

Hess, Raymond

From: City of Ann Arbor Transportation Commission
Subject: FW: East Medical bridge contract

From: City of Ann Arbor Transportation Commission <TransportationCommission@a2gov.org>
Sent: Tuesday, February 8, 2022 10:34 AM
To: 'Larry Deck' <XXXXXXXXXX>
Cc: Hess, Raymond <XXXXXXXXXX>; Hutchinson, Nicholas <XXXXXXXXXX>; City of Ann Arbor Transportation Commission <TransportationCommission@a2gov.org>
Subject: RE: East Medical bridge contract

Larry,

Thank you for contacting the City of Ann Arbor Transportation Commission. Your comment concerning the East Medical Center bridge contract will be provided as a communication item on the February 16 Transportation Commission Agenda.

Transportation staff are also copied here so that they are also aware of your comment.

Respectfully

Eli Cooper, A.I.C.P.

Transportation Program Manager

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Thank you.

From: Larry Deck <XXXXXXXXXX >
Sent: Saturday, February 05, 2022 1:05 PM
To: CityCouncil <XXXXXXXXXX>
Cc: Hess, Raymond <XXXXXXXXXX>; Cooper, Eli <XXXXXXXXXX>; Hutchinson, Nicholas <XXXXXXXXXX>; City of Ann Arbor Transportation Commission <TransportationCommission@a2gov.org>
Subject: East Medical bridge contract

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This message discusses the sidewalks proposed in the redesign of the East Medical Center Drive bridge and a requested City Council action.

The consultant (DLZ) for the bridge project has sent an email (captured in the attached file entitled "DLZ L. Merrill 12.14.21 Email.docx") regarding the consultant's rationale for widening the east bridge sidewalk and narrowing the west bridge sidewalk.

I disagree with the consultant's analysis. I'll respond to each of the numbered reasons the consultant lists:

1. Regarding ped/bike counts.

When the prospective Campus-to-Campus Bikeway is built, which needs to use the west sidewalk, there are likely to be far more bikes on the west sidewalk than there are now. The safety issue for pedestrians on the sidewalk is conflict with bicycles. Widening the west sidewalk to make room for bidirectional bike lanes and a pedestrian lane would improve safety for everyone. Narrowing the west sidewalk as the consultant proposes would reduce safety for everyone.

2. & 3. Regarding driveway/road crossings on E Med and destinations.

It's true that pedestrians on the west sidewalk going to the hospital have to cross West Medical and the Cancer Center driveway, both of which have fairly low vehicle volumes. But as the consultant points out in point #3, people using the sidewalk on the east side of the bridge are likely to cross E Med at the signalized crossing at the Cancer Center entrance. So the fact that there are more driveway crossings east of there on the inside of the E Med loop is irrelevant for those people -- they have to cross those driveways anyway to get to their destinations. And a shared-use pathway on the outside of the E Med loop would be of little use, because it would lead to few useful destinations.

4. & 4.a. Regarding underpass use.

It's correct that people coming from the west along Fuller can use the new underpass to get to the shared-use pathway east of the bridge and thereby avoid crossing E Med at Fuller. But I don't understand the assertion that the underpass is unlikely to be used for that purpose because "it is not the most direct route for bikes and pedestrians to access the hospital," because people going east along Fuller are not going to the hospital. And people biking between North Campus and Central Campus or the hospital are likely to use the underpass rather than waiting at and then crossing a busy intersection.

5. Regarding path on outside of East Med loop.

As mentioned above, such a path would be of limited use. If there were unlimited funds and ample room on the bridge, such a path wouldn't hurt. But funds and bridge space need to be allocated first to higher priorities.

Additional reasons that the consultant does not favor a wider sidewalk on the west side of the bridge:

1. Regarding crossing of West Medical.

It's true that there is no signal at the West Med / East Med intersection, but West Med is controlled with a stop sign. As the consultant's data show, there are already numerous pedestrian crossings of West Med and the Cancer Center driveways. The main purpose of widening the bridge's west sidewalk is to improve safety for pedestrians and bicyclists on the prospective Campus-to-Campus Bikeway.

2. Regarding U-M plans for West Medical Center Drive (WMCD).

This says, "UM has no plans to build bicycle facilities on WMCD and it conflicts with their Clinical Inpatient Tower plan. Connecting a shared-use pathway on the west side of the bridge to bike facilities on WMCD is not supported by UM and their future plans." This raises some questions:

1. Can't U-M plans change in response to changed circumstances and new opportunities?
2. Why do bicycle facilities conflict with the Tower plan? There is room for either on-street or off-street bicycle facilities on West Med, or having no dedicated facilities at all, since the vehicle volumes are low.
3. What other future U-M plans would conflict with bicycle facilities?
4. What is the U-M's proposal for "a workable and safe Central-to-North Campus bike route" that is called for in the report of the President's Commission on Carbon Neutrality? The Washtenaw Bicycling and Walking Coalition (WBWC) proposes using West Medical Center Drive and the west sidewalk of the East Medical bridge as part of this bikeway, because they offer a safe and efficient route. A corridor like Glen Avenue is unsafe and undesirable. If the U-M has a better proposal than using West Med, let's see it.
5. Shouldn't the U-M be anxious to more safely accommodate pedestrians and bicyclists near its facilities and to create a safe and efficient way to bicycle between the campuses? Shouldn't the U-M support the planned connection to the Border-to-Border Trail and bike/walk linkage to the U-M and residential facilities along Wall Street and Maiden Lane?

Action requested of City Council

Please see that any contract regarding redesign and reconstruction of the East Medical bridge includes the suggestions in the WBWC statement of October 14, 2021 (see attached "WBWC statement on E Med.pdf") for:

1. Trail connections to the concrete pad below the bridge.
2. Widening the west sidewalk on the bridge to about 15 feet to allow room for bidirectional bike lanes and a pedestrian lane.

If you have any questions or comments, please call me at the number below or email me.

- Larry Deck XXX-XXX-XXXX (voice only)
- Board member of Washtenaw Bicycling and Walking Coalition (WBWC)