

**BALTIMORE CITY DEPARTMENT OF PLANNING**  
**URBAN DESIGN AND ARCHITECTURE ADVISORY PANEL**  
**MEETING MINUTES**

**Date:** February 6, 2020

**Meeting #29**

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**Project:** UMMS – MSGCCC Addition

**Phase:** Continued Schematic

**Location:** University of MD Medical Center – Greene and Baltimore Street

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**CONTEXT/BACKGROUND:**

Linda Whitmore with UMMS introduced the project and expressed how comments from the Panel have impacted the design in a positive manner, specifically with regard to prioritizing pedestrians and managing vehicular traffic. Kent Bonner with HDR continued with a brief review. The proposal is for a 10 story building addition at +/- 125 feet which would front the intersection of Baltimore and Greene Street and the park space across the street.

Kent Bonner continued with a description of the team’s traffic study and week-long test of restricted vehicle access (instead, the Medical Center increased valet, did not allow parking in the pick-up area, restricted staff drop off at main entrance, etc.). The study showed that closing ingress on Green Street and moving it on to W. Baltimore Street may alleviate traffic congestion.

*Design Study #1:* Proposal for a café at the northeast corner with a second entrance on W. Baltimore Street – corner entrance created logistical issues with the registration intake area. Challenges with this scheme are: duplicate security, primary pathway from out-patient clinics further east on Redwood, invented café program, traffic circulation, etc.

*Design Study #2:* Staff entrance separated from public entrance to relieve congestion in all schemes. Café at the corner to activate space, but separated from building. Proposal returns to one main entrance, but located more centrally. Drop off provides for more cuing of vehicles. Drawbacks of this scheme: Entrance is far from Baltimore Street and pedestrian crossing from Redwood remains a challenge.

*Design Study #3:* Pulls building away from the corner. Drawbacks of this scheme: creates additional unnecessary circulation space.

*Design Study #4:* Curb cut is offset, so drivers from Redwood are not able to pull in directly across Green St. Vestibule moves south and east, creating a shorter distance for pedestrians coming from Redwood (high percentage of visits). Vestibule offers a glimpse of the patient garden, and allows for a space for patients to wait for ride. Regarding ground plane and pedestrian experience: using hardscape, nodes of interest, public art to enhance the corridor (early stages of design). Change of materiality on campus property to differentiate from surrounding streets (color, texture – perhaps stamped concrete). Lighting will be key aspect. Considering for how façade may flow into lobby area.

Team has selected a scheme for the façade. Rationale for the selection: perforated metal helps with solar control, project team felt two schemes could work and decision was personal preference of client executive team.

*Two comments not addressed – study additional 3 stories (potential later addition), and the view from patient rooms out toward the park. Design team will consider these moving forward.*

#### **DISCUSSION:**

- The Panel thanked the project team for addressing comments from previous meeting, followed by questions related to parking along Green Street and idling vehicles, flow automobile traffic on Redwood (with regard to the offset entrance). Clarification about why staff entrance is separate from main public entrance.

#### **Site:**

- Site design is practical and emotionally sensitive – prioritizes patient and pedestrian experience; cohesive with surrounding elements (park and green space). Visibility to the patient garden through the vestibule is important for arrival experience.
- Consider continuing street trees up Green Street to connect to park.
- New entrance node creates balance and addresses competing challenges of pedestrian, automobile, staff, security.
- Entire building is anchoring the corner – wide sidewalk acts as a mini-plaza and is important to the overall success of the massing
- Preserve the subtle elements at the upper “outside” corner; softer vegetated edge at the ground level corner with the signage integrated into other parts of the building could be successful
- Lighting – study a lighting scheme to illuminate the underside of drop off area versus only having down-lighting.

### **Building:**

- Northeast corner currently reads as building scale; opportunity to rethink elements at the human scale.
- Consider changing columns from square to round to soften space; eliminate the thick base at the columns along the street – reminiscent of brutalist style and not as appropriate to overall language of the building. Study how vestibule and lobby space integrate with the driveway geometry
- Addressing the “there there” (understanding of arrival) will need to be finessed
- Recessed staff entrance is successful, provides opportunity for staff to experience something a little special that is different from the public entrance.
- Regarding the perforated metal angles – explore a gentler angle; sharp edges can be jarring while a subtle angle could be more successful from the inside and still achieve the desired aesthetic on the façade from the exterior
- Opportunity to articulate wall on the ground level (west façade); glazing and treatment of this wall should be treated differently than the entry vestibule to minimize confusion of those arriving from drop off or W. Baltimore St.
- Second level likeness to base is successful in relieving the building from feeling top-heavy

### **Next Steps:**

Continue schematic design addressing the comments above.

### **Attending:**

Kent Bonner, Shawn Xu, Susana Erpstad – HDR

Linda Whitmore, Laura Kautz, Leonard Taylor, Bret Elam – UMMC

Gordon Ingerson – KPN Architects

Carley Mulligan – BBJ

Mr. Anthony, Mses. Ilieva and Bradley – UDAAP Panel

Laurie Feinberg\*, Renata Southard – Planning