

## Hess, Raymond

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**Subject:** FW: E. Medical Center Bridge widening

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**From:** City of Ann Arbor Transportation Commission <TransportationCommission@a2gov.org>

**Sent:** Tuesday, December 14, 2021 4:48 PM

**To:** 'Adam Goodman' <XXXXXXXXXXXX>

**Cc:** Hess, Raymond <XXXXXXXXXXXX>

**Subject:** RE: E. Medical Center Bridge widening

Adam,

Thank you for contacting the City of Ann Arbor Transportation Commission. Your comment concerning the East Medical Center Bridge will be provided as a communication item on the January 19 Transportation Commission Agenda. Please be aware you can also share your comments with the Commission at their [meeting 7 PM tomorrow](#) night via Zoom as part of the public comment period.

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

City of Ann Arbor | Guy C. Larcom City Hall | 301 E. Huron, 4 th Floor · Ann Arbor · MI · 48104

734.794.6430 (O) | Internal Extension 43710

[ecooper@a2gov.org](mailto:ecooper@a2gov.org) | [www.a2gov.org](http://www.a2gov.org)

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*Thank you.*

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**From:** Adam Goodman <XXXXXXXXXXXX>

**Sent:** Tuesday, December 14, 2021 10:03 AM

**To:** City of Ann Arbor Transportation Commission <[TransportationCommission@a2gov.org](mailto:TransportationCommission@a2gov.org)>; Erica Briggs <XXXXXXXXXXXX>

**Subject:** E. Medical Center Bridge widening

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Greetings, commissioners.

I'm writing today to express major concerns with the East Medical Center bridge project. I apologize in advance for the long message, but there are several issues to cover. The key points are:

- The conceptual design presented last month to re-design and widen the Fuller / E. Medical Center intersection is deeply problematic and must be reconsidered.
- The pedestrian underpasses, while valuable and important, must not be considered a substitute for safe and comfortable at-grade crosswalks.
- The city should ultimately reject the University's offer to widen the E. Medical Center bridge, as it will work in opposition to the city's stated climate and transportation safety goals.

### Fuller / Medical Center Intersection

At the 11/17 transportation commission meeting, staff presented a conceptual design for a future project to redesign the Fuller / E Medical Center intersection:



This design is much worse than I had imagined or feared. I'd first like to draw your attention in particular to the "slip lane" at the northeast corner. Slip lanes are widely understood to be terrible for pedestrian safety (<https://t4america.org/2019/11/05/safety-week-slip-lanes-would-never-exist-if-we-prioritized-safety-over-speed/>) - even the Federal Highway Administration, no great friend to pedestrians, has explicitly acknowledged this. This intersection is heavily trafficked by pedestrians and bicyclists, and their needs must be considered.

To put a finer point on it, over the last decade I have very frequently (at some points, multiple times a week) biked on the B2B trail through this intersection, crossing from the northeast to the northwest corner. Of all the intersections in Ann Arbor, this is the one where I have come closest to being hit ("right-hooked") by cars, many times over. This design makes it appear as though the city has decided to create a special express lane for cars to hit me and people like me.

But even without that slip lane, this would still be, well, awful. Adding new dedicated right turn lanes (e.g. at the southwest corner) could present some of the same difficulties for pedestrians as the slip lane. In any case, requiring pedestrians to cross a wider road with more lanes of traffic fundamentally increases the risk and discomfort of traversing this crosswalk. At one point, this proposal would widen Fuller to 7 lanes!

This also should bring us back to a question of "induced demand". Fuller is a major connecting corridor through our city, and does not just carry traffic to and from the hospital. There should be little doubt in our mind that the normal rules apply here, and traffic volumes will increase to match the increased throughput. This is completely contrary to the city's A2Zero policy goal to decrease Vehicle Miles Traveled (VMT) by 50%.

I expect we'll hear that this design is conceptual, and nothing is decided yet, and this is a future project only tangentially related to the bridge itself, but I don't buy it. I expect that widening the bridge will irrevocably commit us to widening the intersection as well.

## Pedestrian Underpasses

When the bridge contract first appeared on the City Council agenda, I wrote a note advocating that long-planned pedestrian underpasses be added to this project to mitigate the negative impact on non-motorized users. This position was in some ways went against my better judgment - grade-separated pedestrian crossings are more often than not built to benefit cars, and can actually be bad for pedestrians, because they require pedestrians to travel a much longer distance, both horizontally and vertically (<https://usa.streetsblog.org/2020/09/07/op-ed-why-most-pedestrian-infrastructure-is-really-for-drivers/>). I had thought that this intersection was an exception given its unique geography and topology, but now I'm not so sure. The fully-implemented connector pathways would definitely be useful for through traffic on the B2B trail between Riverside Park and Mitchell Field, but for pedestrians headed "up the hill" to the hospital, they would be highly inconvenient. If we're to seriously consider walking and biking as modes of transit, connections must be direct, as well as safe and comfortable. As such, we cannot consider the trail connections as a substitute for safe and comfortable at-grade crosswalks.

I will note that I'm relieved to see in the latest drawings that the proposed pedestrian path under East Medical Center will not require a series of tight rectangular switchbacks to connect to Fuller on the west side. Such a design would have been unusable for bicyclists and highly inconvenient for everybody else. The latest drawings in the packet for the 12/15 meeting are much better:



## The Bridge Itself

I have become increasingly convinced that the city should simply turn down the University's generous offer to widen the bridge. The latest designs simply do not meet the intent or even the plain language of Council resolution R-21-395:

RESOLVED, The final design will utilize the additional width and capacity to facilitate and encourage multimodal travel (e.g. transit, carpool, bike);

The accommodations currently proposed for bikes and pedestrians reallocate existing sidewalk space; they do not use the "additional width ... to facilitate and encourage multimodal travel". If it is decided that this portion of the plan (widening the sidewalk on one side at the expense of the other) is worthwhile, we could do this within the existing profile of the bridge, without widening it.

Meanwhile, we heard from multiple stakeholders at the 11/17 meeting that adding (for example) a transit-only lane on

E. Medical Center is unlikely to be of use to any of the relevant agencies. It is clear that the additional lane will be constructed for the use of private cars. Again, this runs directly counter to city policy calling for a reduction of VMT by 50%.

I'd like to return to the subject of induced demand for a moment. It's important to ask what we actually mean when we refer to induced demand, and - while induced demand describes a specific mechanism and effect - we are generally using it as shorthand for the broader idea that traffic volumes will grow to "fill" any capacity increases we make in high-demand portions of our road network. I might agree that the specific mechanism identified as "induced demand" does not apply to E. Medical Center; widening the bridge won't be the cause of increased demand, because the University reps have assured us that this demand will exist; they will see to it. As such, it is actually even more straightforwardly clear than usual in this case that widening the bridge will lead to increased traffic volumes.

Now, of course, I understand that the medical center complex is an important asset to our community, and indeed, to the state of Michigan writ large. I understand that many patients travel here from far away. However, I do not believe for a second that the University has taken any comprehensive effort toward "transportation demand management" here. There's considerably more opportunity on the table to enable and encourage both patients and staff to reach the hospital by other means than private cars.

For example: the medical center complex is unusually - and perplexingly - hostile to bikes. There are signs all over saying that bikes must only be parked in bike racks. (This is a much more restrictive policy than that expressed in city code, which - to my knowledge - is generally quite permissive so long as parked bikes do not obstruct movements of pedestrians or vehicles). Meanwhile, bike racks are inconvenient, difficult to find, and insufficient. These sorts of problems could be easy and inexpensive to solve.

The remarks from the University representative at previous meetings were telling - in essence: we already have sidewalks, what more do you want? Now, I can understand why 10ft sidewalks might seem generous if you're blindly applying engineering standards; after all we just widened a section of the B2B trail to 10ft. However, anyone who attempts to traverse E. Medical Center sidewalks during a busy time of day will reach a very different conclusion. The sidewalks are riddled with obstructions (e.g. signposts, bus shelters, etc.) and full of pedestrians commuting to or from the hospital, waiting for the bus, or even just out for a smoke break. I don't begrudge these uses - quite the contrary. They show us that pedestrians and bikes need more space along this corridor if they're to share it comfortably. I'm not convinced that simply reallocating the existing sidewalk space from one side to the other will actually achieve this goal.

Perhaps, if we refuse to widen the bridge, that will force the University to take these issues more seriously.

However, should the city decide to proceed with widening the bridge in spite of all these issues, my plea would be to adopt the design in "Exhibit 1B" rather than "Exhibit 1A" from the 12/15 packet, which would use an actual curb (rather than just paint) to create a tighter turning radius between Fuller and E. Medical Center, and preserve a shorter crossing distance for pedestrians. Wider turning radii encourage higher speeds and unsafe conduct.

Thank you for your attention to these issues.

- Adam