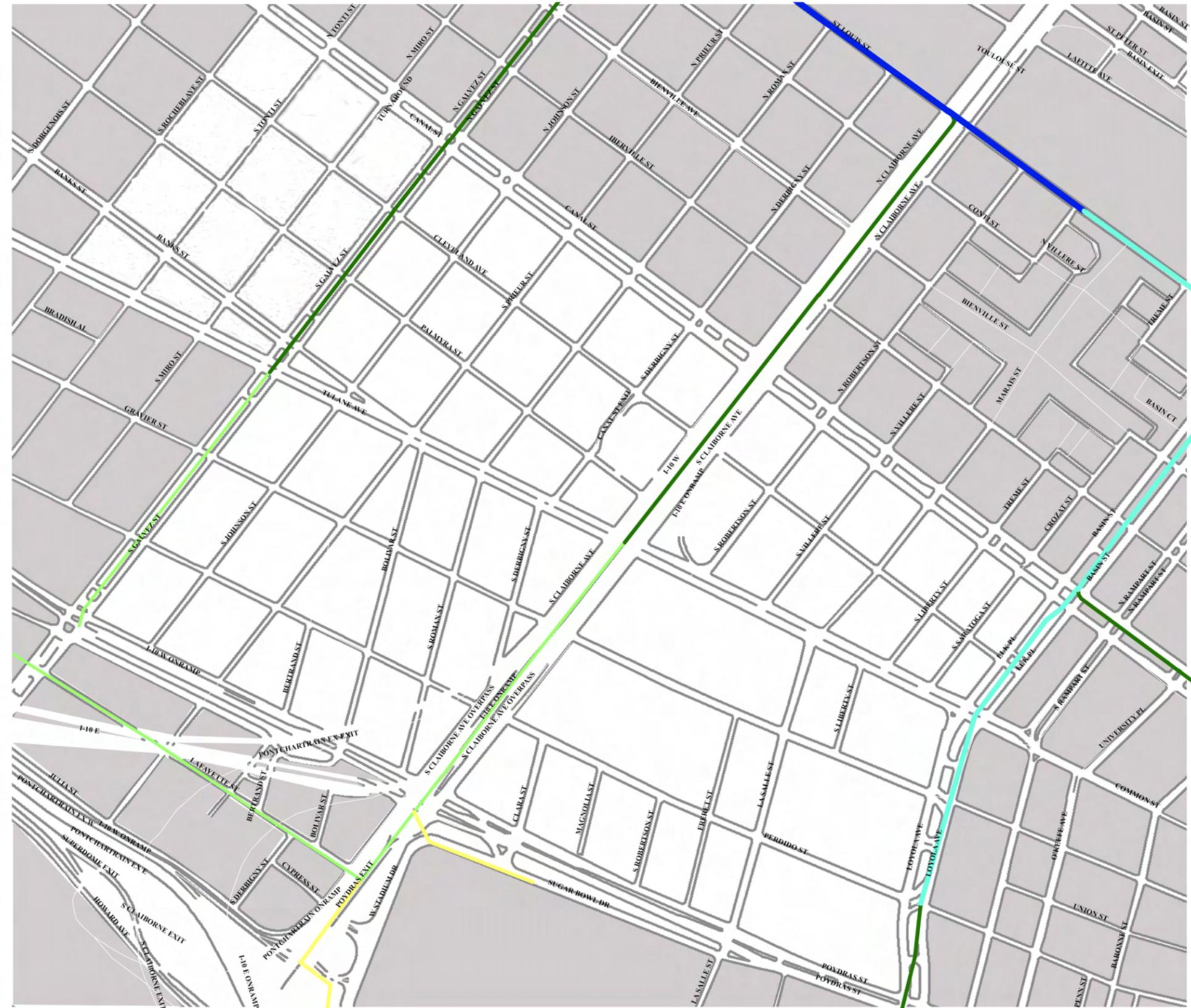
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NEW ORLEANS MEDICAL DISTRICT

STRATEGIC INTEGRATION PLAN

Map 27: TELECOMMUNICATIONS AT&T

— AT&T LINES



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Source: Fieldwork by N-Y Associates in December 2006 and January 2007. Number of structured parking spaces from "Site and Facility Master Plan for consolidation of Charity and University Hospital," completed by NBBJ Architects and Adams Management in 2003.

ity to re-pump flow from SPS 6. Prior to Hurricane Katrina, construction was to be completed in 2008

- New Medical Center SPS – This project consisted of a new pump station to be located in the Medical District in the vicinity of Saratoga and Loyola/Elk Place near Canal Street. The exact location of the pump station was to be determined in design. The new SPS was to be constructed to provide relief to the sewer system in anticipation of significant development and expansion in the Medical District area. Prior to Hurricane Katrina, construction was to be completed in 2009.
- New Force Main for Medical Center SPS – The construction project consisted of approximately 1300 feet of 8 inch sewer force main into which the new medical district pump station was to discharge and connect to the Clara Street Trunk Sewer. Prior to Hurricane Katrina, construction was to be completed in 2009.

There are currently no planned drainage or water infrastructure projects proposed in the Southeast Louisiana (SELA) drainage projects managed by the Corps of Engineers or Sewerage and Water Board projects in the Medical District area. However, a comprehensive review of all the required utility infrastructure should be completed when the proposed facilities are better defined and the combined demand of all proposed developments is established.

VISION AND RECOMMENDATIONS

This chapter begins with a Vision Statement that was formulated with input from the Advisory Committee and ends with Recommendations for achieving this vision.

VISION STATEMENT

To create a vibrant, safe, urban Medical District that reflects quality education and research by creating a sustainable live/work, mixed use setting that delivers high quality health care while seamlessly integrating with downtown New Orleans.



Walkable Community: A continuous urban fabric with a variety of visual features and active uses make for an exciting downtown experience that encourages growth.



Neighborhood Businesses: The public frontage of buildings throughout the district should be enlivened by the presence of viable local businesses that enhance the sense of neighborhood

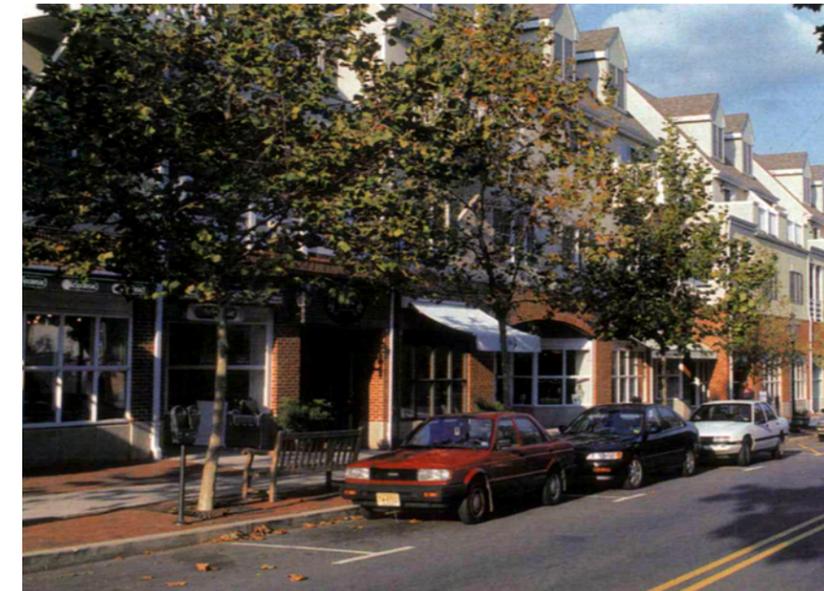
Achieving the Vision

The New Orleans Medical District is located in downtown New Orleans - a downtown nationally renowned for its exceptionally vibrant character. The Medical District is uniquely positioned to take advantage of its downtown location and build upon the vibrancy of the downtown as a whole, but that urban energy and liveliness will not develop within the Medical District without a definitive strategy to achieve it. In particular, urban design and planning strategies should focus on two characteristics that will make for a successful city center – a diverse market and a high-quality place.

A successful downtown environment is defined by a diversity of complementary uses that generate pedestrian activity and foster lively social interaction which in turn sustains the uses. Success also hinges upon a quality, visually attractive, comfortable public realm that invites the public to feel confident in further investing in the community over the long term. Achieving these characteristics will be accomplished through both economic and physical investment. The economic investment is addressed by the Economic Development Plan by Eva Klein Associates, and includes strategies for business attraction and retention, industry-building, workforce development, etc. The physical environment is addressed in this section which contains recommendations for land use, transportation, and public infrastructure.

The recommendations contained in the following pages, while physical in nature, are proposed with the primary intent of creating a great urban environment based on five proven-successful principles for urban development:

- **Promote Diversity of Use** – Stand alone medical uses only attract a small percentage of total users. Diversifying uses to allow for multiple uses in one building (office, retail, residences) will attract a larger population, providing for more stability in the district.
- **Encourage Compactness** – The district should reflect a continuous building fabric providing a seamless connection to the other areas of downtown. Good urban design promotes and encourages more pedestrian activity, which in turn helps small businesses thrive. Even small gaps in the continuity of buildings can make pedestrians uneasy. Large areas of surface parking along streets are particularly problematic, and should be avoided.



Housing combined with ground floor retail creates more street level activity and enhances perception of safety



Office space combined with ground floor retail helps to promote active street corners



Parking structure with ground floor retail and substantial landscaping

- **Foster Intensity of Development** – Zoning of the district should be reconfigured to allow for proper density of development across the entire district, while infill development standards should limit use of large surface parking lots, blank building facades, and suburban development styles that are inconsistent with the urban location.
- **Provide for Accessibility and Linkages** – While vehicular access and parking are important and should be made convenient and efficient, pedestrians and cyclists should be given priority to encourage walking and biking, and enliven the urban environment. A well defined circulation system with adequate spatial provisions, access to public transit, and consistent open space linkages will create an inviting environment for people rather than cars.
- **Build a Positive Identity** – Physical design characteristics, programmed uses, and ample open space should be utilized to create a desirable and interesting place appropriate for a downtown environment. Retailing, entertainment, cultural activities, downtown living, events and festivals, within a safe, well-maintained, livable environment are features people desire most in a downtown location. The Medical District can be configured to become an equally vibrant part of downtown while simultaneously providing excellence in healthcare, education, and research.

PLAN RECOMMENDATIONS

Land Use

Identify existing and future institutional buildings that could incorporate a mixture of uses

Based on the vision statement, the Medical District should be comprised of mixed land uses and substantial greenscaping. This would be accomplished with both mixed use buildings and a wide variety of single use buildings. This would allow greater diversity while providing opportunities for buildings to have their own identities as well as accommodating developers that have specific preferences.

Incorporating retail uses into the ground floor of office, residential, or medical buildings in the district will ensure that the Medical District maintains a distinctly downtown atmosphere appropriate for its location. The retail establishments will be supported by the built-in market of the occupants on the upper levels. Another

advantage of utilizing the ground floor for retail commercial uses is that it moves all of the critical medical uses to upper levels, thereby limiting flood risk to those facilities.

There are several buildings with the potential for re-use, with the existing Charity and VA hospitals being the most obvious choices for adaptive re-use given the development of new joint facilities for those entities. While the Advisory Committee wants to see both single and mixed use buildings, due to their sheer size, these two buildings are prime candidates for mixed use.

Conceptual plans produced by NBBJ for the proposed VA and MCLNO sites show areas set aside for “future expansion” along Canal Street as well as along Tulane Avenue that would be ideal for mixed use developments. The plan also envisions several parking garages serving the VA and MCLNO complexes. Wherever possible, these garages should incorporate retail and services on ground floors, and wherever possible should attempt to incorporate offices and/or residences on top floors. Moreover, the number of surface parking lots in the entire Medical District should be reduced in favor of parking garages incorporating mixed uses.

Wherever possible parking garages should be built in the earliest phase of the development of new facilities in the Medical District. Structured parking should be built to supply the necessary parking for building facilities as they become occupied rather than relying on the interim use of surface parking lots surrounding new buildings. Large expanses of surface parking lots, while seemingly a cost-efficient short-term solution, can be obstacles to both the short-term and long-term goals of developing the district, and should thus be avoided. As has been demonstrated by other well documented cases, large surface parking lots within the downtown area will have the unintended effect of removing vibrant urban life from the street, compromising the feeling of safety for pedestrians, and even discouraging further investment in the district.

Identify locations for stand-alone residential uses

Currently, the LSU dormitory and the existing residences in the proposed VA and MCLNO complex footprints are the only stand-alone residential land uses in the area and according to published plans both are to be demolished and/or reconfigured. Stand alone residential uses within the district may come in terms of high-density (conversion of Charity or other such buildings) or medium-density (in the form of garden apartment complexes), which could be located along the periphery of the VA and MCLNO sites. Otherwise, low-density 1 or 2 family stand-alone residences would be best accomplished in the adjacent neighborhoods on the down river side of Canal Street and the lake side of Rocheblave Avenue. It should be noted that near the medical district and the proposed

VA and MCLNO complexes, there is residential redevelopment underway at the old Falstaff Brewery site and L. F. Gaubert site. An additional possibility for adjacent stand-alone residential use is the often-discussed possible redevelopment of the Iberville Housing Project along the same lines as the St. Thomas Housing Project. These developments and redevelopments should be encouraged, as they provide a ready and convenient source of residential housing for those who work in the new medical district.

Ascertain the types of needed support services and identify appropriate locations

Support services for the district include retail outlets, goods and services, and offices that service not only the daily commuters and workers who will be in the District during the workday, but also the full-time residents in new residential developments and medical school housing. With that being said, the following are some general recommendations:

- The District should feature convenience stores and restaurants and other commercial support (retail and service) activities, which will serve both workers and residents. These type of smaller establishments should be located in mixed use developments, incorporated in their ground floors so as to be readily accessible to pedestrian traffic as well as being convenient to automobile access.
- Services such as computer-oriented sales and repair, tailors, shoe repair and dry cleaners, and pharmacies, dentists and law offices should also be located within mixed use developments, but due to their volume in customers/clients, these may be located either on ground floors or upper floors. These services will tend to serve the residents of the district, but may also serve the workers and employees in the district.
- Other services needed to support a residential population are day care, wellness and fitness centers and salons and spas. Again these services should be incorporated into mixed used buildings.
- The District should be served by at least one (1) large grocery store for full-time residents. While outside of the district proper, an ideal location for a nearby grocery store would be the abandoned grocery store site at the corner of Jefferson Davis Parkway and Tulane Avenue.

It is important to note that due to federal regulations post-9/11, the proposed VA complex may not be able to locate their facilities on the ground floor, thus opening up more opportunity for support



NEW ORLEANS MEDICAL DISTRICT

STRATEGIC INTEGRATION PLAN

Map 28: STAND ALONE RESIDENTIAL USES

-  GNOBEDD
-  Possible high density
-  Possible medium density
-  Renewal low density
-  Project under construction



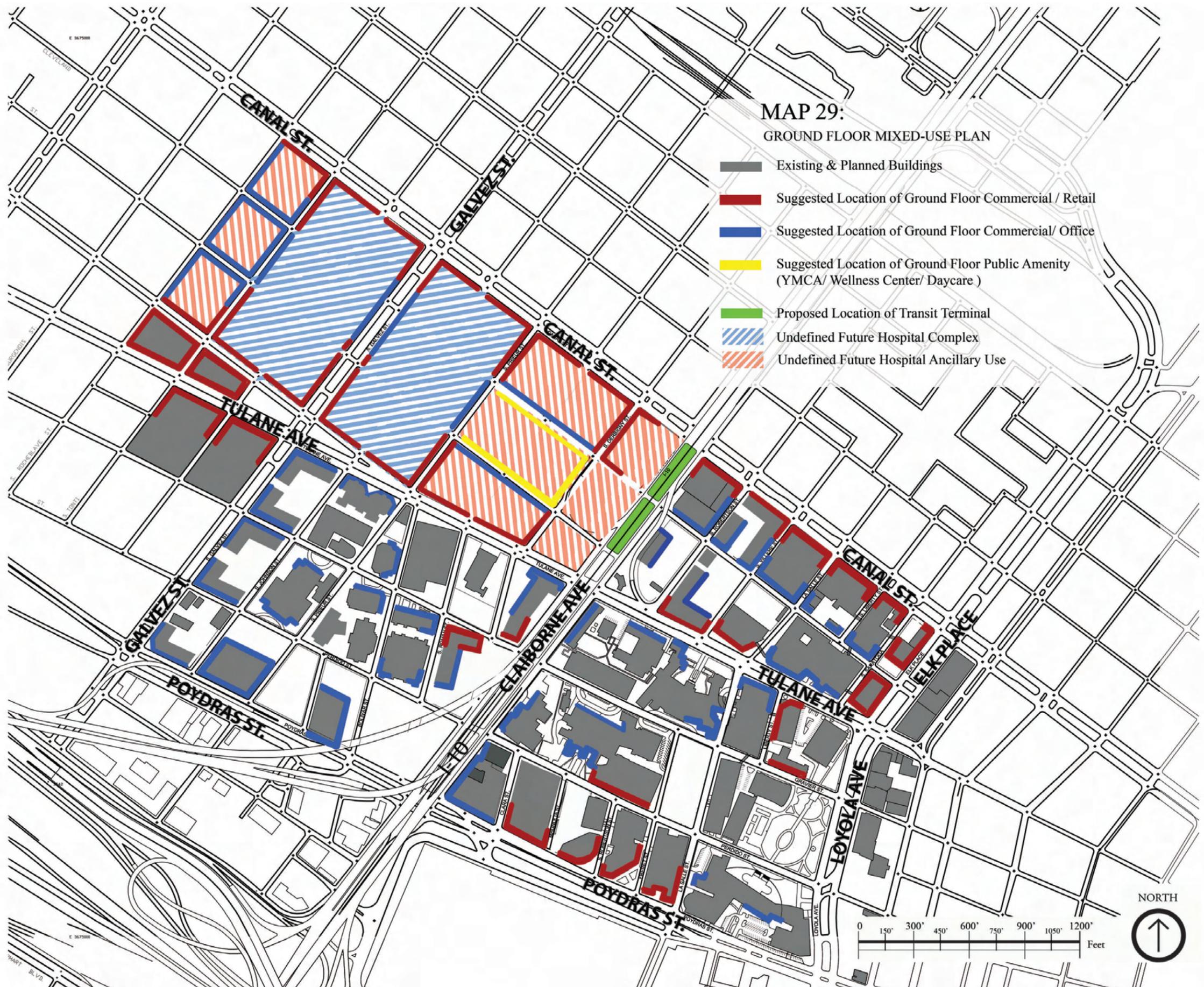
CITATION

Produced by: N-Y Associates in association with Mathes Brierre Architects and Essential Environmental Engineering for the Regional Planning Commission of Jefferson, Orleans, Plaquemines, St. Bernard and St. Tammany Parish

Date: August 29, 2007



Source: Fieldwork by N-Y Associates in December 2006 and January 2007. Number of structured parking spaces from "Site and Facility Master Plan for consolidation of Charity and University Hospital," completed by NBBJ Architects and Adams Management in 2003.





Mixed use in a modern context for Tulane Avenue



Mixed use in a historic context for Canal Street



Alternative uses under expressways including transit and retail.



Office uses in a campus setting

services at ground level.

The use of mixed-use in new structures to contain these support services should be strongly encouraged. It should also be noted that if mixed-use were incorporated in the redevelopment of the District's larger buildings and complexes (such as the current Charity and VA complexes) these sites could in essence be completely self-contained and self-serving for their residents.

Ground floor uses

See **Map 29 - Ground Floor Mixed Use Plan** on the opposite page for suggested locations of ground floor retail commercial uses versus ground floor office commercial uses. The retail commercial uses should generally be concentrated along some of the large boulevard streets within and surrounding the district, taking advantage of the high number of pedestrians and motorists passing by on these

streets. The map shows a particular concentration of these uses along the Tulane Avenue and Canal Street corridors, streets that have historically served as commercial strips, and streets which have a strong linkage to other parts of the city that would support the commercial uses.

The nature of the building types and design of the ground floor commercial uses may be quite different among the different locations within the district. The Tulane Avenue corridor could be designed with a very contemporary atmosphere, while the Canal Street corridor should be more sensitive to the location within the historic street context. Areas within the heart of the medical campuses should be designed with a sense of place that creates a protective, environmentally pleasing setting that provides users with true urban amenities and a unifying campus-like feeling. Problem areas like the underpass area at Claiborne Avenue should be totally reprogrammed and redesigned to create places of urban

vitality to replace the derelict conditions that currently exist. Some examples of how these different locations may appear are presented photographically on this page.

Guide the density and design of land uses

The continued development and redevelopment of the medical district should consider the context and direction of surrounding uses: Possibilities for guiding the density and design of the land uses are presented below, by the four quadrants of the medical district:

- The areas bounded by Claiborne, Loyola, Tulane and Poydras, while in the Medical District, can also be described as being "downtown" and features perhaps the most dense land uses and most intense development. Although a portion of this quad-



High-rise downtown urban atmosphere



High rise development combined with formal open spaces



Mid-rise medical campus atmosphere

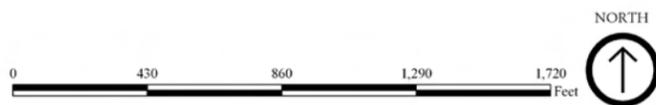


Contemporary mid-rise hospital/office building environment

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 30: RECOMMENDED LAND USE

- VA / MCLNO (Medical; Mixed Use)
- High density
(Office / Medical / Residential; Mixed Use)
- High - Medium Density (Government / Institutional)
- Medium Density
(Medical/ Office / Residential; Mixed Use)
- Green Space
- Future Biosciences / Hospital Expansion Area



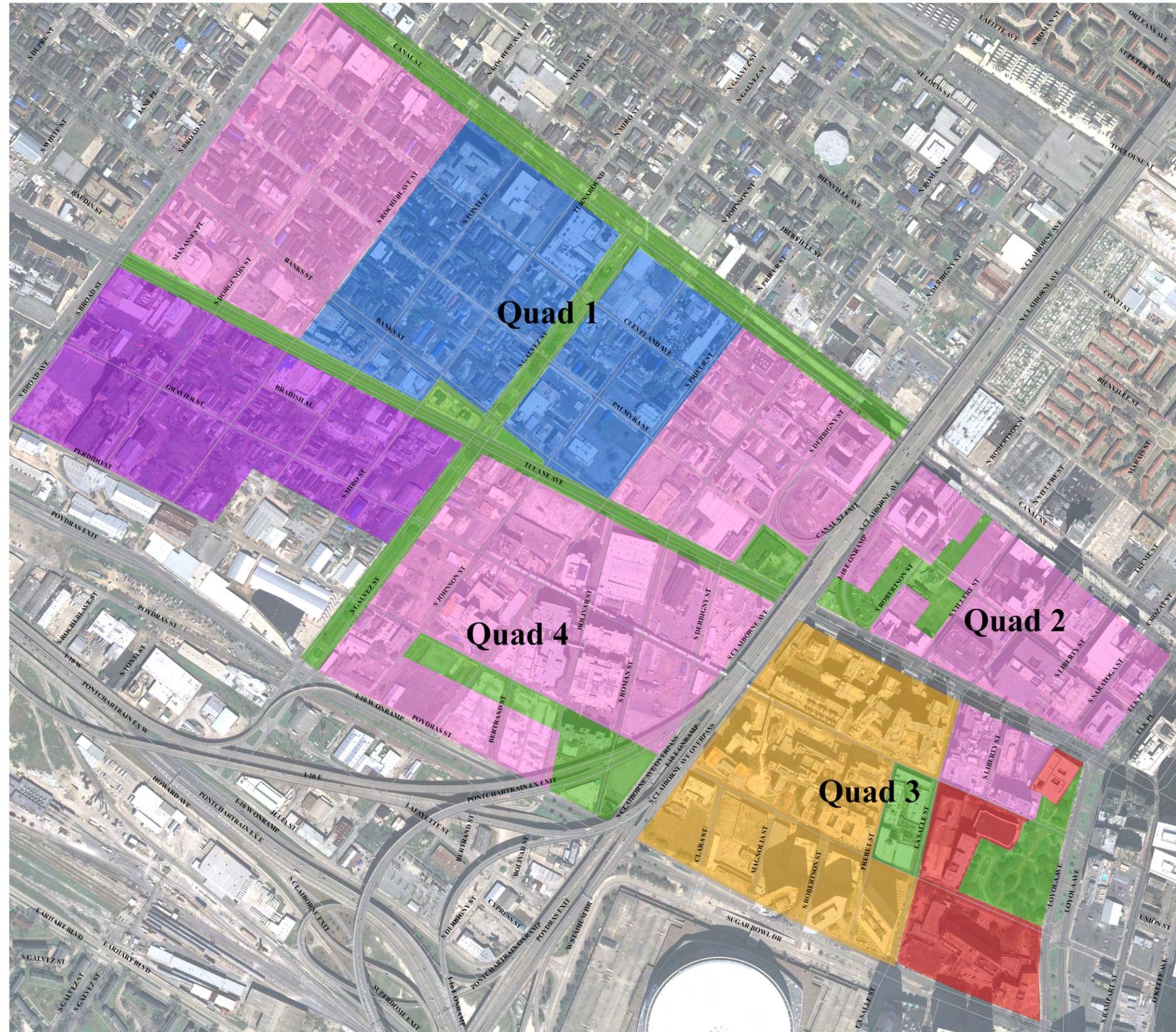
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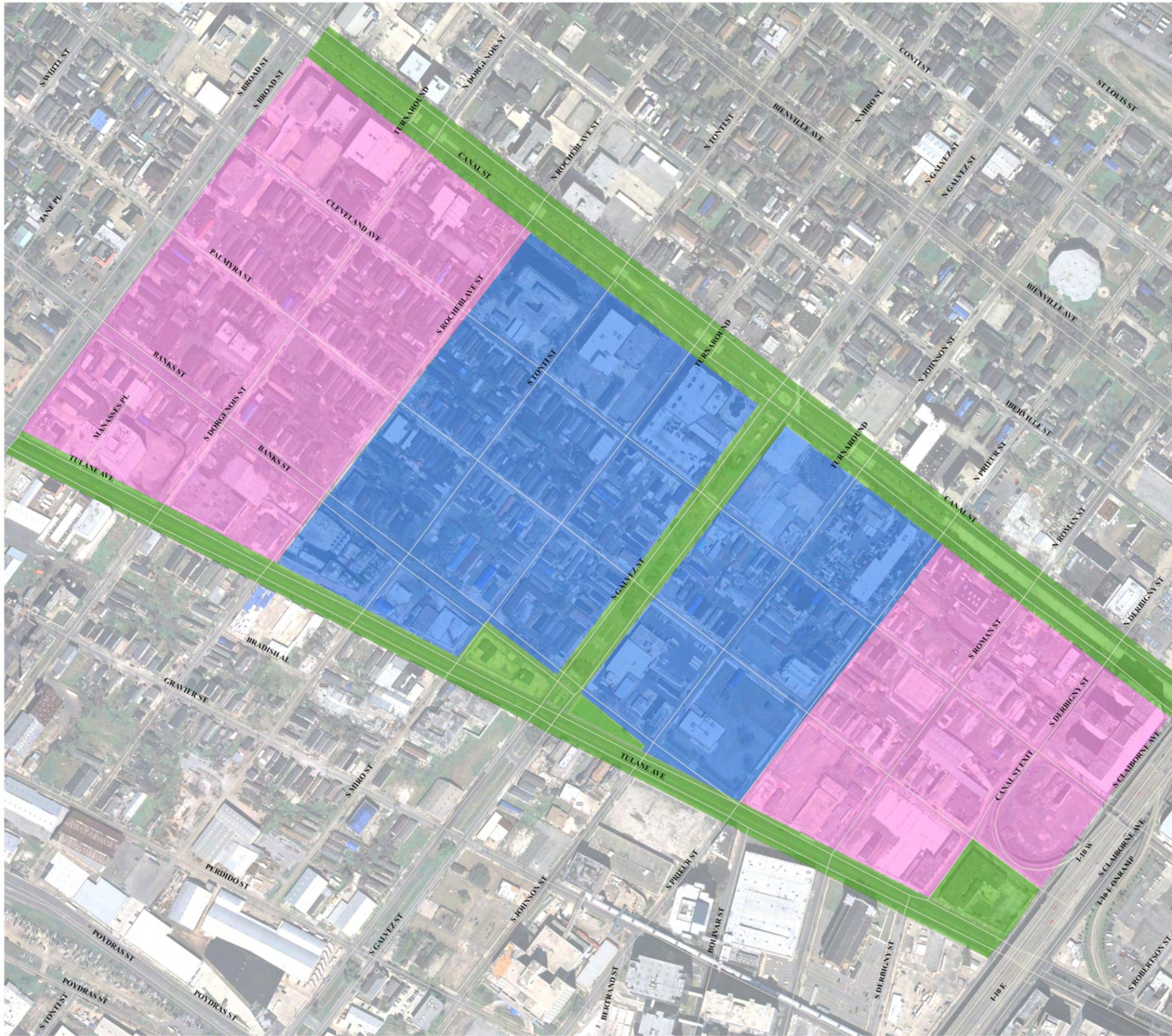
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Date:



Source:





NEW ORLEANS MEDICAL DISTRICT

STRATEGIC INTEGRATION PLAN

Map 31: Recommended Land Use Quad 1 (New VA / MCLNO Medical Center Area)

- VA / MCLNO (Medical; Mixed Use)
- Medium Density
(Medical/ Office / Residential; Mixed Use)
- Green Space

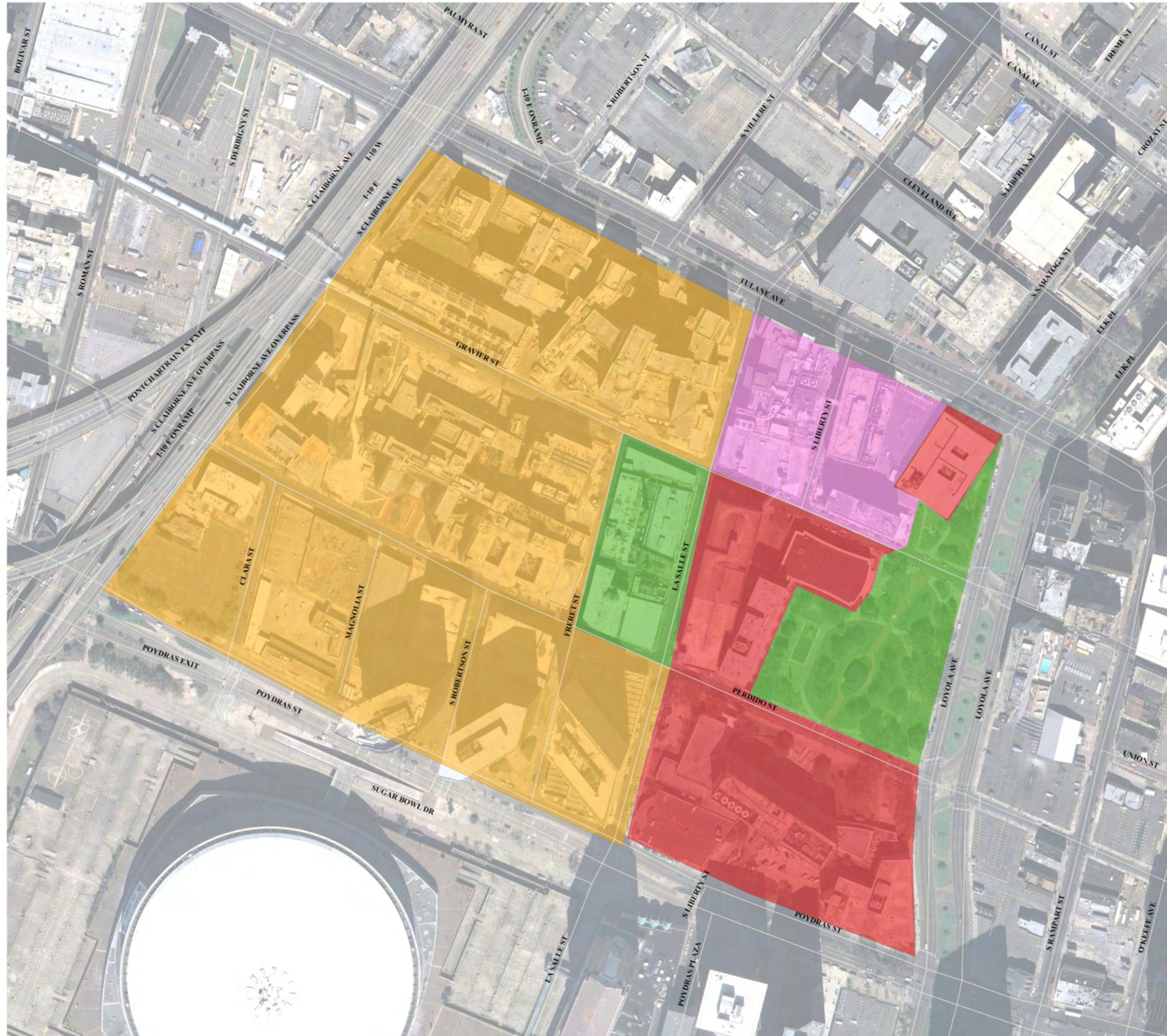


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Date: August 29, 2007



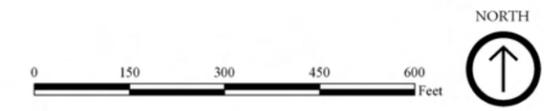
Source: Fieldwork performed by N-Y Associates during December 2006 and January 2007



NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 33: Recommended Land Use Quad 3 (Old Charity - VA - Tulane Medical School Downtown Area)

- High density
(Office / Medical / Residential; Mixed Use)
- High - Medium Density (Government / Institutional)
- Medium Density
(Medical/ Office / Residential; Mixed Use)
- Green Space



CITATION
Produced by: N-Y Associates in association with Mathes Brierre Architects and Essential Environmental Engineering for the Regional Planning Commission of Jefferson, Orleans, Plaquemines, St. Bernard and St. Tammany Parish

Date: August 29, 2007



Source: Fieldwork performed by N-Y Associates during December 2006 and January 2007

rant contains the Tulane School of Medicine, this area also has and is likely to have a predominance of non-medical related uses (New Orleans City Hall, courthouses, New Orleans Public Library, high-rise office buildings on Poydras Street, etc.). Like the rest of downtown, they have a history of containing higher density, high-rise development. Regardless of whether or not existing buildings or sites are demolished for redevelopment or retrofitted and re-used, most of this area should remain in a downtown, high-density mode.

- The area bounded by Claiborne, Loyola, Tulane and Canal is similarly also considered a key part of downtown, and features varied land uses and development. However, this quadrant also has much more open space, usually in the form of surface parking lots. This area is home to much of the Tulane Medical Center Campus, and with the recent acquisition of the Murphy Oil building on Claiborne, they now have a presence from Loyola Ave to Claiborne Ave. Tulane is in the process of exploring design options for the area, and is exploring the redevelopment of existing buildings, construction of new buildings, and conversion of some areas into a greenspace quadrangle to enhance the downtown medical campus “vibe”. Such proactive urban design should be encouraged, as should the retention of the current height and density restrictions.
- The area bounded by Tulane Avenue, Poydras, Claiborne and Galvez is home to the LSU Medical Center campus. Currently, this area has multistory buildings averaging less than 20 stories in height, usually surrounded by open parking lots and other uses. The density in this area should essentially remain as is, with some multi-story infill, but with a definite focus towards creating more of a true “campus” (similar to what is being explored with the Tulane Area). LSU should explore converting parking sites to greenspace or quadrangles, and/or providing for mixed-use parking garages.
- In the area targeted for the new VA and MCLNO medical center complexes (bounded by Tulane, Claiborne, S. Rocheblave and Canal Street) higher density and taller buildings, much like those in the LSU Medical Center campus, should be encouraged along Tulane Avenue and in the new VA / MCLNO footprint. However, the surrounding area is much lower in terms of density of uses and height. As such, a more suitable setback and height/density transition should be in place to respect the continuity of Canal Street. Areas to the lakeside of Rocheblave are almost entirely single-family and two-family housing, and as such the allowed height and density should transition down along this edge.

Open Space Plan

The most important public spaces for any downtown are its streets, including pedestrian and vehicular use areas. Streets, because of their high visibility and level of use, should receive special design consideration as suggested in greater detail in the urban design section. Other public spaces also play a key role in a quality urban environment including plazas, parks, gardens, atriums, and galleries. There is currently a severe lack of these types of character-giving spaces in the Medical District, and the issue is addressed here in **Map 35: Open Space Plan**, presented on the following page. The goal of the Open Space Plan is to increase various types of public green space throughout the District to relieve congestion, provide enjoyable spaces for workers, patients, and visitors alike, and improve the environmental qualities of the District.

Public greens in the District should seek to soften and humanize the hard surfaces of the urban environment. Green spaces should be designed for social interaction, gatherings, and special events; they should encourage people to interact with nature, and create positive identity-building elements for the District that communicate caring for the quality of life of all stakeholders. These public spaces should link together as a network of integrated spaces that are highly visible to pedestrians and building occupants. Green areas should be developed in high activity areas or where primary pathways intersect.

Specific open space recommendations include:

Convert old Charity hospital physical plant to greenspace for the new residential reuses. This urban square should be designed as a flexible passive green space to allow for multiple uses and programmed events to be arranged for residents and workers surrounding the space.



Hospital gardens



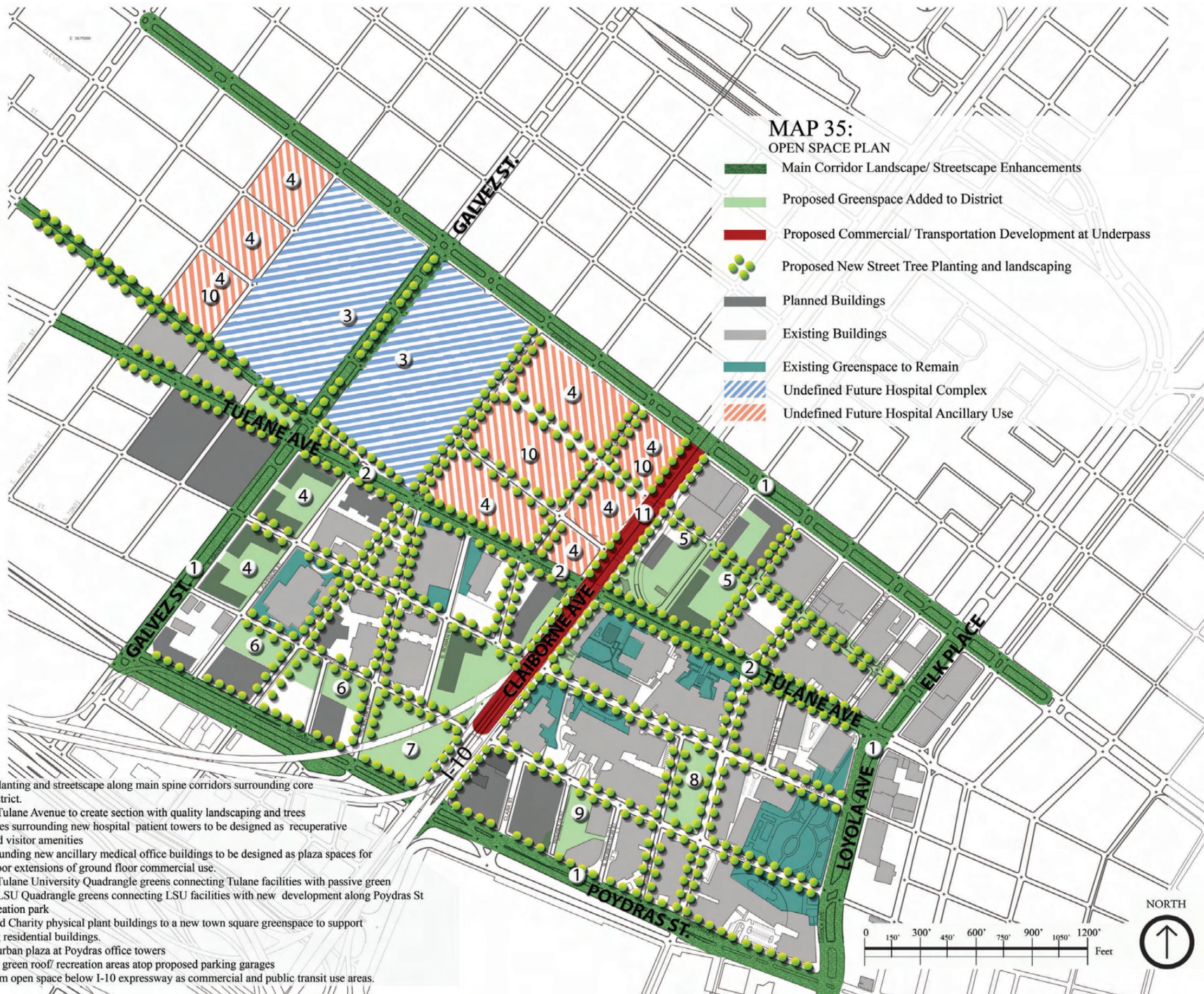
Current Charity Hospital Physical Plant: what to avoid. Instead, ensure all planned buildings provide for retail / commercial use to encourage pedestrian activity



Large passive greenspace flexible enough for multiple uses



Quadrangle type greenspace



- 1) Improve planting and streetscape along main spine corridors surrounding core medical district.
- 2) Redesign Tulane Avenue to create section with quality landscaping and trees
- 3) Green spaces surrounding new hospital patient towers to be designed as recuperative gardens and visitor amenities
- 4) Area surrounding new ancillary medical office buildings to be designed as plaza spaces for use as outdoor extensions of ground floor commercial use.
- 5) Proposed Tulane University Quadrangle greens connecting Tulane facilities with passive green
- 6) Proposed LSU Quadrangle greens connecting LSU facilities with new development along Poydras St
- 7) New Recreation park
- 8) Convert old Charity physical plant buildings to a new town square greenspace to support surrounding residential buildings.
- 9) Proposed urban plaza at Poydras office towers
- 10) Proposed green roof/ recreation areas atop proposed parking garages
- 11) Reprogram open space below I-10 expressway as commercial and public transit use areas.

Tulane Campus reconfigured and expanded toward Claiborne to include green quadrangles.

Clean up and redesign greenspaces surrounding old Charity/VA hospitals to accommodate new users in those buildings.

Remove existing LSU dormitories at Poydras and Claiborne in order to create recreation park. This will tie into a new campus greenway paralleling Poydras St. in the internal section of the quadrant. This space will present a number of challenges since a significant amount of it is underneath expressway overpasses.

Hospital gardens surrounding new hospital bed towers

Rooftop gardens / recreation areas on some parking garages. These areas could be designed as a combination of hard surfaces for activity areas, and raised lawn or other planting areas for additional



An example of hardscape plaza (potential for Galvez Street)

greenspace and storm water runoff reduction.

Tulane Ave streetscape improvements should be designed to have the effect of increasing the greenspace in the district by providing exceptional landscaping and pedestrian amenities, thereby presenting a new “front door” approach to the district. The following Transportation section provides more details and further information on these improvements.



Typical use of space on parking garages.



A Green Roof is not only visually appealing but can help reduce storm water runoff and lower carbon emissions

Hardscape plazas surrounding some of the ground floor retail uses. These spaces would allow for outdoor dining and seating and function as transitional outdoor spaces between the street corridors and internal Medical District green spaces.

Urban greenway corridors provide pedestrian linkages through the Medical District, offering a separation from vehicular traffic and providing verdant open spaces between building facilities instead of the leftover green patches that would exist otherwise. Buildings should have additional entrance points facing onto these greenways to ensure their use. Ground floor commercial spaces could also face the greenways. It should be noted that additional and more productive green spaces will assist in the sustainability goal of the district by helping reduce the carbon footprint.



Green corridors provide attractive linkages



Overhead walkway

Ensure relationship to larger Biosciences District

Future plans and opportunities should direct development lakeward along the Tulane Avenue corridor, towards the close partner in the biosciences district and Xavier University. Such a strategy will allow Tulane Avenue to further extend as a “bioscience corridor”.

Transportation

Develop changes to the transportation network to support the future land use scenario

Currently the medical district enjoys good access from outside of the district as well as good internal access. As stated in the Existing Conditions section, the “bones” of the district are good, but the master plan calls for some key details:

- With the creation of the VA and MCLNO complexes, many cross streets are likely to be removed. While it is acknowledged that some streets will need to be removed to construct this large complex, the creations of a large “superblock” encompassing the entire quadrant should be avoided. In development of the complex, existing and unique traffic patterns and routes should also be considered.
- Tulane Avenue currently acts as a “main hall” or “gateway” through the original Medical District, between Claiborne and Loyola Avenues. Once heading lakeward from Claiborne, Tulane becomes less of a grand boulevard or avenue and more of a downtrodden highway. If it is to function as a longer gateway and eventually a bioscience corridor, it needs to be beautified and improved.
- Claiborne Avenue, while bisecting the district just as Tulane Avenue does, currently functions as a pass-through route which has the presence of a physical and psychological barrier between the two sides of the district. The space under the expressway overpass must be reprogrammed and retrofitted to function as an asset to the Medical District rather than its current condition.
- In order to make full use of the future land use scenario, current walkways and sidewalks need to be refurbished or upgraded so as to promote pedestrian use. Overhead walkways are at times necessary, however new pedestrian pathways should be developed in a way that encourages interaction with the built environment on the street level. It should be noted that overhead walkways tend to serve the needs of the hospitals and are not considered “public” walkways. Bicycle access and amenities should be developed in conjunction with the current New Orleans Metropolitan Bicycle and Pedestrian Plan.

Skywalk System

The Medical District currently has two existing skywalk systems, one at the LSU Health Sciences Center and the other at the Tulane Medical Center. These skywalks interconnect many buildings



It's important not to let the skywalk detract from street-level city life.

within the district, and also connect to a number of parking structures. **Map 36: Skywalk and Parking Structure Plan**, presented on the opposite page, demonstrates how these skywalk systems could be interconnected for continuous circulation throughout the district if necessary, and could also provide connections to parking structures throughout the district.

The skywalk system has been noted as an efficient way to move incapacitated patients around the hospital and clinic complex while still allowing the street grid to be uninterrupted below. The system also provides rain protection, a secured circulation environment during late hours, and a flood-proof internal circulation system in the event of another cataclysmic event. And while it may be wise to interconnect the system since it is already largely in place, caution must be used in the implementation of the system to avoid its pitfalls. The potential negative effects of a skywalk system are that it removes people from the street-level sidewalks, thus taking the vitality from the urban environment and making it difficult for ground level retailers to do business. Other issues are the high costs involved in construction, the potential safety problems for people walking alone in the skywalks, the difficulty of interconnecting structures, and accessibility problems. When implementing a skywalk system, the designers must be aware of these issues and find ways to avoid these problems.

Circulation Alternatives

Map 37 -Public Transit and Bicycle Paths, demonstrates the potential for interconnecting the various existing and proposed circulation systems in and around the Medical District. A transit cir-

culator shuttle bus route for travel within the district is a proposed addition, with route shown on the map. Existing public bus and streetcar routes are also shown. The map highlights a convergence of transit systems around the Claiborne Avenue corridor between Canal Street and Tulane Avenue. This convergence creates an opportunity to program the space in the center of Claiborne as a multi-modal transit terminal. More details are included in the Claiborne Ave. section following.

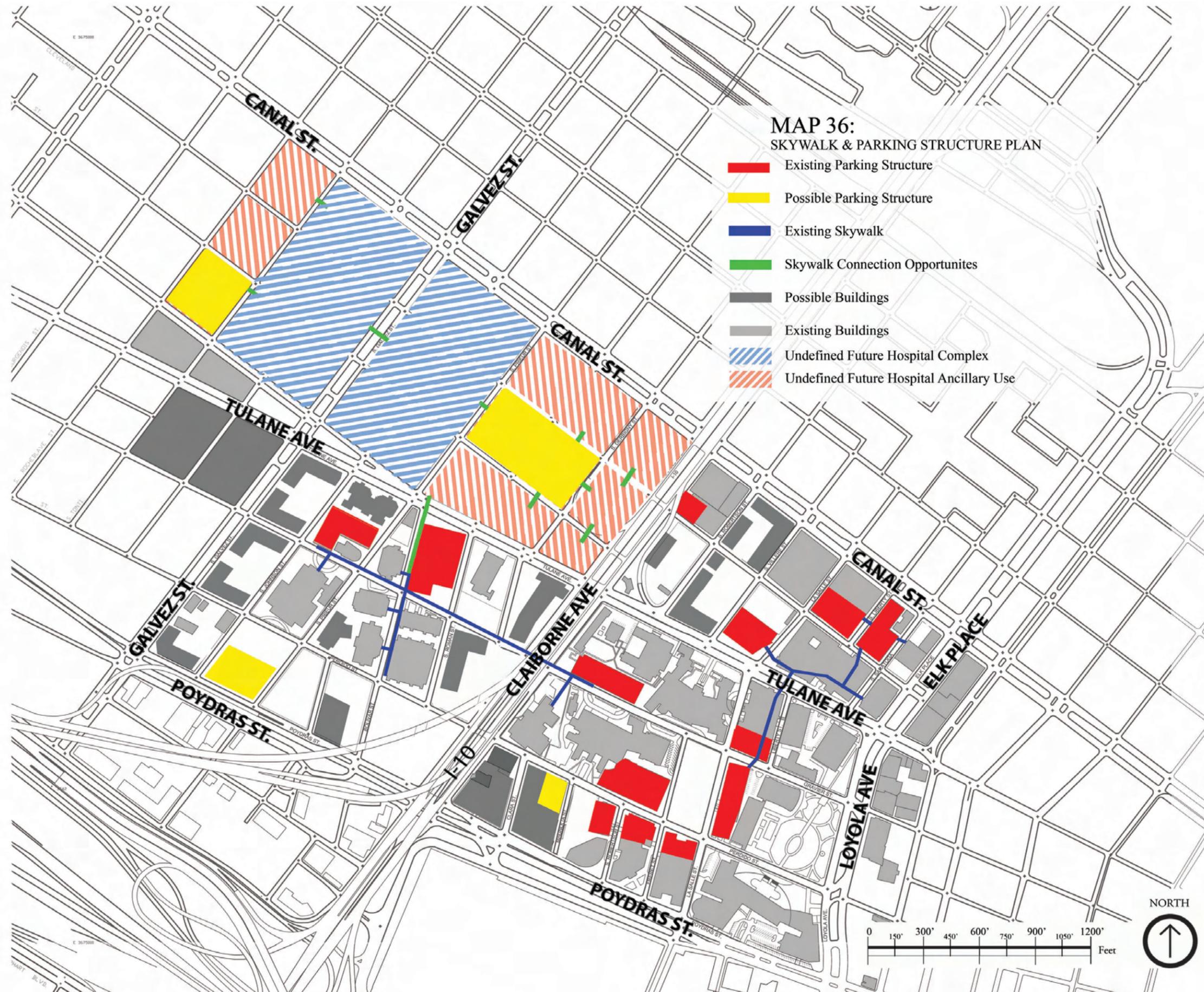
Claiborne Avenue

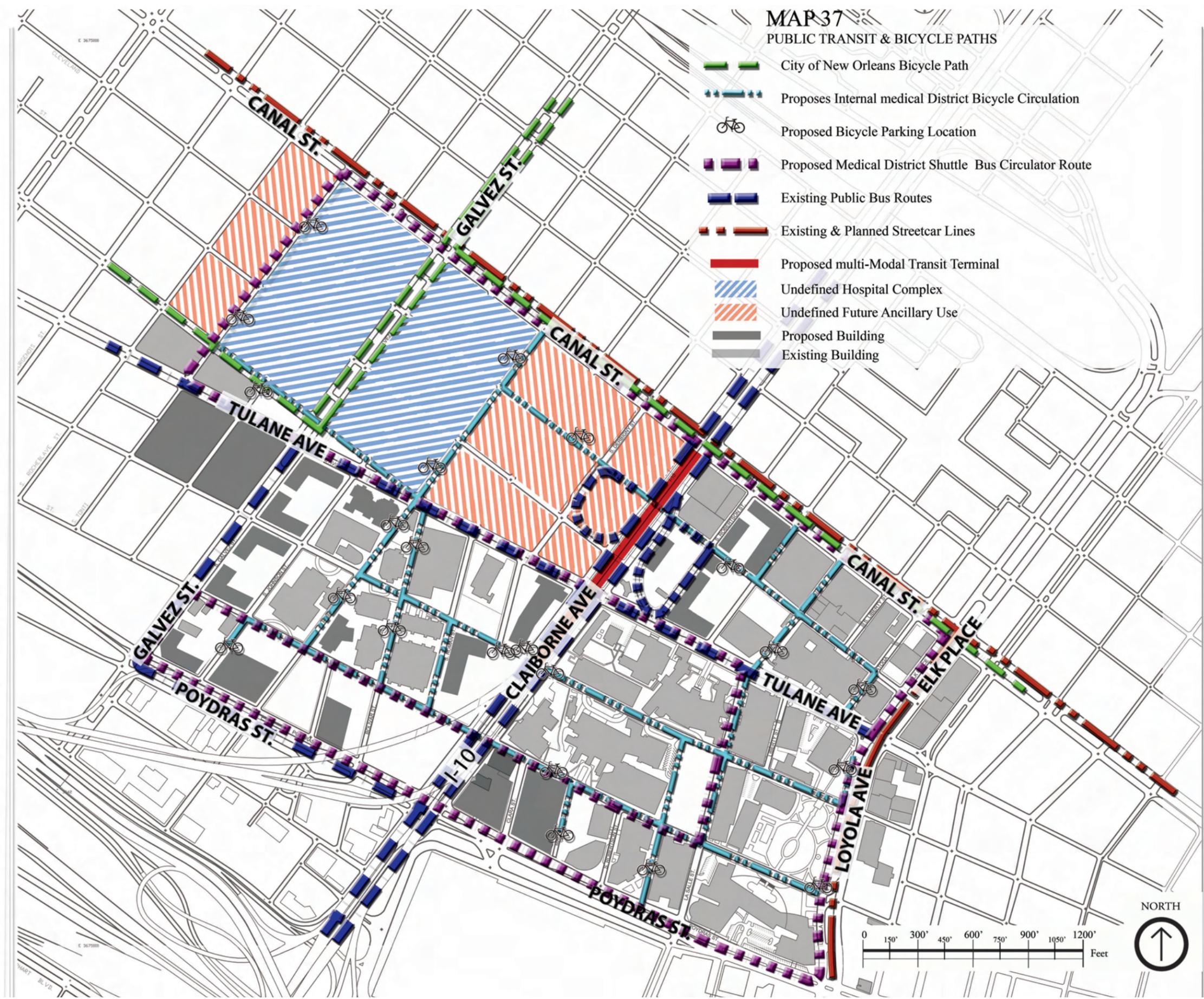
Claiborne Avenue is particularly problematic for downtown and for the Medical District in particular. The expressway overpass which covers almost the entire corridor creates a visual barrier and has an oppressive presence on the street here. Years of disinvestment by public and private interests along the edges of the corridor exacerbates the problem. The *Unified New Orleans Plan of 2007* recommends that an official study be conducted on the feasibility of removing the expressway corridor from Tulane Avenue to Elysian Fields Avenue, reassign the I-610 corridor as part of I-10, and reestablish a six-lane boulevard along Claiborne Avenue much like the rest of S. Claiborne Avenue uptown. Green space would occupy the neutral ground in this case. Considering that such a project may or may not ever be realized, this masterplan instead considers the possibility of making improvements given the presence of the expressway.

As stated previously, the section of Claiborne Avenue from Canal Street to Tulane Avenue offers a particular opportunity for redevelopment due to its central location within the district and the convergence of existing and proposed circulation routes that intersect with the area. The *New Orleans Downtown Development District's 2004 Canal Street Revitalization Plan* noted that this lo-



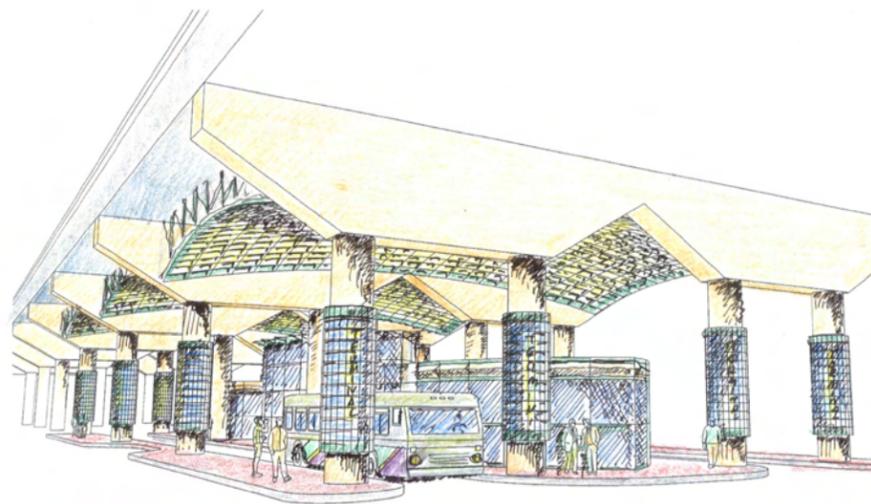
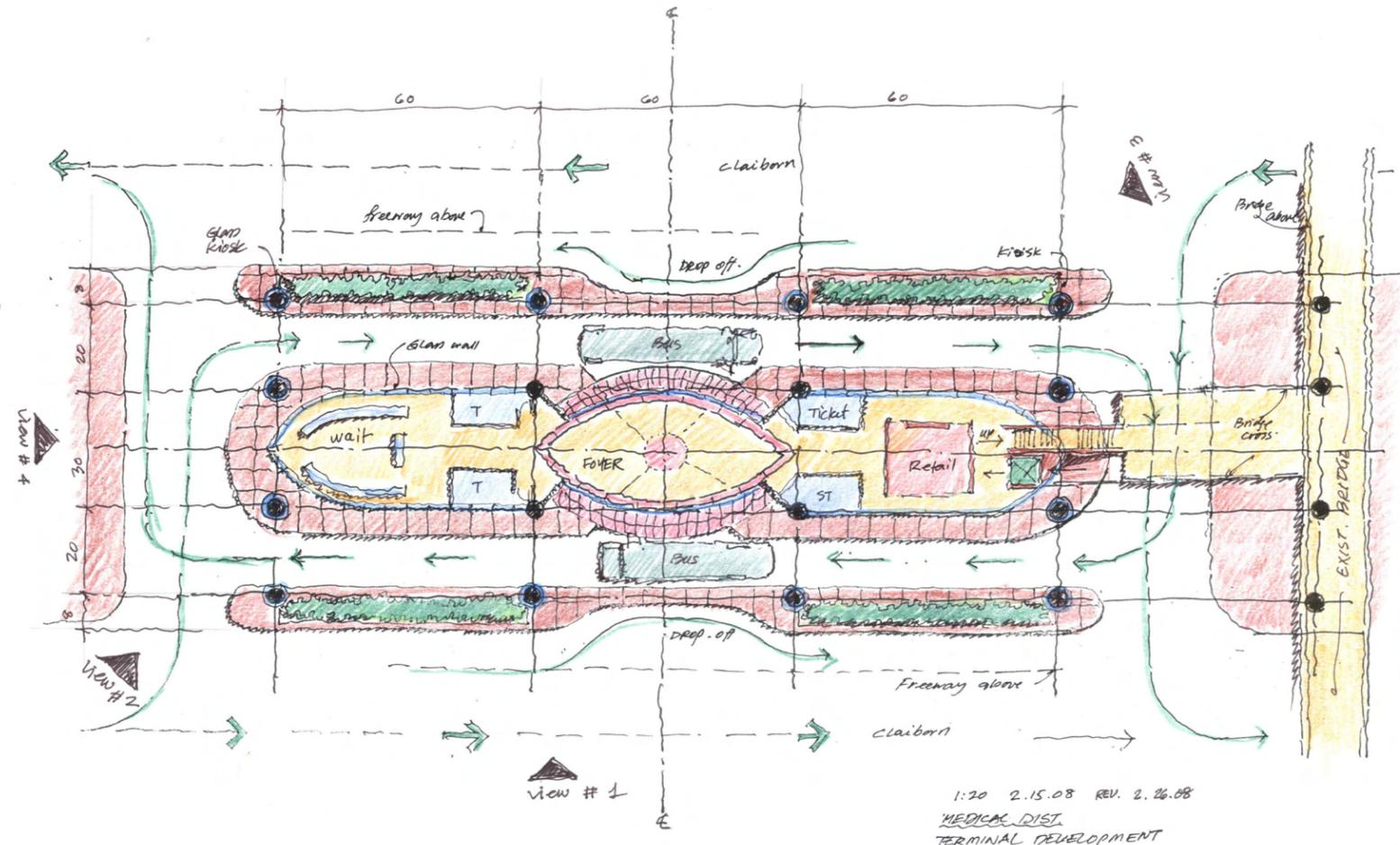
Glass and steel framed Transit Terminal Building



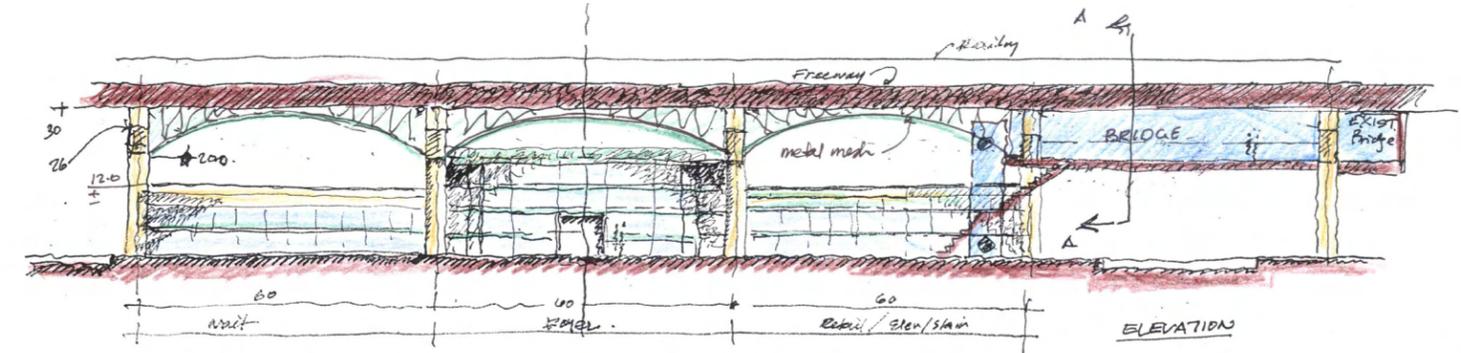


cation would be well suited for use as a transit terminal. Upon further planning and design, this seems to be a very feasible idea, and one which would reposition the Claiborne corridor with new functions and vitality. Another programmatic element suggested by the Downtown Development District is the idea of a small grocery store to be located within the underpass to serve Medical District workers that may be heading home to condominiums in the downtown area after work. There are a few example of this kind of development, and we suggest that this could be located in the Claiborne neutral ground (under the I-10 overpass) between Tulane Avenue and Poydras Street.

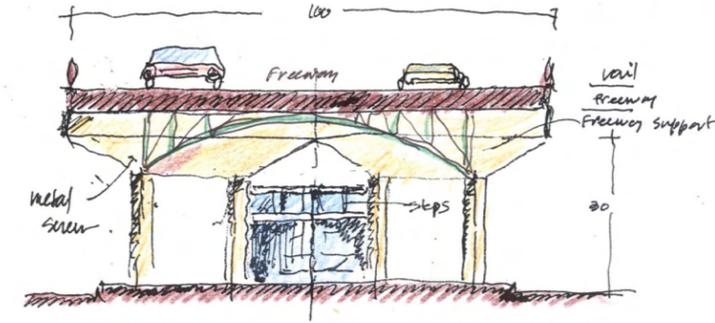
The design of these facilities should present a very contemporary aesthetic, preferably a very transparent structure for the terminal of glass and steel which would glow with a lantern effect in the evening. The grocery store or retail building could be double faced toward both traffic directions, also with a very simple façade of



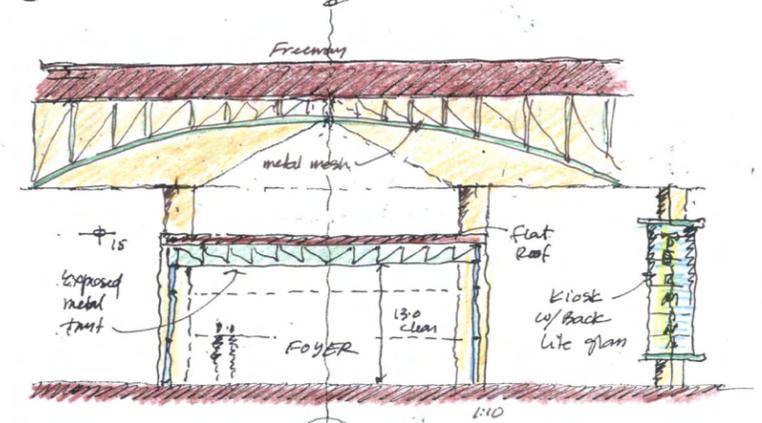
View # 3



claiborne elevation 1/2



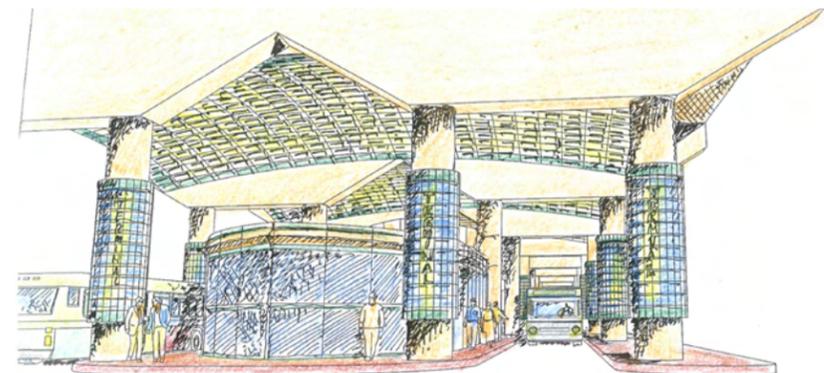
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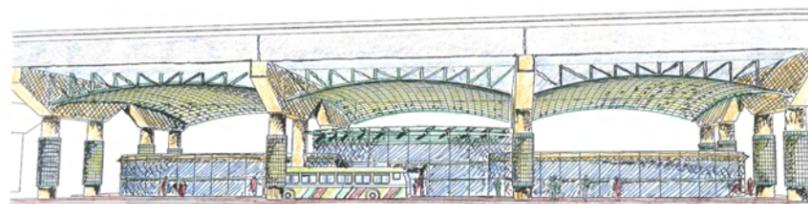
MED. DIST. 2.26.08
TERMINAL DEVELOP.

View # 4

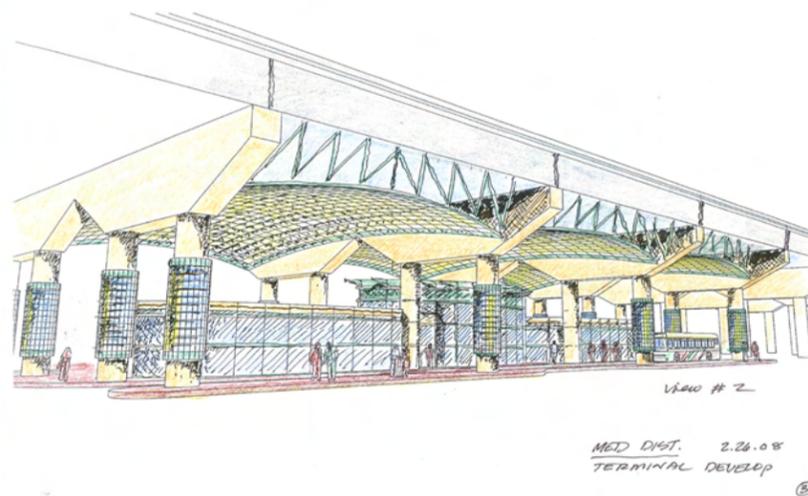




Rendering of Retail Store Development within an underpass



Side Elevation of Multi-Modal Transit Facility showing elevated expressway above central glass-enclosed lobby with glass-enclosed amenity wings to each side



Perspective of Multi-Modal Transit Facility with curved perforated metal ceiling panels shown attached to underside of expressway overpass, bridge columns covered with lighted advertising boards, and bus lanes passing between bridge columns to either side of lobby building

glass curtainwall

The detail sketches of the transit terminal depict a terminal building located between Cleveland St. and Palmyra St., with bus lanes to either side of the terminal, circulating between the expressway columns. The terminal could provide restrooms, transit information, convenience retail, and waiting areas. The terminal could also connect vertically to the skywalk system which could cross Claiborne Ave. at Cleveland St. The expressway columns could be sheathed in advertising signage kiosks in some instances.

Above the terminal, a perforated metal screen could be attached to the underside of the expressway in order to create a more pleasing overall visual effect, a place to install downlights, and a reflective surface for uplights.

Bicycle Circulation and Bicycle Parking

The new streetscape reconstruction within the district should be made compatible with internal bicycle circulation which will also link up with the *New Orleans Metropolitan Bicycle and Pedestrian Plan*. The routes shown on this plan are coordinated with this study's maps and plans to provide the most efficient access to existing and proposed building entrances without conflicting with other circulation types. Bicycle parking should also be provided near these entrances consistently throughout the district to facilitate true district-wide bike usage.

While **Map 37 - Public Transit and Bicycle Paths** indicates suggested locations for bicycle racks throughout the Medical District, final bicycle rack locations will need to be determined in more detail, with siting strategies to include:

- **Visibility:** Cyclists should easily spot short-term parking when they arrive from the street. A highly visible location discourages theft and vandalism. Avoid locations "off on the side", "around the corner" or in un-supervised parking structures or garages.
- **Access:** The parking area should be convenient to building entrances and street access, but away from normal pedestrian and auto traffic.
- **Security:** Surveillance is essential to reduce theft and vandalism. For security, locate parking within view of passers-by, retail activity, or office windows. Where possible, officially assign building security, parking lot attendant or other personnel to watch for suspicious behavior.
- **Lighting:** Bicycle parking areas should be well lit for theft protection.

- **Weather Protection:** Whenever possible protect bicycle parking area from weather within an existing overhang, covered walkway, or canopy - either freestanding or attached to an existing building.

- **Avoid Conflict with Pedestrians:** Locate racks so that parked bicycles don't block the pedestrian path. Select a bike rack with no protruding bars that could trip or injure cyclists or pedestrians. Very low bar-type racks can be a hazard to pedestrians.

- **Avoid Conflict with Automobile:** Separate bicycle parking and auto parking and roads areas with space and a physical barrier. This prevents motor vehicles from damaging parked bicycles and keeps some thieves at a distance. Most professional bike thieves use vans or similar vehicles to hide their activities and make a get-away with their booty concealed. The closer bicycle parking is to automobile parking, alleys, roads, etc., the better the opportunity for a bike thief.

Vehicular Parking

Much of the on-street parking on Tulane Avenue and other main corridors could be removed in favor of creating more inviting pedestrian space and medians with landscaping. Metered and non-metered parking spaces on local streets in and around the district should remain to supplement the parking supply. Finally, the large surface parking lots in the district northwest of Claiborne / I-10 are an unappealing use of open space. These surface lots should give way to multiple level parking garages that will use space more efficiently and encourage multiple uses.

The mixed-use parking structure is now a well-tested development model which should be implemented throughout the Medical District as well. **Map 36: Skywalk and Parking Structure Plan** shows existing and potential new parking structure sites. The potential sites shown are located consistent with the early conceptual ideas for the VA and MCLNO Hospital complexes, and an analysis of these sites demonstrates that these potential locations can also be very useful for incorporating other program elements for the district. For example, the blocks between S. Prieur, Claiborne, Canal and Tulane are envisioned as being geared towards ancillary MCLNO use; they are centrally located within the district, and would be a great location for a Fitness / Wellness / Recreation center such as a YMCA or something similar. The ground floor could contain much of these indoor amenity uses, and the large rooftop, which encompasses two city blocks, could be developed as an outdoor recreation area. An example of a successful development of such a garage with a YMCA can be found in downtown Baton Rouge, LA, at the LaSalle Garage.



Current six lane cross section on Tulane Avenue.

Examine changes to streets and street cross-sections

Most of the district streets work very well in terms of serving their function and form, and will likely continue to do so as the Medical District Master Plan comes to fruition. However, there are two key areas in which a change to streets or street cross section may help in enhancing the district's function and form:

Tulane Avenue

Tulane Avenue acts as the main address for several of the existing and proposed medical facilities in the district and provides a connection to Xavier University and the remainder of the GNOBEDD area. To encourage a more pedestrian friendly environment and to solidify Tulane Avenue as the gateway to the medical district, two scenarios are envisioned:

- A four lane cross-section with a 20' median. This can be accomplished by removing one lane of travel in either direction as well as most of the on-street parking. An eight foot planting strip on either side of the road would feature occasional bump outs when on street parking is absolutely necessary or appropriate. This planting strip coupled with a wider landscaped median and fewer traffic lanes will promote not only a sense of place, but a much friendlier pedestrian experience.

- A six lane cross section with a 10' median. This scenario will retain all six lanes of travel currently available on Tulane but will replace the on-street parking with an eight foot planting strip. Again, this planting strip could feature occasional bump outs for on-street parking. This scenario will not feature the grand setting featured in the first scenario, but will have many of the same amenities while preserving much of the current six-lane cross section.



Proposed six lane cross section showing turn lanes and parking bump outs as well as improved landscaping



Proposed four lane cross section showing a wider median and with even more landscaping.



Perspective view of Tulane Avenue reconfigured as a four lane boulevard



Current six lane cross section, facing downtown, Tulane Avenue



Proposed four lane cross section



Proposed four lane cross section showing widths

Interior Streets

So as to lessen confusion for drivers using interior streets, changes to directional flow will occur at the following locations:

- S. Johnson Street will continue as a southwest bound one way street between Perdido and Poydras.
- S. Prieur Street will be a northeast bound one way street between Perdido and Poydras.

- S. Roman Street will become a two way street between Gravier and Poydras.

There are two intersections (Palmyra at Derbigny and Cleveland at S. Prieur) that feature directional changes. However, these roads exist within the proposed VA and MCLNO footprints and will most likely be eliminated altogether. There is also small section of S. Derbigny between Gravier and Perdido that could be eliminated as well. Two other intersections, Cleveland at S. Robertson and Perdido at La Salle have directional changes, but appear to function well and should be left as they are.

Ensure relationship of transportation network to larger Biosciences District

While Tulane University currently operates a shuttle system specifically for Tulane that links their uptown campus with the downtown Medical Center, this plan envisions a transit circulator shuttle route (shown on [Map 37: Proposed Transit Circulator Shuttle Route](#) on the following page) that services the medical district and will also provide service to both the Uptown Tulane campus and the Xavier campus. This service will feature smaller van type transport as opposed to larger buses. The route will circle the district every 15 minutes and will provide service to the larger college campuses every hour.

The route will provide service along the majority of the VA and MCLNO superblocks as well as proposed residential areas and will connect the different entities existing within the district. This coupled with the routes to the two larger campuses will promote the feeling of connectivity to the larger Biosciences District.

Infrastructure

Address currently needed improvements to streets and utilities infrastructure:

Streets

For the most part, the streets in the district are in fair to good condition (see [Map 13](#) in previous chapter). However, sections of S. Liberty Street, Poydras Street, S. Galvez Street, S. Prieur Street, and Cleveland Avenue are listed as being in poor condition. If the VA and MCLNO sites proceed as planned, the sub-standard sections of Galvez, Cleveland and Prieur will likely be removed in order to create the superblock that is envisioned. That leaves just Poydras and S. Liberty streets in need of repair. It will take an estimated \$950,000 to repair Poydras Street and it will take \$170,000 to repair S. Liberty Street.

Sidewalks

New sidewalk construction is needed in the following areas:

- Freret between Perdido and Gravier
- La Salle between Gravier and Tulane
- S. Villere between Cleveland and Canal
- Claiborne between Tulane and Canal
- Poydras between Claiborne and Galvez
- Perdido between Bolivar and Galvez
- Galvez between Poydras and Banks
- Bertrand between Poydras and Perdido
- Bolivar between Galvez and S. Johnson
- Gravier between Galvez and S. Johnson and between Derbigny and Claiborne
- Derbigny between Perdido and Gravier
- S. Johnson between Gravier and Tulane
- Tulane between Derbigny and Claiborne

Within the district, there is approximately 12,281 feet of new sidewalk needed. The estimated cost of sidewalk construction per linear foot is between \$50 and \$60 which includes the curb and the curb bottom. This equates to between \$614,050 and \$736,860 for the entire district.

Crosswalk Striping

The following intersections have crosswalks that need to be restriped:

- Tulane and Galvez
- Tulane and S. Prieur
- Perdido and Bolivar
- Gravier and La Salle
- Cleveland and S. Robertson
- Cleveland and Elk

There is also a crosswalk between the existing Charity and VA hospitals that needs restriping. Within the district, there is approximately 907 feet of crosswalk that needs to be restriped. The estimated cost of this work is \$10,000.

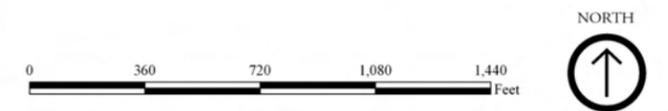
Utility Infrastructure

The utilization pressure steel and cast iron gas lines in the Medical District may contain water and have corrosion due to saltwater intrusion following Hurricane Katrina. Until the lines are replaced,

NEW ORLEANS MEDICAL DISTRICT STRATEGIC INTEGRATION PLAN

Map 38: PROPOSED TRANSIT CIRCULATOR SHUTTLE ROUTE

-  Medical District Circulator
 -  Uptown Tulane Leg
 -  Xavier Leg
- Sources of Ridership
-  Existing Buildings
 -  Proposed Medical Related
 -  Proposed Transit Terminal



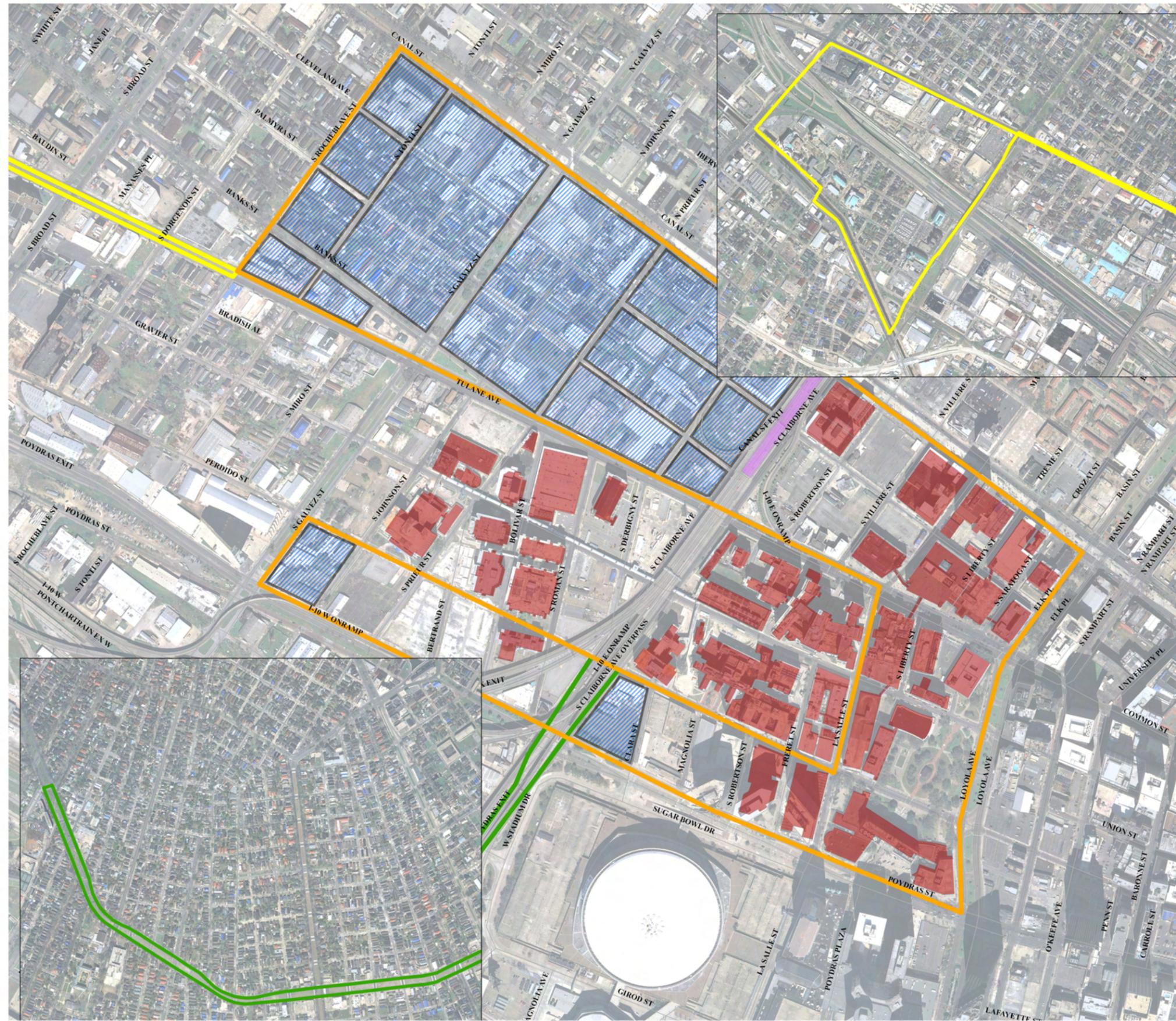
CITATION
Produced by: N-Y Associates in association with Mathes Brierre Architects and Essential Environmental Engineering for the Regional Planning Commission of Jefferson, Orleans, Plaquemines, St. Bernard and St. Tammany Parish



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Mathes Brierre ARCHITECTS Essential Environmental Engineering, Inc.

Source: Fieldwork performed by N-Y Associates during December 2006 and January 2007



gas service in the District may be unreliable. In the District area, there are roughly 39,139 linear feet of steel and cast iron pipe that should be replaced with state of the art 2" or 3" polyethylene pipe. As the typical utility section in New Orleans involves locating gas pipe under sidewalks, replacement of that pipe will involve removal and replacement of sidewalks in most cases. The estimated cost for gas line replacement (including sidewalk replacement) is \$90 per linear foot, thus the overall replacement is estimated at \$3,522,510.

Several projects are needed to increase the sewer system capacity in the Medical District. Prior to Hurricane Katrina, three improvements were planned for the District in order to increase sewer capacity in anticipation of significant new development. These three improvements included (1) replacement of Pump Station No. 15, (2) a new Medical Center sewerage pumping station (SPS), and (3) a new force main for the Medical District (SPS). The respective costs of each of these were \$6,201,934; \$1,933,462; \$569,221 for a grand total of \$8,704,617. These projects are currently on hold.

It will not be necessary to remove the abandoned SWB feeder lines before new construction can begin. The electrical feeder lines in question have been out of service since the early 1970s when the Superdome was constructed. The lines are located in street sections and public right of way sections along Poydras, South Claiborne, Tulane Avenue, and South Robertson and Palmyra Street. The only section that may be affected by street closure is Palmyra, but this feeder line could remain as is classified abandoned / out of service.

There are major above ground electrical transmission lines located in the area bounded by Galvez Street, Claiborne Avenue / I-10, Canal Street, and Tulane Avenue that may have to be relocated if major medical expansion is to occur in the area. These are the large transmission towers that exist along Bertrand Street and South Prieur in the District. These were discussed in an early project meeting with Entergy in regards to the elimination of streets and the creation of the superblock concept for the joint VA / LSU site. If these towers need to be moved, cost estimates for relocation would have to be calculated with input from Entergy.

Assess impact of proposed land use scenario on streets and utilities and recommend capacity-related improvements, if needed

It appears that the existing infrastructure is sufficient to support the proposed land uses. However, as mentioned before, the utilization pressure steel and cast iron gas lines damaged during Hurricane Katrina will need to be replaced

Establish standards for streetscape design

The District is served by several different types of streets, from multi-lane federal highways to small local streets. Each has its own need and purpose relating to traffic and transportation. However on a purely pedestrian scale, each can be improved in various manners to improve overall streetscape design and make the district a more welcome place for pedestrians, bicyclists and even automobile commuters. The first step in this process is the development of a hierarchy of streets, with three major categories arising. The standards for streetscape design are linked to level within hierarchy:

- **Spines / Major Connectors:** These are the large multilane streets along the perimeter of the district (Poydras, Canal Streets, Loyola Avenue) as well as the main gateway serving as the District's key artery (Tulane Avenue). Banks Street, which splits off from Tulane Avenue is also placed within this category. These streets are all divided and to some degree most have medians which are landscaped to some degree, and some have street trees and or sidewalk landscaping as well.
- **Primary Connectors:** These streets are seen as those which will be used often by pedestrians moving between activity sites within the medical district, as well as those used by bicyclists within the District's internal bicycle circulation system. Ground-level Claiborne Avenue is included among these streets along with numerous other internal streets. Currently, they are not generally landscaped, though new landscaping and streetscape improvements are proposed.
- **Secondary Connectors:** These are smaller, shorter street sections that are not seen as being heavily used by pedestrians or bicyclists, and which do not have major uses or activity centers fronting on them. These streets will have improved streetscape, but less in the way of landscaping amenities than the primary connectors

The streetscape hierarchy is illustrated on **Map 38 - Streetscape Enhancement Plan**, presented on page 79.

Develop plans for currently needed improvements to urban design infrastructure

The standards provided by the Congress of New Urbanism have relevance to the Medical District masterplan, particularly in the realm of urban design and streetscape design. The standards are as follows:

- A primary task of all urban architecture and landscape design is the physical definition of streets and public spaces as places

of shared use.

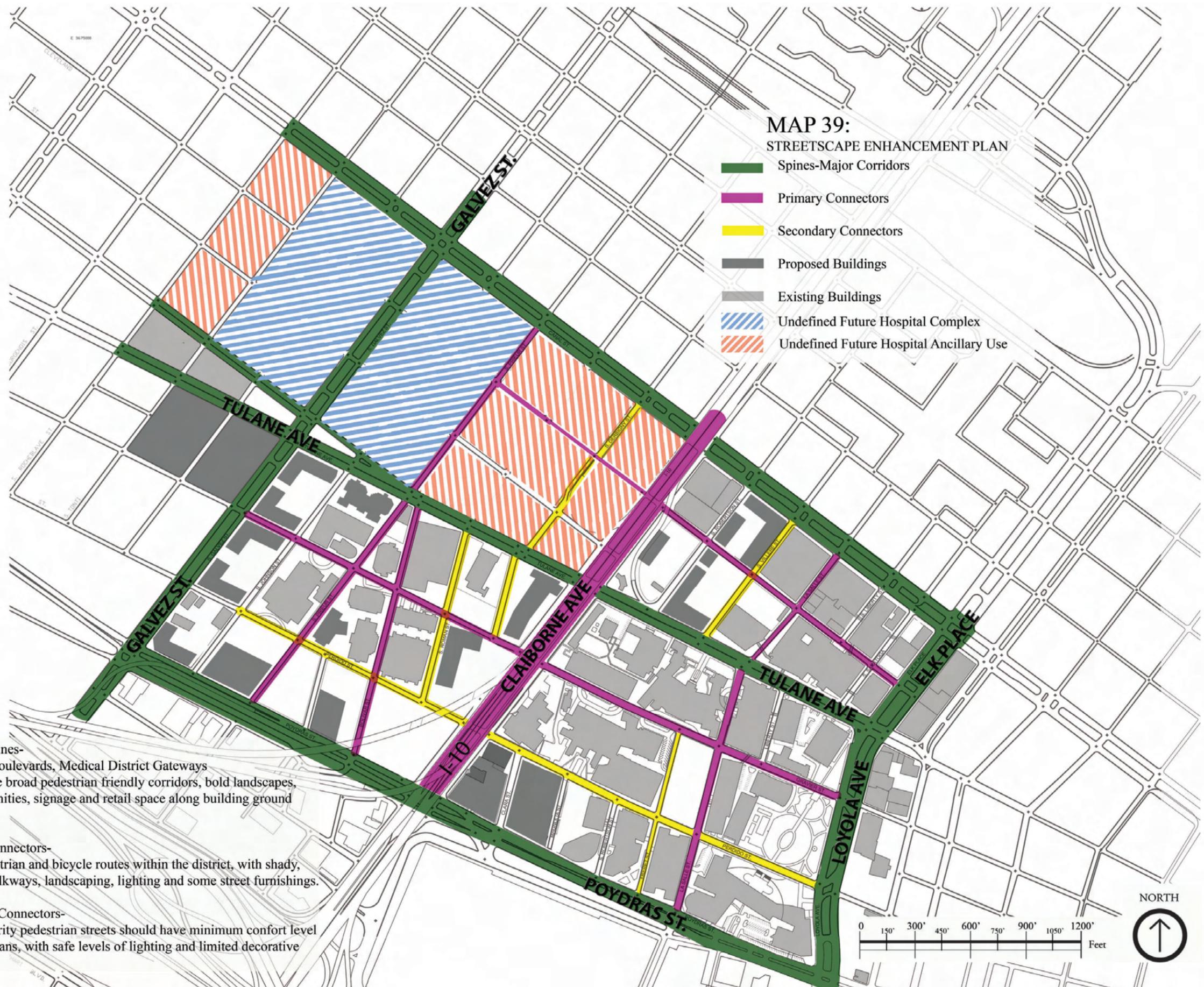
- Individual architectural projects should be seamlessly linked to their surroundings. This issue transcends style.
- The revitalization of urban places depends on safety and security. The design of streets and buildings should reinforce safe environments, but not at the expense of accessibility and openness.
- In the contemporary metropolis, development must adequately accommodate automobiles. It should do so in ways that respect the pedestrian and the form of public space.
- Streets and squares should be safe, comfortable, and interesting to the pedestrian. Properly configured, they encourage walking and enable neighbors to know each other and protect their communities.
- Architecture and landscape design should grow from local climate, topography, history, and building practice.
- Civic buildings and public gathering places require important sites to reinforce community identity and the culture of democracy. They deserve distinctive form, because their role is different from that of other buildings and places that constitute the fabric of the city.
- All buildings should provide their inhabitants with a clear sense of location, weather and time. Natural methods of heating and cooling can be more resource-efficient than mechanical systems.
- Preservation and renewal of historic buildings, districts, and landscapes affirm the continuity and evolution of urban society.

Accessibility

While vehicular circulation and parking must be convenient and efficient, in order to encourage a lively downtown atmosphere and encourage walking, it is important that the pedestrian be given clear priority. Ample widths in the walkways, street trees, and other pedestrian amenities are important to ensure that the streets serve as pedestrian linkages rather than barriers. The pedestrian connections should supply linkages that are direct, physically attractive, and convenient.

Streetscape Design

Pedestrian pathways should be linked by a network of streetscape



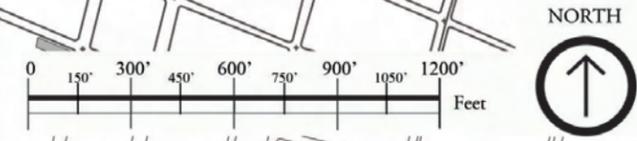
MAP 39:
STREETScape ENHANCEMENT PLAN

- Spines-Major Corridors
- Primary Connectors
- Secondary Connectors
- Proposed Buildings
- Existing Buildings
- Undefined Future Hospital Complex
- Undefined Future Hospital Ancillary Use

Arterial Spines-
Regional Boulevards, Medical District Gateways
should have broad pedestrian friendly corridors, bold landscapes,
public amenities, signage and retail space along building ground
floors.

Primary Connectors-
Main pedestrian and bicycle routes within the district, with shady,
inviting walkways, landscaping, lighting and some street furnishings.

Secondary Connectors-
Lower priority pedestrian streets should have minimum confort level
for pedestrians, with safe levels of lighting and limited decorative
features.





Streetside businesses makes for a fine pedestrian environment

elements, open spaces, landscaping, and street-level uses that serve to guide pedestrians along between destinations. This streetscape network can create a strong identity and sense of place for the district if it is designed with overall continuity in mind. The streetscape should avoid interruption of the pedestrian experience with expanses of blank walls, parking lots, or parking structures that directly face the street; presence of these kinds of elements will discourage pedestrian activity, limit the ability for ground floor retail uses to be successful, and generally reduce further investment in the district.

A hierarchy of pedestrian oriented streetscape design will be used to define pedestrian paths between high-traffic building facilities, transit stops, and major urban corridors. The pedestrian hierarchy will consist of the following system components:

Arterial Spines – The Spines are the large boulevards that are identifiable as the main vehicular and pedestrian corridors in the district, including:

- Tulane Avenue
- Canal Street
- Loyola Avenue
- Poydras St.
- Galvez Avenue
- Banks St.

Most of these streets have a recognizable identity beyond the boundary of the Medical District, and that larger identity will give form to the streetscape design of each corridor within the district. Tulane Avenue, however, does not have a preexisting identity, and should be rebranded as the heart of the Medical District with a unique streetscape design. The Spines should feature most of the concentration of retail activity in the district, and the pedestrian



Well designed pedestrian environment along a smaller street. Note enhanced landscaping in public right of way.

environment should be designed to give a positive image for that retail activity.

The design of the pedestrian areas along these spines can take some cues from the recently renovated Downtown Canal Street corridor. These corridors are should be reconfigured where possible to give the pedestrians as much space as possible, with special paving design provided to create a consistent identity for the Medical District. High quality, bold landscaping, ample space for outdoor café's, public art and furnishings should be the hallmarks of these streets. Since these streets form the perimeter of the core Medical District, they serve a second function of being gateway streets where identifiable gateway markers could be placed to signify entrance into the district. Sidewalk width should be near 20 feet where possible, which may be attained through the use of bump-outs of by setting back buildings from the Right-of-Way. The cost of these improvements for the entire district is estimated at \$34,250,000.

Primary Connectors – The Primary Connectors are streets that serve as major pathways for pedestrians within the district, and include:

- Claiborne Avenue
- Prieur St.
- Bolivar St.
- Cleveland St.
- Gravier St.
- LaSalle St.

The design of the streetscaping and landscaping along these corridors should aid the pedestrian as a wayfinding element, creating a clear visual structure that connects the main activity centers of the district. The walks should not be as decorative as the spines, but still feature components of the same materials palette, along with



Example for Primary Connector and Secondary Routes: minimal setback with ample sidewalk and landscaping features



Yellow groundlights highlighting a crosswalk



Example for Arterial Spines - Tulane Avenue and Canal Street. Large sidewalks with landscaping and parking

ample landscaping, site lighting, and some minor amount of site furnishings. An example of a possible walkway design could be brushed concrete with brick bands and brick fields at the intersections. Sidewalk width should be near 15 feet where possible, which may be attained by setting back buildings from the Right-of-Way. Current estimates for this work are in the \$12,200,000 range.

Secondary Connectors – The Secondary Connectors are the remaining streets in the district, providing service corridors, parking lot access entrances, etc. These corridors include:

- Perdido St.
- Roman St.
- Derbigny St.

The design of the streetscaping and landscaping along these corridors should provide at least a minimum level of comfort for pedestrians. Materials will largely be broom finish concrete walks and native plants where possible. Special brick paving may be present only at intersections if at all, and the walkway width may be 10 feet or less. It is estimated that it would cost \$4,100,000 to complete this work.

Specific urban design recommendations include:

- A combination of elements including planting to offer protection from vehicles, wide sidewalks to afford large numbers of people, and streetside businesses makes for a fine pedestrian environment.
- Well designed pedestrian environments along smaller streets demonstrate how all of the same principles can apply to a narrower space.
- The combination of brick and plain concrete demonstrates that a very attractive and functional streetscape can be designed without overly expensive materials. This should be the approach used for the Primary Connector routes and to a lesser extent the Secondary Routes
- Pedestrian and bicycle safety amenities should extend across roadways in the district for safety, such as yellow ground lights highlighting a crosswalk
- Along arterial spine corridors, extra wide sidewalks with seating and mature shade trees could be achieved by setting back building facades by 10 feet, or by adding additional walk area through the use of bump-outs.
- Where surface parking areas do exist near street edges, the size of the parking lot should be kept to a minimum, and the edge



Surface parking can be made attractive



Public art and furnishings can add to the environment



Example of special paving at pedestrian crosswalk.

of the right-of-way should be designed with a decorative screen fence that provides separation while also maintaining the transparency necessary for safety.

- Incorporating art into the public open spaces in the district should be a consideration wherever possible.
- Special paving within the pedestrian corridors should be applied across the roadways where possible to provide additional pedestrian safety.

Ensure urban design infrastructure is compatible with efforts of Downtown Development District and the larger Biosciences District

The decorative infrastructure and open space plan has been developed with the Downtown Development District’s development strategy in mind. In order to seamlessly integrate with downtown New Orleans, it is imperative that efforts in the Medical District and the larger Downtown Development District reflect a common goal.

Sustainable Design (LEED certified)

Sustainable design and architecture is trend that is becoming increasingly popular and necessary. LEED certified buildings have become the standard for “green” design in North America. But with large scale projects, such as the medical district master plan, LEED for New Construction certification (single buildings) falls short. In response to this, the USGBC (U.S. Green Building Council) has sought to initiate a green project certification called LEED ND, or Neighborhood Development. This is a LEED guideline and rating system that applies to large scale developments, like the medical district. It is in its pilot phase at the time of writing, but will soon be its own ratings system soon. Development projects wanting to be certified should include LEED ND guidelines early, before any detailed design takes place.

The advantages of this would include: Reduce urban sprawl, encourage redevelopment of existing sites, encourage healthy living, decrease individual automobile dependence, increase transportation choices, reduction in air pollution, good tenancy rates, and increase in quality of life for tenants and users.

Some of the aspects that count towards LEED Design include:

- Control Soil Erosion during construction
- Develop in areas with existing infrastructure
- Locate project on bus/streetcar/train lines
- Incorporate bike lanes, locks and storage into design

- Provide preferred parking for green transportation
- Incorporate LED's whenever possible to reduce energy consumption
- Use of native/ naturalized plants
- Incorporate a green roof into existing/ proposed structures when possible
- Design roads and pedestrian corridors to accommodate pedestrians and bikes
- Increase groundwater infiltration via porous pavement and bio-swales.
- Reduce heat-island-effect with shade tree cover, green roofs, and high-albedo (high reflectance) paving materials or open grid paving
- Place parking underground or under shade to min. parking footprint and heat island effect from parking lots.
- Project proximity to schools, jobs and housing
- Reduced automobile dependence/ proximity to bus, street car lines
- Redevelopment of previous developed sites.
- Diversity of housing types
- Walkable streets
- Reduced parking footprint

CONCLUSION AND IMPLEMENTATION

This Strategic Integration Plan, and zoning changes relating to the Medical District, are proposed at an opportune time. The City of New Orleans, through the City Planning Commission, has contracted the professional services of Goody Clancy & Associates to prepare a citywide Master Plan that will guide the long-term physical development of the city. This Master Plan will build on, integrate, and go beyond all the post-Katrina recovery plans that citizens have worked on since the storm. The Master Plan will create a 20-year policy and strategic framework to guide decision makers and the community to make New Orleans a model of 21st century city life while honoring and preserving its unique identity. To implement the plan, a new Comprehensive Zoning Ordinance (CZO) will be prepared at the same time as the Master Plan. The CZO will be organized to be user-friendly, suitable to the unique characteristics of New Orleans. Goody Clancy & Associates is expected to complete both projects and produce all deliverables by the summer of 2009.

During the development of this document, officials with the City including council members and members of the City Planning Commission have been involved in developing the overall recommendations, and have announced their desires to use this Plan as a first step for the work that Goody-Clancy will do in the Medical District area. The document has examined the need for a new plan, reviewed the existing conditions of the District, and put forth a vision for the District as well as a thorough list of recommendations. In summary, those recommendations can be divided into two categories of action for implementation: those relating to zoning and land use, and those relating to physical or capital improvement projects. In this conclusion chapter, methods of implementation for each (and cost estimates for the capital improvement projects) are presented.

ZONING AND LAND USE

One of the overall affected changes in the Medical District will be the control of development within the privately owned parcels of land within the district. Traditionally, control and regulation of these areas is done via land use and zoning controls. A summary description of the zoning of the existing medical district core areas as well as those areas envisioned for the proposed VA and MCLNO complexes (and what is allowed in each area), follows:

Existing Zoning

Existing Core Medical Complex area: generally bounded by S. Claiborne Avenue, LaSalle, Poydras and Iberville Streets.

The existing medical complex is completely located within the CBD-2 Central Business District.

The CBD-2 District provides for CBD growth at lower intensities than the main office core. This district recognizes the unique areas of the business district that relate (1) to the Superdome and Poydras Street and (2) to the riverfront. Mixed use development is encouraged. The district permits hospital and associated medical uses by right as well as hotels, office buildings, public and government buildings, retail and service uses. There are no height limits in this district, within the area surrounding the existing medical complex. Floor Area Ratios vary from a minimum of 7 for residential buildings to a maximum of 12 for mixed-use developments, with bonuses available for facilities that provide additional public amenities.

Envisioned MCLNO complex area: generally bounded by S. Galvez Street, Tulane Avenue, Canal Street and S. Claiborne Avenue:

This area is predominantly regulated by two (2) zoning districts. The C-1A General Commercial District includes all of or portion of Squares fronting along the major bounding streets; whereas the RD-3 Two-Family Residential District is located near the center of the site and includes 1 entire square and portions of five adjacent squares. There is also a small LI Light Industrial District located on five lots (5) within Square 437, as well as a CBD-2B Central Business District comprising the entirety of Square 435, generally bounded by S. Claiborne Avenue, Cleveland Avenue, Canal Street and N. Derbigny Street.

Within this “mixed bag” of zoning:

- The RD-3 District is the most restrictive classification and provides for two-family or townhouse development on smaller lots in older, more densely populated sections of the city. This district does not allow hospital or medical related functions, including but not limited to any associated commercial, multi-family or dormitory facilities, whether by right or thru conditional use approval.

- The C-1A District zoning provides for a mix of commercial, miscellaneous service, and residential uses along major thoroughfares. While a variety of uses (including hospital and related accessory functions) are permitted by right, they are limited to in size to a maximum of 10,000 square feet in floor area, with structures in excess of 10,000 square feet requiring conditional use approval. A maximum height limit of 100 feet and a maximum Floor Area Ratio (FAR) of 3.50 encourage mixed-use development of a smaller scale than anticipated in conjunction with a major medical complex.
- The small area of LI District zoning allows a variety of commercial and industrial uses without limit as to square footage; however, the district specifically prohibits hospital and related accessory uses. Residential uses are classified as conditional uses. This district allows industrial uses that are potentially incompatible with medical or residential uses.
- The CBD-2B District zoning is intended to provide for central commercial and high density residential development near the office core of the City. This district allows any uses permitted in the main office core of the Central Business District, including hospitals and related accessory functions. It also allows by right uses including but not limited to: high density multi-family residential, hotels, office buildings, public and government buildings, retail and service uses.

Envisioned VAMC complex area: generally bounded by S. Galvez Street, Tulane Avenue, Canal Street, and N. Rocheblave Street:

This area contains six distinct zoning districts.

Square 523 on the corner of S. Galvez and Canal Streets and those lots fronting on S. Galvez Street between Canal Street and Tulane Avenue are zoned C-1A General Commercial District. Squares 552 and 553 fronting on Canal Street are zoned RO-1 General Office District. The properties along the upriver side of the Tulane Avenue corridor are zoned both B-1A Neighborhood Business District and RD-3 Two-Family Residential District. Those on the upriver side of Tulane Avenue include a C-1A General Commercial District and HI Heavy Industrial District zoning. The center portion of the site is included in an RD-3 Two-Family Residential District.

- This mixed zoning pattern juxtaposes a Heavy Industrial District across the street from low density residential and neighborhood business development, creating inherent incapability in use. Neither district allows medical or medical related uses. HI District uses may be incompatible with future medical development.

- Both the B-1A Neighborhood Business and RO-1 General Office Districts are intended to provide for small scale commercial uses nearby residential districts. District regulations do not provide for the height and mass needed in conjunction with a large regional medical facility.

Proposed Zoning Changes:

The City of New Orleans is prepared to initiate the necessary zoning changes to facilitate the future development of the Medical District, particularly the development of the envisioned VA and MCLNO medical complex, based on the operational and programmatic items deemed necessary in conjunction with the master planning of the area. The City believes that this can be accomplished in one of three ways:

1. Extend the existing CBD-2 or CBD-2B District zoning which would likely permit the variety of uses, size, and massing of structures necessary to implement the changes and recommendations in this document.
2. Rezone the area to the existing MS Medical Service District classification that currently exists within the City’s Comprehensive Zoning Ordinance.
3. Create a new Central Medical District zoning classification that is customized based on not only the visions and recommendations within this document, but also on the critical elements that will be identified during the MCLNO and VAMC master planning processes.

The determination of which approach is most appropriate is beyond the scope of this plan and will be determined through the work of Goody Clancy and the City Planning Commission.

Urban Design

The Vision and Recommendations Section of this document proposes several ideas for urban design standards to help improve the overall look of the Medical District. The design standard applies to both aspects of the public realm (sidewalks, landscaping within rights of ways, street lighting, signage, sidewalks, etc.) but also can apply to the private realm (landscaping on private property, façade treatment, height and setback requirements, etc.). While the public realm ideas for standards can be put in place by the City via actual construction and installation of the infrastructure, the design standards for the private realm are a little more problematic. Such standards usually cover only new construction or redevelopment and are done via standards written into zoning ordinances or

design overlay districts which are being developed by the Goody Clancy team. Either route would be acceptable, but it must be noted that wholesale changes will not occur overnight within the private realm. They will occur as the District continues to evolve.

CAPITAL IMPROVEMENT PROJECTS

The various capital improvements suggested in the previous two chapters cover a multitude of items associated with the District. Some include infrastructure improvements to address current utility problems existing in the district; while others relate to physical improvements or changes to improve the aesthetics of the District and to create a unified look and feel to the District.

Conceptual order of magnitude cost estimates have been prepared as part of this plan. These estimates are based on unit costs, previous similar projects, field research, and local knowledge. Actual project costs will likely vary from these conceptual estimates.

Utility Improvements

| | |
|-------------------|------------------|
| Street Repair: | |
| Poydras Street | \$950,000 |
| S. Liberty Street | <u>\$170,000</u> |
| | \$1,120,000 |

| | |
|------------------------------------|-----------|
| Sidewalk Repair: | |
| 12,281 feet @ \$60 per linear foot | \$736,000 |

| | |
|---------------------|----------|
| Crosswalk Striping: | |
| 907 feet | \$10,000 |

| | |
|--------------------------------|------------------|
| Utility Infrastructure: | |
| Gas Line Replacement | \$3,522,510 |
| Replacement of Pump Station 15 | \$6,201,934 |
| New Medical Center SPS | \$1,933,462 |
| New Force Main | <u>\$569,221</u> |
| | \$12,227,127 |

| | |
|-------|--------------|
| Total | \$14,093,127 |
|-------|--------------|

Visual Improvements

| | |
|----------------------|---------------------|
| Arterial Spines | \$34,250,000 |
| Primary Connectors | \$12,200,000 |
| Secondary Connectors | <u>\$4,100,000</u> |
| | <u>\$50,550,000</u> |

| | |
|--|---------------------|
| Total Utility and Visual Improvements | \$64,643,127 |
|--|---------------------|

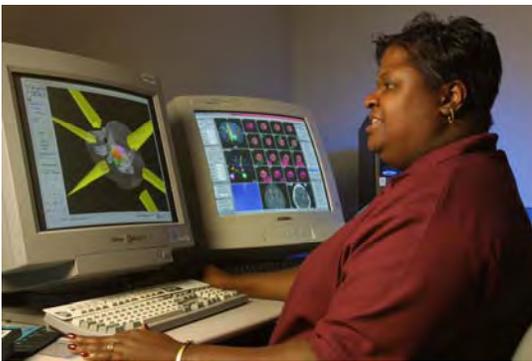
USE OF THIS PLAN

The maps, renderings, and text contained in this document are available for use by local agencies and governments, NORMC and GNOBEDD, as well as the member institutions of the Medical District to further the improvement of the District. Most of the individual maps are available in GIS format for use by these entities, and the renderings, drawings and photos examples are also available in a digital format for planning uses. The Regional Planning Commission will serve as a depository for this (and all) project data.

APPENDICES

2006 EVA KLEIN AND ASSOCIATES' 2006 NEW ORLEANS REGIONAL BIOSCIENCES INITIATIVE STRATEGIC PLAN

MEETING, BRIEFINGS, PRESENTATIONS



New Orleans Regional Biosciences Initiative Strategic Plan—2007

April 2007

Developed by:
Regional Biosciences Stakeholders
Coordinated by:
New Orleans Regional Planning Commission



Facilitated by:
Eva Klein & Associates, Ltd.
Funded by:
US Economic Development Administration

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VISION, GOALS, AND PLAN ELEMENTS

VISION STATEMENT

Build a globally competitive *Innovation Economy* for the New Orleans region by building on the region's *knowledge institutions* to:

- Perform globally competitive biosciences research
- Grow and attract entrepreneurial companies
- Create good jobs, a highly skilled workforce, and wealth for citizens
- Anchor a vibrant urban community at the region's core.

In pursuing this vision, the New Orleans region will:

- Find and use new treatments and cures for human diseases
- Enhance stature and accomplishments of the region's higher education and health care institutions
- Establish the City of New Orleans as a great, diverse, and successful US city—a center of energy for a region of many successful surrounding communities.

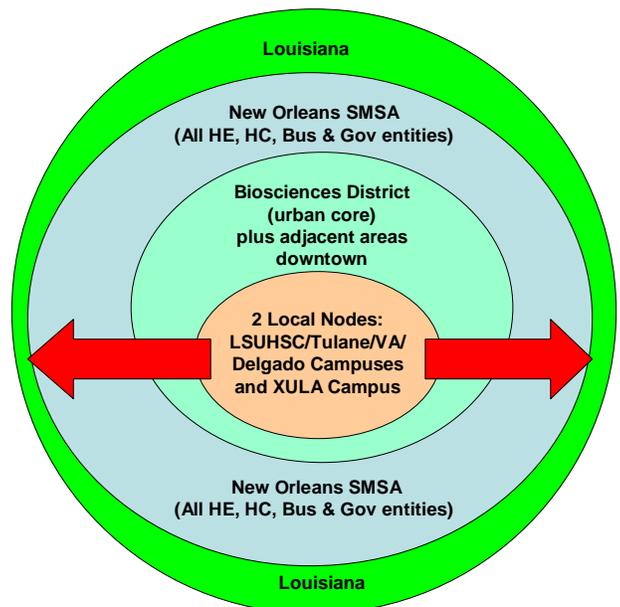
NEW NOMENCLATURE: REGIONAL INITIATIVE VS. GEOGRAPHY OF PLACE

The above vision denotes primarily a broad **regional initiative** to create a future economy for the citizens of the region, but the initiative also includes a degree of special focus on a **defined place** that must receive important priority attention for development. In addition, the **regional initiative** links to (and forms a significant part of) statewide bioscience capacities that the State of Louisiana markets globally. For these reasons, new nomenclature is adopted, as follows:

New Orleans Regional Biosciences Initiative is a regional strategy. At its core is **New Orleans Biosciences District**, although development occurs throughout the region.

A Regional Initiative in Four Layers of Geography

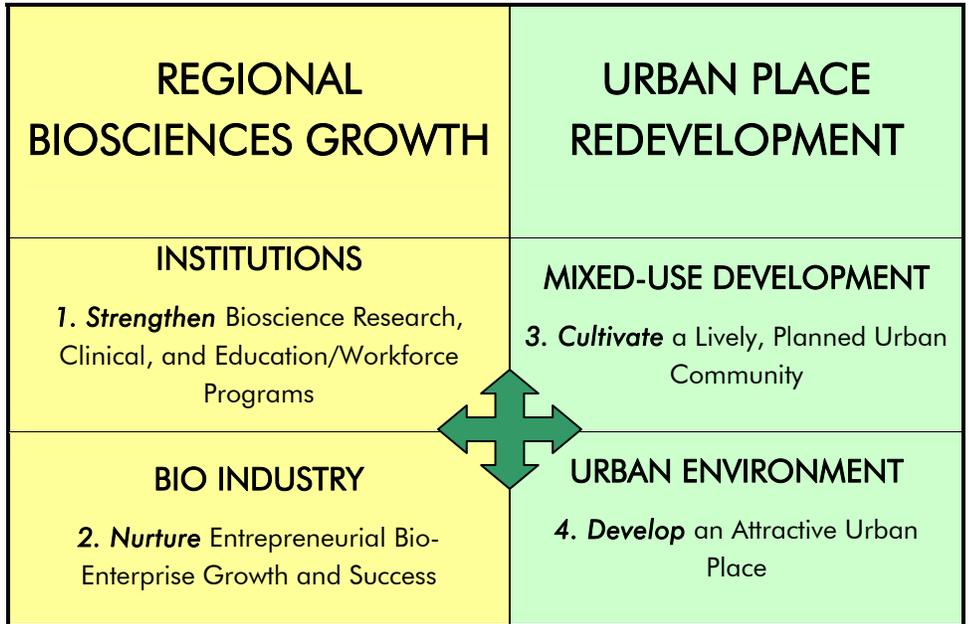
- Louisiana
- ↑
- New Orleans SMSA
- ↑
- Biosciences District (urban core)
- ↑
- 2 local nodes at health science, health care, and higher education institutions within the District (urban core)



FOUR GOALS IN TWO DOMAINS

To achieve the vision, four major goals are organized into two domains:

- **Regional Biosciences Growth**—a continuum from basic research through commercial applications in industry and clinical settings
- **Urban Place Redevelopment**—a planned and controlled mix of urban uses and improvement of the character of the physical environment.



STAKEHOLDERS

For technical purposes indicated in this *Strategic Plan*, such as comparative data and evaluation, **region** is defined as the New Orleans Statistical Metropolitan Area (SMSA).

True stakeholders for whom this long-term enterprise is undertaken are the citizens of the New Orleans region—present and future.



Those organizations that are charged collectively with achievement of the vision—including all the education, health care, business, government, and community organizations, agencies, and institutions whose knowledge, skills, and resources are needed to make this complex, long-range effort successful—are the indirect stakeholders, the *workers*.

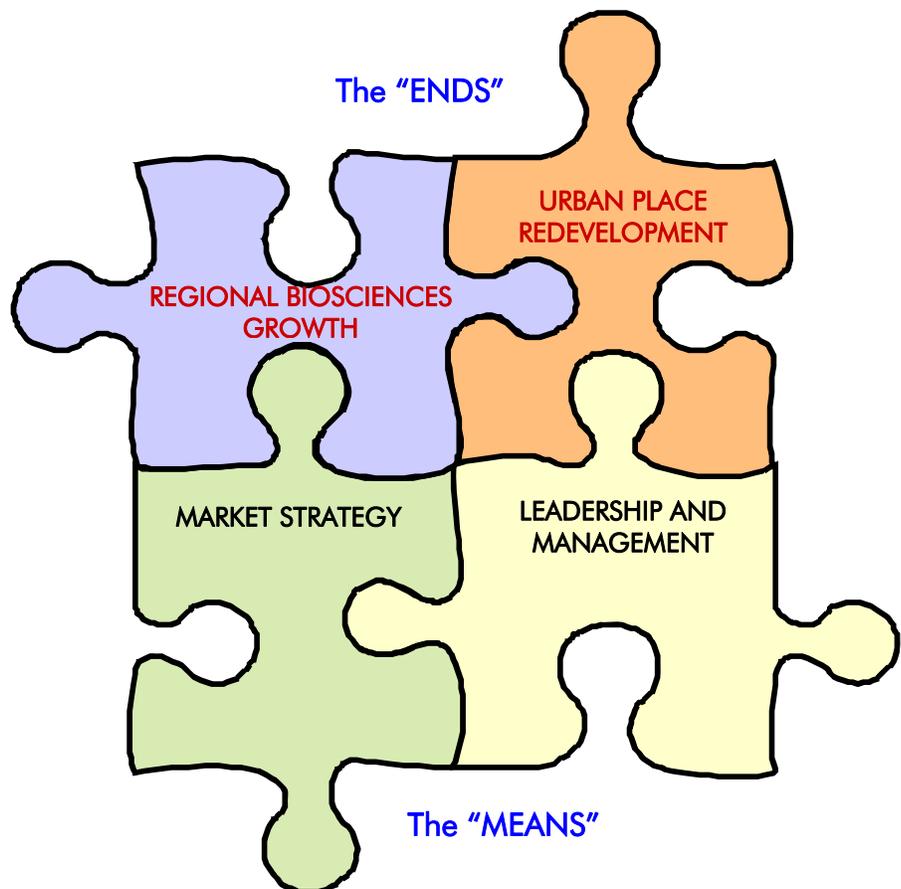
This Strategic Plan only summarizes the tasks or action strategies

Substantial background data about the Medical District, peer data, and various analyses are found in interim work papers that were produced to support the stakeholder planning dialogue.

STRATEGIC PLAN IN FOUR PARTS

The *Strategic Plan* includes four sets of strategies. The first two address the goals or desired results (**ENDS**). The other two address the **MEANS** by which to achieve the **ENDS**. The four sets of **ENDS** and **MEANS** strategies are as follows:

- **Regional Biosciences Growth** strategies are defined under **Innovation System Strategy**, in three parts:
 - Research and Technology Development
 - Business Entrepreneurship
 - Knowledge Workforce Development
- **Urban Place Redevelopment** strategies are addressed under **Physical Development Strategy**, in three parts:
 - Planning, Financing, and Management
 - Land and Infrastructure
 - Real Estate Project Development and Asset Management
- **Market Strategy and Marketing Plan Outline** provides overall positioning and approaches to be taken both to promote bioscience capabilities and to “sell” occupancy of physical space, in two parts:
 - Market Strategy (What We Are Promoting)
 - Marketing Plan Outline (Marketing Tactics)
- **Leadership and Management Strategy** is the organization of functions for accomplishment of this long-term *Strategic Plan*, in two parts:
 - Entity Role Strategies
 - Collaboration Process Strategies



INNOVATION SYSTEM STRATEGY

A comprehensive
INNOVATION SYSTEM
drives the goal of *Regional
Biosciences Growth...*

Research and Technology Development Strategies

Via Task IS.2, the leadership will develop future collaborative research strategies. Some areas for consideration, based on strengths, include:

- Antiviral peptides
- Viral vectors
- Eschemia/stroke prevention
- Tissue modeling
- Dental devices and polymers
- Bioinformatics (UNO)
- Nanotech delivery (UNO)
- Drug delivery (Xavier)
- Vaccines (malaria, etc.)
- Adult stem cells/ cell therapy and immuno-stimulation.

This work will be coordinated with the State's current initiatives to plan for research and technology development priorities.

Business Entrepreneurship Strategies

WHAT IS THE INNOVATION SYSTEM STRATEGY?

The **Innovation System Strategy** is a continuum of endeavor from basic research to applications of innovation in clinical and commercial settings—to achieve the primary goal of **Regional Biosciences Growth**. Innovation—broadly defined—is the business of both universities and bioscience companies.

WHAT NEEDS TO BE DONE?

- IS.1 Affirm that the Innovation System Strategy is regional and virtual, not site-based (although there is a core site)**
- Adopt (by this *Strategic Plan*) nomenclature changes to signal this—**New Orleans Regional Biosciences Initiative**
- IS.2 Develop a collaborative *Biosciences Strategic Research Plan***
- Include concrete plans for aggressive development of the CRC and GTRC as these are the already-in-place collaborative research strategies
 - Plan two or three more niches with market innovation potential, to be cultivated collaboratively (and coordinated with the State's RC/EEP)
 - Manage independent strategies of the individual institutions with appropriate sensitivity to the *collaborative* research scale-up strategies.
- IS.3 Raise private funds for a shared fund to assist institutions with priority scientist hires for the collaborative research initiatives**
- Use funds for niches defined in the *Biosciences Strategic Research Plan*
 - Use funds for lab fit-ups, relocation benefits, and start-up packages
 - Determine an appropriate amount for first several years, e.g. \$5 million.
- IS.4 Influence faculty culture to motivate entrepreneurial endeavors**
- De-emphasize *commercialization* and *technology transfer* and focus mission dialogue on *translational research, health care innovation, entrepreneurship, and service to society*
 - Align reward systems with the message in ways that count for faculty
 - Develop institutional policies leading to greater numbers of entrepreneurially-inclined faculty among new hires
 - Determine if state-level measures would support faculty entrepreneurs.
- IS.5 Modernize institutional technology development practices**
- Make local/regional impact (not license revenues) the priority objective, in any cases where local application of intellectual property is feasible
 - Improve capacities for technology development and share resources
 - Harmonize intellectual property policies among the institutions, to facilitate multi-institution-business collaborations.
- IS.6 Expand and strengthen the regional biosciences "community"**
- Sustain one-on-one outreach to faculty, companies, and entrepreneurs
 - Provide entrepreneurship training in groups and via individual mentors
 - Create a modest e-news vehicle for publicizing regional R&D activities.
- IS.7 Create a local seed fund for biosciences venture investments**
- Raise \$10 million in public and private funds
 - Engage professional fund management
 - Base the fund's office/staff in the NO BioInnovation Center.
- IS.8 Encourage the State to create a tax credit for bioscience company R&D investments**
- Work with Baton Rouge and Shreveport on this tactic.

Workforce Development Strategies

- IS.9 Find existing space immediately to define a “place” for the initiative and the District; to begin NOBio’s programs; and to house any present companies needing space.
- IS.10 Establish a permanent workforce monitoring function and design programs over time, as needs emerge, for all levels of personnel
- Set up a new model for workforce data; conduct an initial baseline study; and then track data periodically
 - Include the region’s education programs, degree production, employment levels, institutional needs, and company skills needs—in biosciences
 - Interview employers, including health care institutions, periodically
 - Design new or expanded workforce response programs based on needs
 - Consider as one possibility a program to train research lab technicians
 - Consider tech training program for those with baccalaureate degrees
 - Use all opportunities to acquire special grants for workforce programs.
- IS.11 Create a Science High School in the District
- Organize as a charter school that will focus on STEM disciplines
 - Obtain a planning grant for concept planning with appropriate partners.
- IS.12 Create a one-stop service for experiential education and recruitment
- Facilitate business access to internship/co-op programs of all institutions
 - Locate the clearinghouse activity in the BioInnovation Center.
- IS.13 Create a central hub (one-stop) location for entrepreneurial support and business outreach and services
- Designate the BioInnovation Center as the hub location
 - Relocate the university tech transfer offices into the Center
 - Establish a seed capital fund presence
 - Establish a one-stop service operation for companies to easily access experiential education and recruitment functions of the various institutions.

WHAT ARE THE SUCCESS FACTORS?

- Research program priorities are selected for scale-up investments based on a combination of existing expertise and market innovation potential
- Strong institutional collaborations facilitate focus and scale-up of research
- New scientist hires, especially in targeted niches, is facilitated and accelerates
- Research funding at institutions and joint institutes increases noticeably
- Institution-to-private company collaborations are made user-friendly
- Effective business financing and support are available for entrepreneurs
- A constant supply of small-scale office and lab space is available for lease
- Knowledge workforce support—technicians to PhD scientists—are in place
- Commitment is sustained and effort is focused over a long plan horizon.

Success in the **Research** end of the **Innovation System** continuum increasingly will be characterized by problem-focused or translational research approaches, often in large-scale collaborations. In **Technology Development**, agility, creativity, and responsiveness to achieve fruits of innovation in/for the region, and often in unique situations, are more important than intellectual property protection. The business end of the **Innovation System** continuum provides an environment in which entrepreneurial activity of all kinds is nurtured effectively and prospects for success accordingly enhanced. If the **Biosciences Knowledge Workforce** includes PhD scientists who must be recruited and retained at high levels to laboratory technicians, then success requires permanent collaboration between institutions, government, and business sector leadership to achieve varied support strategies.

PHYSICAL DEVELOPMENT STRATEGY

A comprehensive Physical Development Strategy drives the goal of Urban Place Redevelopment...

Planning, Financing, and Management Strategies

Land and Infrastructure Strategies

Roughly \$250MM would be needed to acquire all target properties in the bounded site. The City is considering special bonds. Land-bank funding is a priority and requires coordination among various agencies.

WHAT IS THE PHYSICAL DEVELOPMENT STRATEGY?

The **Physical Development Strategy** is a wide array of tasks in land planning, land acquisition, infrastructure development, facilities development, urban improvements, and ongoing quality of life services—to drive toward the second main goal—**Urban Place Redevelopment**.

WHAT NEEDS TO BE DONE?

PD.1 Affirm a common land-based definition of the core District

- Accept that boundaries are as defined by GNOBEDD legislation
- Define core development nodes around LSUHSC/Tulane/VA and Xavier

PD.2 Ensure ongoing coordination of land planning with UNOP and City recovery areas—building on land use planning already done

- Plan District's mix of uses to include:
 - a. Primary institutional uses
 - b. Private bioscience companies
 - c. New and revitalized housing
 - d. Retail/amenities
 - e. Science high school.
- Build on RPC's planning process to plan uses in detail around two core nodes and to establish general intent of uses for remaining areas (e.g. revitalization of residential neighborhoods)
- Include a planned location for a Science High School
- Evaluate whether creation of sub-districts for LSUHSC, Tulane, VA, and Xavier would be a useful solution to respect individual institution plans and, if yes, create them
- Develop **Design Guidelines** in the **Master Land Use Plan**, including streetscape standard design(s)
- Work with City of New Orleans to coordinate with the UNOP and to obtain approval for District **Master Land Use Plan** implementation.

PD.3 Establish specific mechanisms for effective, permanent coordination among the Biosciences District, Canal Street, and Iberville projects.

PD.4 Commit to collectively support current priority development projects and activities—both institutional and District projects

- LSUHSC and VA Hospital complex—in the District
- Cancer Research Center
- New facility for BioInnovation Center and LGTRC
- Renovation of an existing facility for immediate Medical District use
- A first phase of street improvements (beginning with current activities planned for lighting, Tulane Avenue, etc.)
- Immediate highest priority land acquisitions (other than LSUHSC/VA)—and especially to prepare development sites and control key areas.

PD.5 Create and sustain a land acquisition and land-banking program

- Raise \$50 million from institutions, government, and private sources (in addition to requirements for LSUHSC/VA projects)
- Establish the program to provide break-even or a reasonable return on investment, as a result of re-sales and ground leases
- Negotiate with the State and City for needed land transfers
- For property the District will own, consider use of ground leases (rather than sales) where possible
- Prioritize areas for early acquisition to establish strategic control over key locations and intersections

Real Estate Project Development and Asset Management Strategies

The institutions need to consider how they might meet some of their space needs in leased space in the District that then would make possible the financing of speculative space for bioscience companies.

- Exclude specific defined areas to be acquired by/for LSUHSC and the VA
 - Use the *Road Home Program* provisions creatively in parcel acquisitions
 - Prepare development sites on an ongoing basis.
- PD.6 Organize phases for infrastructure improvements (including parking) and for streetscape improvements in priority locations**
- Use current land planning to select priority areas for early phases, such as at Canal Street and the planned BioInnovation Center; around institutions; and at entrances to the District
 - In selecting priority areas for improvements, build on the City's commitment to Canal Street as a priority node
 - Consider using Canal Street's street design guidelines as a basis for District guidelines.
- PD.7 Make multi-tenant buildings (MTBs) the cornerstone development strategy—within the core District and in selected other locations**
- Develop MTBs directly and structure development partnerships
 - Engage institutions to determine their needed uses and their ability to lease space in order to secure financing in a series of MTBs, over time
 - Consider possible MTB locations outside the core that would be suitable, for example at the Primate Center.
- PD.8 Identify partners and develop transactions/deals over time for housing, retail/amenities, and school development**
- Clearly establish a development entity as the single voice to lead and control all development in the bounded area
 - Take a proactive stance toward private development, via defining projects and issuing RFPs, rather than allowing development to "happen."
- PD.9 Provide enhanced quality of life services throughout the District**
- Include security and maintenance of streetscapes and infrastructure.
- PD.10 Provide asset management for District-owned property**
- Provide asset management via internal staff or vendor contracts, or both.

WHAT ARE THE SUCCESS FACTORS?

- Land consolidation for development for all functions within the District
- Land consolidation to assist expansion of institutions within the District
- Collaboration with Canal Street investments to leverage redevelopment efforts
- Success in transformation of Iberville into a mixed-use, mixed-income community and creation or revitalization of other residential areas over time
- Establishment of conditions in the District that permit and encourage private-sector development of all non-institutional components of the strategy—cleaner, safer, more vibrantly urban
- Provision of a constant supply of speculative space in multi-tenant building settings for occupancy by expanding biotech companies
- Provision of special quality of life services to the Medical District similar to those provided by the Downtown Development District.

In a highly challenging urban redevelopment context, **Physical Development Strategy** will require significant public sector leadership and commitments, especially in early stages of development when the site is not attractive and when a market is not visible to private developers. Selected roles for private developers need to be created and the public sponsor's control of uses, even as it seeks private investment, is very important, to achieve the vision.

MARKET STRATEGY AND MARKETING PLAN OUTLINE

MARKET STRATEGY
defines the product being promoted

The **MARKETING PLAN** then sets forth tactics and tasks in promotion and sales.

WHAT IS THE MARKET STRATEGY?

The **Market Strategy** is a conceptual definition of what actually is being promoted and sold and to whom. Often, this is called *market positioning*.

- What is our *product*? (What are we marketing?)
- What are our target *market segments*? (To whom are we marketing?)

Then, **Market Strategy** guides and drives a **Marketing Plan**, which is a set of tactics for two distinctly different sets of functions—*promotion* and *sales*.

Promotion and sales tactics are defined as follows.



In this Strategic Plan, the **Market Strategy** is defined and the **Marketing Plan** is outlined. Creation of a detailed, executable **Marketing Plan** is included as an action strategy.

WHAT NEEDS TO BE DONE?

- MS.1 Commit to product position as both programmatic and physical**
- **Real Expertise:** World-class capabilities in certain selected niches of excellence in bioscience segments (that mesh with commercial innovation)
 - **Value Added Features:** Real benefits, facilities, services, and other resources to help businesses flourish
 - **Innovation-Focused Partnerships and Relationships:** Active promotion of institution-institution and institution-business and business-business collaborative alliances—to solve problems and to innovate
 - **Desirable Physical Place:** Aggressive efforts over time to make the urban place an organized, high-value, attractive business location.
- MS.2 Develop a detailed Marketing Plan, based on this outline**
- MS.3 through MS.9 are outlined elements to be detailed in a **Marketing Plan**
- MS.3 Organize tactics around three target segments**
- **Start-up companies** coming from institutions or institutional collaborations with business entrepreneurs, including some already in the region, that would benefit from value added by the Initiative's programs or sites

*Market Strategy/Position—
What is our Product?*

Marketing Plan Outline
Marketing Tactics

- **Maturing companies** already in the region (present and future) that need to expand or to connect better with research in the universities
- **Large, national and multi-national companies** with research centers elsewhere, which may develop a relationship with a local partner university program or faculty group, or that need to be near an expanding market, a major customer, or a clinical trials population. (Note: This is likely to be small-scale use, not large-scale HQ use.)

MS.4 Use the niches defined in the *Biosciences Research Strategic Plan* and other institutional strengths as basis for targeting promotion to bio industry segments.

MS.5 Offer and provide conveniently a range of institutional, value-added amenities and resources of real benefit, especially to start-up or small businesses

- Provide company employees institutional identification entitling them to access to health facilities, libraries, cultural events, sporting events, institutional newsletters, etc. (or create a special "District ID")
- Provide facilitated access to specialized laboratories or services, specialty scientific equipment, or technical information sources
- Facilitate access to the knowledge workforce, including faculty partners, interns, graduate students, and graduating students by organizing a "one-stop" coordination point of entry.

MS.6 Use relationship marketing as an essential tactic for targeting to generate prospects

- Target companies that have existing research relationships with faculty
- Target companies that show interest in certain technologies, e.g. licensees
- Target alumni in executive positions in tech companies in niche areas
- Target companies that have contributed philanthropically to institutions.

MS.7 Create a specific organizational structure for leadership and management of promotion and sales activities

- Agree that promotion and sales is a joint responsibility of several lead organizations
- Assign roles to promotion and sales teams
- Organize a Marketing Committee comprised of persons whose skills together span the expertise needed for promotion and sales to oversee all marketing.

MS.8 Develop detailed tactics for promotion

- Coordinate wherever possible with other state promotion efforts (Baton Rouge, Shreveport, LED, etc.)
- Develop web site and coordinated print and display materials, including simple brochure, folder, one-page information sheets, and ad and display copy and images
- Identify highest priority advertising venues
- Determine manner of BIO and other trade show/event participation
- Work to obtain as much positive "earned media" as possible.

MS.9 Develop detailed tactics for sales

- Develop policies for working with brokers
- Develop policies for engaging private development partners
- Develop land lease terms
- Organize information about financial incentives and seek or create new ones, including funding to help prospects with the cost of tenant improvements
- Determine key sales team members (including scientists as needed)
- Develop and maintain a prospect tracking system.

Refer to Leadership and
Management Strategy section
for additional information.

WHAT ARE THE SUCCESS FACTORS?

- Stakeholder organizations agree that this effort is not about selling real estate, although place does matter; it is about promoting *knowledge, expertise, relationships, and business innovation opportunity*—and, at the same time, an attractive place.
- The **Market Strategy** and **Marketing Plan** clearly establish that the **New Orleans Biosciences Initiative** competes in a hot global biosciences marketplace. The competitors are elsewhere and all local institutions are partners in that global competition, not local competitors.
- **New Orleans Biosciences Initiative** increasingly achieves name recognition in institutional, real estate, and technology marketplaces as one among peer initiatives and sites for biosciences, as evidenced by listings and media.
- Promotion of expertise and knowledge assets is constant and effective.
- Actual inquiries about opportunities for R&D relationships or space increase.
- New innovation relationships, contracts, or R&D collaborations are created (even with no facility or space involved).
- Actual land or facility lease transactions are accomplished.

LEADERSHIP AND MANAGEMENT STRATEGY

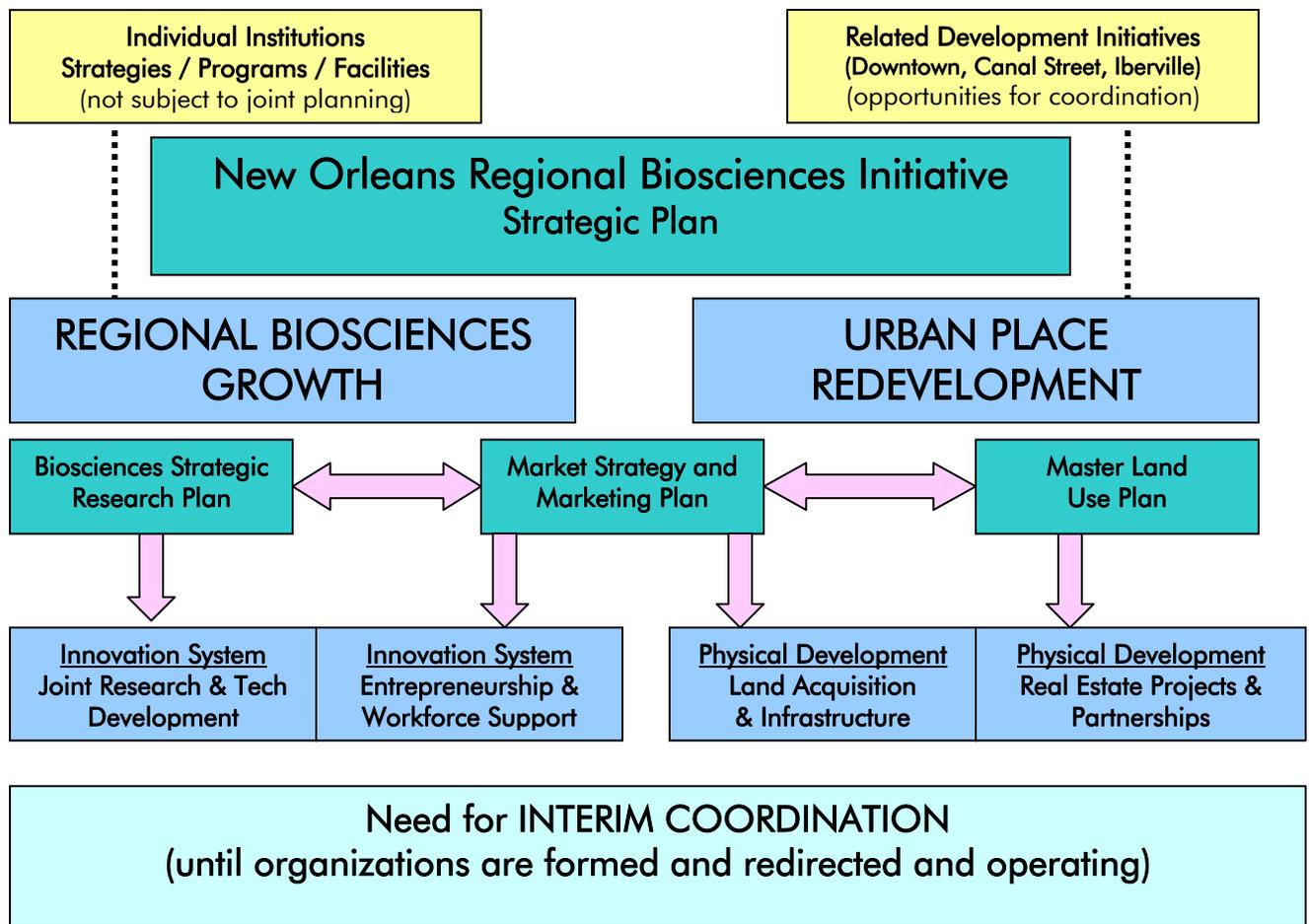
Considerable talents and resources of the many stakeholders can make the difference for the future of the New Orleans region... Organized, collaborative leadership and disciplined management are all that is required to activate the many assets.

WHAT IS THE LEADERSHIP AND MANAGEMENT STRATEGY?

New Orleans has had many organizations involved in aspects and versions of the District concept, and has engaged in several planning efforts.

This *Strategic Plan* serves the vital purpose of being the vehicle for consensus on WHAT needs to be done and, also, BY WHOM. Functions required are many, complex, and interrelated, but require different skills and orientations. Also, tasks range from immediate to very long-term. Both long-term and immediate action strategies are detailed above. **Functions** represented by the strategies, and thus requiring effective leadership, are summarized as follows.

New Orleans Regional Biosciences Initiative FUNCTIONS



Color Key:

Not directed by this Initiative

Plan Documents

Goals & Strategies

Interim Coordination



Entity Role Strategies

There are a few ways in which the Board and Advisory Council structures should be improved. In the interest of achieving momentum now, it was decided that GNOBEDD should be activated as currently defined and that legislative changes should be developed for the 2008 session.

WHAT NEEDS TO BE DONE?

- LM.1 Activate GNOBEDD immediately as the overall coordinating entity for this *Strategic Plan*; as the lead agency for acquiring funding for various needs; and to oversee coordination of marketing**
- Aggressively pursue City, State, Federal, sponsor, and private philanthropic funding for initially identified needs—capital and operating; leverage local sponsor pledges for state funding
 - Appoint the Board
 - Develop staffing and operational plan and hire initial staff
 - Reaffirm the physical definition of the core District based on GNOBEDD boundaries
 - Establish operating relationships and coordination processes with NOrMC, NOBio, DDD, RPC, Canal Street, and Iberville
 - As/after operations begin and as needs are identified, use the framework of this *Strategic Plan* to develop specific legislative requests for modifications to the statute in membership or other provisions (for the 2008 session).
- LM.2 Redefine NOrMC as the entity solely focused on institutional collaborative program strategies, as these are critical to success**
- Change corporate name to New Orleans Regional Medical Collaborative
 - Eliminate concept of NOrMC's physical boundary and establish NOrMC clearly as a regional organization of institutions focused entirely on programs
 - Revise the membership structure (and Board structure) to include **all** higher education and health care institutions in the region, and to include a moderate number of business and state government representatives, especially as their skills are relevant to NOrMC's new agenda, for example, in knowledge workforce development
 - Create three committees: Research Initiatives and Technology Development Policy; Clinical Program Collaborations; and Knowledge Workforce
 - Construct memberships of these Committees to include non-Board members for their expertise, if needed, for example, GNO, Inc. and WDB representatives and other institution personnel for *Knowledge Workforce*.
- LM.3 Clarify NOBio's role as the entity responsible for providing, or leading and coordinating Business Entrepreneurship strategies**
- Change Board structure and membership to reflect greater emphasis on business and finance skills for entrepreneurial enterprises, with perhaps more limited institutional representation
 - Determine if a separate corporate entity is required for the seed capital fund (although its staff would be housed at the BioInnovation Center).
- LM.4 Create one additional entity—New Orleans BIO Development Corporation, to serve as the lead agency for physical development**
- Design the entity to include Board level representation of those existing entities that have the greatest skill sets in physical development
 - Keep the Board as small as possible for functionality reasons and share staff with GNOBEDD.
- LM.5 Organize a cross-organizational Regional Biosciences Initiative Marketing Committee**
- Recognize that what is being marketed (promoted) combines both program assets and physical facilities and therefore cannot be correctly undertaken without correct involvement of multiple entities
 - Use this Committee to promote understanding of the overall **Market Strategy** (positioning) and to develop and coordinate tactics of the

Collaboration Process Strategies

Marketing Plan—assigning various promotion and sales functions appropriately to GNOBEDD, GNO, Inc. NOrMC, NOBio, BIO-DC, the Chambers, and the institutions.

LM.6 Adopt a standard set of metrics by which to measure progress and monitor these on a permanent basis

- Assign responsibility for ongoing evaluation of progress on defined metrics to GNOBEDD
- Produce at least annual updates.

LM.7 Convene periodic workshop sessions of Boards of all organizations—for systematic review of ongoing initiatives and accomplishments

- Include primary entities GNOBEDD, NOrMC, NOBio, BIO-DC, and GNO, Inc. and invited others (e.g. RPC, DDD, LED, LA BOR, LRA, etc.).
- Determine if biannual or quarterly workshops are needed
- Assign convening responsibility to GNOBEDD.

LM.8 Building on this Strategic Plan and other recent planning, undertake immediately the next level of planning tasks

- Develop a **12-Month Action Plan** that spells out schedule, deadlines, and responsibilities assigned to various entities for most immediate activities
- Develop immediately the details for **Entities** (corporate document or legislative changes) for revised purposes and board memberships (GNOBEDD, NOrMC, NOBio, and for new BIO Development Corp.)
- Appoint a group (in and via NOrMC) to develop the **Biosciences Research Strategic Plan** and to coordinate the region’s collaborative efforts relating to the State’s RC/EEP planning activities
- Expand on current NY Associates land planning activity to develop at least conceptual level **Land Uses** for the entire area within the core area/District boundaries and prepare some graphics that can be used in promotion
- Develop a detailed **Marketing Plan** with executable tasks, budget, and staffing, under direction of a **Regional Biosciences Marketing Committee**.

This is a *Strategic Plan* for the entire initiative. Thus it does not contain many details that are required for execution of various parts of the initiative.

Additional follow-on (or continuing) planning activities must begin with a **12-Month Action Plan** to define tasks, assignments, and deadlines for most immediate tasks.

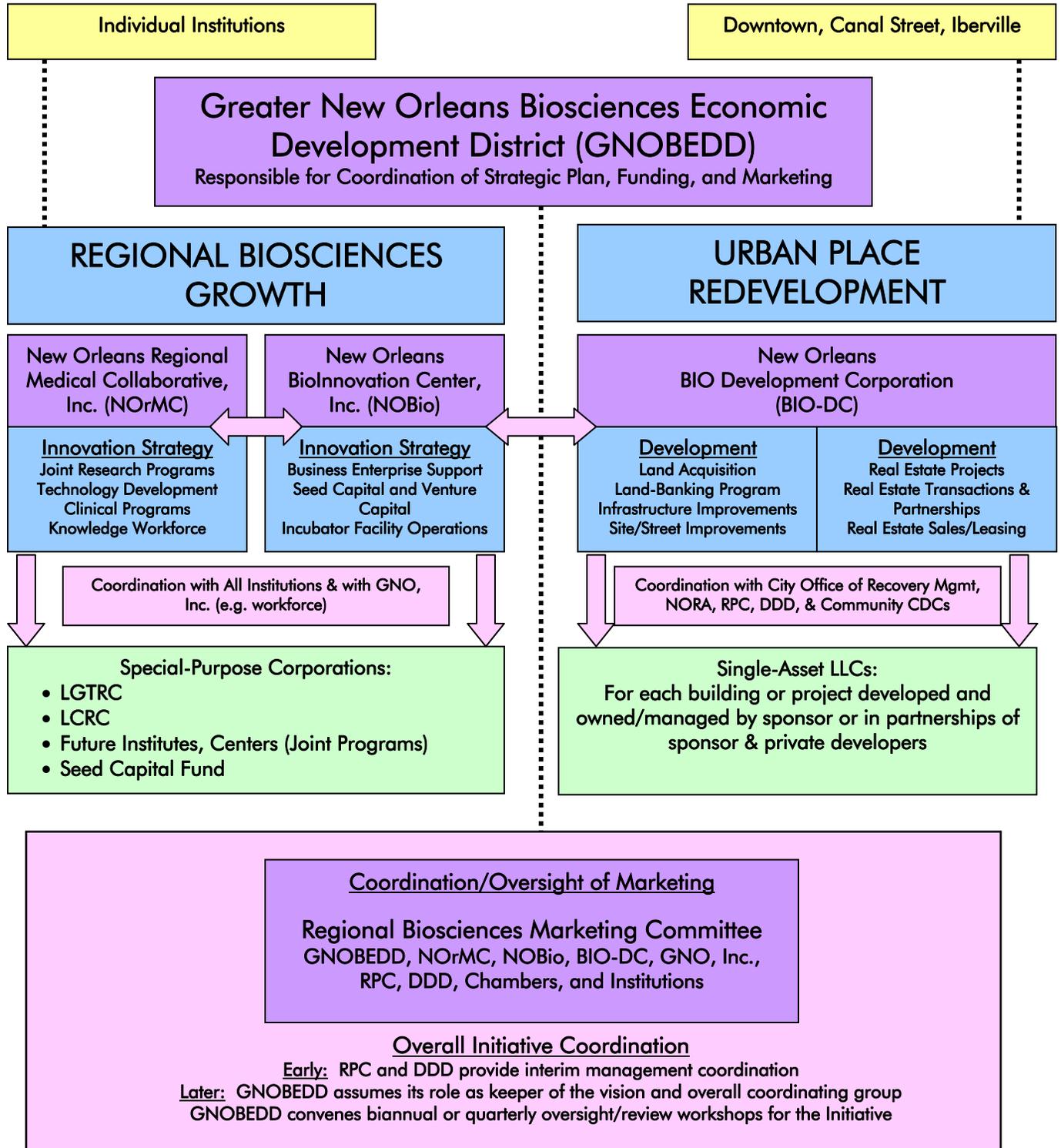
Other areas for additional and ongoing planning are:

- Entities
- Additional Land Use planning
- Biosciences Research Strategic Plan (coordinate with RC/EEP)
- Marketing Plan

WHAT ARE THE SUCCESS FACTORS?

- A strong individual champion emerges who can influence others and help sustain common focus on this *Strategic Plan* and coordination of its activities
- Every stakeholder organization truly adopts the idea that New Orleans is competing with other regions globally—and NOT internally within the region. Collective commitments and good partnering behaviors are adopted by all.
- Each major stakeholder organization (and participating institutions) provide a start-up funding contribution
- GNOBEDD earns recognition as the main coordinating entity and acquires significant new resources
- A new BIO Development Corporation becomes the **Urban Place Developer**
- NOrMC refocuses and makes great progress in region-wide programmatic collaborations in **Research/Technology Development, Knowledge Workforce, and Clinical Programs**
- NOBio proceeds assertively with its roles in **Business Entrepreneurship** support
- Action strategies in this *Strategic Plan* are implemented and measurable or identifiable results are achieved more expeditiously than in the past.

New Orleans Regional Biosciences Initiative
LEADERSHIP AND MANAGEMENT ORGANIZATION



Color Key:



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During the course of the project, the consultant team did much research and met often with individual stakeholders in order to gain guidance, obtain data and information, and discuss the development of the plan. The consultant team also gave briefings and presentations as needed to organizations so that they could be apprised of the project and its progress. Finally, the consultant team, as part of the planning process, formed an overall Project Advisory Committee. In addition to their role as oversight on the development and review of the plan document, two (2) Project Advisory Committee meetings were held as open forums for input and the open exchange of ideas relating to the development of the plan.

Below is a month-by-month listing of all meetings, briefings, and presentations attended by the consultant team over the life of the project.

In-depth meeting summaries of the two Project Advisory Committee meetings follow this listing, beginning on the next page.

Meetings, Briefings, and Presentations Attended:

- November 2006 – meetings with Phoenix of NOLA (PNOLA), Lambert Group for Tulane/Gravier neighborhood, LSUMC, DDD, City of New Orleans Planning Commission staff.
- January 2007 - meetings with PNOLA, LSU Facilities, Adams Management, Phase 2 Consulting, NBBJ, Tulane University.
- February 2007 – meetings with LSU Facilities, Adams Management, Montgomery-Watson, Phase 2 Consulting, NBBJ, and Tulane University.
- March 2007 – Meetings with Tulane University School of Medicine, New Orleans Recovery Directors Office/ City of New Orleans.
- April 2007 – meeting with Xavier University officials.
- July 2007 – meetings and discussions with LSU officials and their consultants (to review the LSU Health Sciences Center’s Draft Facilities’ Plan), New Orleans Bio-Innovation Center, Downtown Development District, Louisiana Cancer Research Consortium, Sister Vera of St. Joseph Catholic Church; attended PNOLA neighborhood meeting.
- August 2007 – 1st Project Advisory Committee Meeting.
- October 2007 - delivered briefing to Regional Planning Commission.
- November 2007 – meeting with VA/LSU project consultant Schrenk and Peterson.

- December 2007 - delivered briefing on Tulane Avenue re-design to Regional Planning Commission.
- January 2008 - attended Tulane Medical Center Site design charrette.
- February 2008 - gave presentation at New Orleans Regional Medical Center board meeting.
- March 2008 - 2nd Project Advisory Committee Meeting; attended Senate Local & Municipal Affairs Committee Meeting (which discussed the Medical Center of Louisiana at New Orleans).
- June 2008 - gave presentations to Greater New Orleans Bioscience Initiative Economic Development District Board and Hospital Corporation of America / Tulane Medical Community.
- September 2008 - attended NORMC Board Meeting.
- October 2008 - meeting with city officials (City Planning Commission, pertinent City Council representatives, and representatives from the Office of Recovery Management) on planning and zoning issues.
- November 2008 - meetings with board members from both the NORMC and GNOBEDD pertinent to final comments on revised Draft document, and officials of Tulane University Medical Center to take final comments.

**NEW ORLEANS
MEDICAL DISTRICT
DISTRICT MASTER PLAN**

ADVISORY COMMITTEE MEETING #1

*August 16, 2007
Regional Planning Commission
Large Conference Room
1340 Poydras Street, 21st Floor
1:30 to 3:30 pm*

AGENDA

- I. Introductions**
Caitlin Cain, RPC (10 min.)
- II. Project Overview**
Krista Neilson, N-Y Associates (10 min.)
- III. Meeting Purpose**
Krista Neilson, N-Y Associates (5 min.)
- IV. Land Use Issues, Opportunities, Recommendations**
Krista Neilson, N-Y Associates (30 min.)
- V. Transportation Issues, Opportunities, Recommendations**
Keith Scarmuzza, Mathes Brierre (30 min.)
- VI. Infrastructure Issues, Opportunities, Recommendations**
Kim Henry, Essential Environmental Engineers (30 min.)
- VII. Next Steps**
Krista Neilson, N-Y Associates (5 min.)

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New Orleans Medical District



In association with:
Mathes Brierre Architects
Essential Environmental Engineers

Master Plan

**Advisory Committee Meeting #1
August 16, 2007
Meeting Summary**

The first advisory committee meeting for the New Orleans Medical District Master Plan was held in the large conference room of the Regional Planning Commission, 1340 Poydras Street, New Orleans, LA, commencing at 1:30 pm.

Advisory committee members in attendance included:

- Kurt Weigle, Downtown Development District
- Steve Moye, Louisiana Cancer Research Consortium
- James Hardy, LSU HSC
- Danny Mahaffey, LSU Systems
- Aaron Miscenich, New Orleans BioInnovation Center
- Ed Blakely, Office of Recovery Management
- Ralph Thayer, Office of Recovery Management
- Geoff Brien, Office of Recovery Management
- Doug Kahn, Office of Housing
- Rebecca Conwell, Tulane University
- Norma Grace, University of New Orleans
- Julie Catellier, Veterans Affairs
- Don Hutchinson, Louisiana Economic Development
- Sister Vera Butler, St. Joseph's Church
- Father Perry, St. Joseph's Church
- Gene D'Amour, Xavier University

Project team members included:

- Caitlin Cain, Regional Planning Commission
- Walter Brooks, Regional Planning Commission
- Kara Mattini-Renne, Regional Planning Commission
- Bruce Richards, N-Y Associates, Inc.
- Krista Neilson, N-Y Associates, Inc.
- Lydia Jemison, N-Y Associates, Inc.
- Kim Henry, Essential Environmental Engineers
- Keith Scarmuzza, Mathes Brierre Architects

Bruce Richards of N-Y Associates made an initial presentation regarding the focus of this study and the vision statement for the master plan.

- There was a question as to why the team is excluding Xavier University from the study area.

- Krista Neilson of N-Y Associates assured the audience that the team would connect Xavier to the rest of the Medical District through the transportation planning part of the work.
- One participant commented that the vision statement is good, while another noted that the words “health care” had been omitted and should be added to the statement.
- One participant asked that some time frame be added to the vision statement. Is this a plan for 2015, 2020 or by what year are we trying to achieve these goals.

Next Bruce and Krista presented the general planning issues and opportunities for each of the three categories of land use, transportation and infrastructure. Each topic was open for discussion before moving to the next topic. Discussion points and questions posed by the advisory committee are included below.

Land Use

Linkages

- What about the Baton Rouge to New Orleans rail link? How can we incorporate this important element into the plan?
- The team should consider incorporating a proposed shuttle link from the Medical District to the Union Passenger Terminal.
- The heliport at the Superdome must relocate. The team should study possible locations in the Medical District for this feature, since it is a valuable asset for health care.

Mixed-Use

- Kurt Weigle of the DDD applauded the team’s focus on land use diversity and design, because he said many of the “best and brightest” around the country are going to be attracted to an authentic, walkable neighborhood, which is essentially a characteristic of many other New Orleans neighborhoods. So this will help in recruitment of medical staff.
- The Father Perry of St. Joseph’s Church was concerned about the existing residents of the area, and wanted to know what commitment there is from the medical community to build and retain affordable housing in the area, with particular attention to the existing residents.

Open Space

- Aaron Miscenich of the BioInnovation Center requested that more focus be put on open space, which is currently very limited, and which he also feels has a significant impact on the perceived quality of the neighborhood.
- Kurt Weigle agreed, and commented that not only is open space important, but that a great city should have a “fine-grained diversity of uses,” with small parks interspersed throughout the neighborhoods.

Education

- Several members of the committee discussed the importance of high quality elementary and secondary public schools, which should be located in the district to attract young researchers who may not be able to afford private school for their children. This is a key recruitment issue, and education is not currently addressed in the land use plan.

Transportation

Traffic

- Ed Blakely commented that the team should consider the traffic implications of a Galvez Ave. that is closed from Canal Street to Poydras St. What are the impacts on traffic flow in the area?

Transit

- Krista Neilson asked participants from Tulane to clarify the route of the shuttle service that they currently operate in the district. Rebecca Conwell responded that the shuttle runs from the Uptown campus to the Tidewater Building, and perhaps now to the new Poydras St. teaching building. Others noted that LSU previously ran a shuttle from Charity to University Hospital, but that this service has probably been suspended.
- Ed Blakely remarked that in planning for a shuttle service, the team should consider extending the service from the Medical District north to the criminal justice complex at Broad and Tulane Ave.

Parking

- Ed Blakely commented that “I don’t believe in free parking.” He elaborated that someone should pay for parking, and perhaps the closer you are to the medical destinations, the more you would pay.
- One participant suggested the creation of a “Parking District” for the area and let third parties build the garages.
- Another suggested that one should be able to park in a garage and then board a shuttle to get to the destination facility.
- Kurt Weigle noted that the DDD is preparing to create a mobility and parking strategy for Downtown, which may include DDD ownership of parking garages in order to maintain a consistent parking plan. Others in the group remarked that the Medical District should coordinate with the DDD to extend this parking plan.

Pedestrian Circulation

- Ed Blakely suggested the team should provide ways to allow circulation through buildings via internal corridors, malls, or outdoor porticos rather than forcing pedestrians to always circulate around buildings on public rights-of-way, which can be difficult given the heat and humidity.
- Julie Catellier suggested that health and wellness should be a strong consideration when planning for the urban environment, promoting active engagement and walking for incidental exercise opportunities.
- A participant asked about the recommendations for a signage and wayfinding system, which he thought was necessary element of the transportation plan. The team explained that a wayfinding signage system would be part of the recommendations of the study. It was further suggested that the DDD wayfinding signage serve as a model for the Medical District.

Infrastructure

Utilities

- Ed Blakely remarked that the planners should not focus too much on existing utility capacity with regards to future medical facility development because the architects and engineers of the new hospitals will be charged with upgrading the utility infrastructure.
- One participant also mentioned that the plan should highlight and build upon the District’s chilled water system as an asset that has capacity to expand.

Lighting

- One participant noted the possibility of including pedestrian scale lighting on buildings as opposed to just the traditional utility pole.

Streets

- One participant remarked that major street repairs should not be undertaken until the new hospital infrastructure is complete.
- Walter Brooks noted that along Claiborne Ave. utilities will be rerouted underground and new streetscaping will be built. Construction documents have been completed, and the project is awaiting funds to be dispersed.

Pedestrian Circulation

- Kurt Weigle commented that Loyola Avenue is a thoroughfare that is “too wide and uninviting,” effectively separating the Medical District from the rest of Downtown, and compromising the accessibility of the Medical District and its ability to share resources with Downtown. He recommends the street be redesigned to better accommodate pedestrians.
- One participant remarked that there is no integrated traffic control system for the Medical District, and particularly no pedestrian signalization system. The team should incorporate better pedestrian infrastructure into the urban design recommendations.

Sustainability

- Ed Blakely thought it was important to add sustainability issues to the master plan for the Medical District. Green roofs, urban farming, disaster proofing, etc. should be considered in all aspects of planning for the area.

Closing Discussion

Study Focus

- Gene D’Amour of Xavier University disagreed with the presentation of this master plan as an extension of the Economic Development Strategy by Eva Klein. He remarked that this plan seems more like a beautification plan for the existing NORMC area, and has nothing to do with the larger GNOBEDD area. Caitlin Cain explained that the larger GNOBEDD area requires a much bigger study and additional resources, and that a decision was made to focus initially on the traditional Medical District area, but with the intention of later extending some of the resulting plans to the larger district at a later time.
- Gene commented that this plan focuses too much on the physical urban design, and does not provide the economic framework for encouraging reinvestment in properties in the GNOBEDD district. Kurt Weigle of the DDD disagreed, explaining that quality urban design is a key factor in attracting both investors and users to the district, and that these public investments and land use plans will prove valuable to the economy of the district.

Krista Neilson asked the committee members to spend some time thinking about the ideas that had been proposed at the meeting and to complete the questionnaire that was passed out with the handouts (and subsequently emailed). She mentioned that the project team would be using the feedback from the questionnaire to develop draft recommendations for the District. A public meeting may be held in September; although Dr. Blakely suggested that given the politics of this project, it may be better to hold off on a public meeting. Krista said the project team intends to meet with the advisory committee again in late September.

**NEW ORLEANS
MEDICAL DISTRICT
DISTRICT MASTER PLAN**

ADVISORY COMMITTEE MEETING #2

*March 13, 2008
Regional Planning Commission
Large Conference Room
1340 Poydras Street, 21st Floor
9:30 to 11:30 am*

AGENDA

- VIII. Introductions**
- IX. Project Recap**
- X. Meeting Purpose**
- XI. Verify Plans to Date**
- XII. Confirm Vision Statement**
- XIII. Land Use Recommendations / Implementation**
- XIV. Transportation Recommendations / Implementation**
- XV. Infrastructure Recommendations / Implementation**
- XVI. Open Discussion**

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In association with:
Mathes Brierre Architects
Essential Environmental Engineers

Master Plan

**Advisory Committee Meeting #2
March 13, 2008
Meeting Summary**

The second advisory committee meeting for the New Orleans Medical District Master Plan was held in the large conference room of the Regional Planning Commission, 1340 Poydras Street, New Orleans, LA, commencing at 9:30 pm.

Advisory committee members in attendance included:

- Kurt Weigle, Downtown Development District
- Ron E. Gardner, LSU HSC
- Larry Hollier, LSU HSC
- Danny Mahaffey, LSU Systems
- Aaron Miscenich, New Orleans BioInnovation Center
- Alexandra Chatters, Xavier University
- Wayne Peterson, Schrenk and Peterson Consulting Engineers
- John Williams, Williams Architecture
- Alan Miller, Tulane University
- Nicole Marshall, Veterans Affairs
- Roy Mack, New Orleans Regional Business Park
- Paul Ikemire, PNOLA
- David Crais, Crais Group
- Belinda Littlewood, City of New Orleans
- Father Perry, St. Joseph's Church
- Gene D'Amour, Xavier University
- Dubravka Gilic, City of New Orleans
- Clayton Williams, Louisiana Public Health Institute
- Anne Redd, Representative Councilwoman Stacy Head
- Karl Connor, New Orleans Biosciences District

Project team members included:

- Caitlin Cain, Regional Planning Commission
- Kara Mattini-Renne, Regional Planning Commission
- Kim Henry, Essential Environmental Engineers
- Keith Scarmuzza, Mathes Brierre Architects
- Bruce Richards, N-Y Associates, Inc.
- Christopher Mills, N-Y Associates, Inc.

Bruce Richards opened the meeting with a brief presentation of the recommendations for the Master Plan. A draft of the Vision and Recommendations portion of the master plan was distributed to all attendees.

In response to the assertion that utilities infrastructure was adequate for the district, several members countered that drainage was poor in several areas and water pressure was so low in some buildings that upper floors were getting very little water. It was decided that these issues would be looked in to.

Kurt Weigle offered several comments and suggestions:

- Claiborne Avenue has a proud commercial history. As of now, the area around the roadway contains a lot of wasted space and it would be a good idea to reintroduce commercial use.
- On green space, Kurt suggested that these areas should be an active space. Green spaces could actually be hardscape with trees. Giant expanses of lawn typically become wasted space. As opposed to areas that are simply “green”, a living environment that is actually used by people is much more desirable.
- Retail and support uses are a critical quality of life component of the district. It is also a big economic component of the district. These types of amenities are what will draw people from outside the city to New Orleans.

Danny Mahaffey from LSU said he had no real conflicts with the Master Plan to date. However, he stressed the importance of separating the LSU Hospital from the VA Hospital whenever these two entities are shown on plans. His concern was that whenever preliminary plans and diagrams are released to the public, no matter how preliminary or conceptual the plans are, it appears that the planning stages are actually finished thus negating any public input. He suggested using vague schematics as opposed to proposed building footprints.

It was also suggested that the plan should not recommend any street closures, but state in the text that street closures may occur as a result of any new hospitals.

With regard to housing needs, it was suggested that the Dibert building should be demolished and the space used for residences.

In regards to several comments on individual institutions’ plans and how they relate to this effort, Caitlin Cain of the RPC stated that it is important to note that this document is a unification plan and that other universities will also fit into it in the long run. The plan’s focus is on the public right of way and not what the individual hospitals are doing internally. There are guidelines for the district itself but the individual entities are responsible for their own design.

Dubravka Gilic initiated a discussion about the use of the term “superblock” and that they were being discouraged. She noted that there would be some “superblocks” made up of 2, 3, (and sometimes more) current city blocks. Some attendees felt that the term “megablock”, representing the conversion of the multi-block proposed VA and MCLNO site into **one** large block, should perhaps be used instead of “superblock” as a term of discouragement. In the document, it should be explained what level of

“superblock” will be supported and not just stated that there will be “megablocks” or “superblocks” involved.

Other comments received at the meeting included:

- Prior to finalizing the document, the ideas within need to be presented to more city agencies, the RTA in particular. It also needs to be integrated with the Downtown Development Districts parking study.
- The “blue map” showing proposed building projects should be incorporated into the document.
- The water pressure issue and existing infrastructure needs to be revisited.
- Alternative energy sources such as solar energy that feeds into the existing grid should be explored as well as the Leadership in Energy and Environmental Design (LEED) system.

Upon closing, advisory committee members were asked to send any other comments and suggestions to the project team members.