PRESCRIPTION FOR GROWTH

BY MICHAEL BERRYHILL
**The Texas Medical Center Plans Its Expansion for the Next 50 Years**

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

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

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

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

The Texas Medical Center was founded in 1942 on a simple premise: lower the cost of building new nonprofit medical institutions by providing them free land. The first parcel of land, cut from the southern edge of Hermann Park, was sold to the Medical Center in 1943 with the approval of the city's voters. The need was evident. A Minneapolis consulting firm hired to study the region's medical needs pointed out that nine of the 15 local hospitals were not accredited. The death rates in the "Negro hospital" were high. And high infant mortality rates suggested the need for a children's hospital. There was a nursing shortage. A medical library was needed. There was no training in the state for dietitians, physical therapists, or social workers, and there was no school of public health in the Southwest. The Texas Medical Center was intended to redress these problems.

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

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

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

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

- Hermann Pavilion, a $200 million, 12-story, 800,000-square-foot space to replace outdated facilities. Construction is
slated to be finished this spring.

- The Basic Science Research Building, a $137.2 million, nine-story structure being built by the M.D. Anderson Cancer Center. This will be the first building in the new Texas Medical Center Research Campus, the shared facility to be located on K Lot. Construction is to start this fall, and be completed in 2003.
- Denton A. Cooley/Texas Heart Institute Building at St. Luke’s Episcopal Hospital, a $112 million, 277,000-square-foot building scheduled to be finished next year.
- UT-Houston Health Science Center Nursing and Biomedical Sciences Building. Ground is to be broken later this year for this $64 million, 225,000-square-foot building.
- M.D. Anderson Faculty Center. Some 325,000 square feet of office space is under construction at a cost of $49 million.
- Texas Children’s Hospital. In excess of a million square feet of space in three buildings is being added or renovated. Cost is estimated to be $345 million, and the completion date is anticipated to be in 2002.

Dr. Richard Wainerdi, president of the Texas Medical Center, can’t talk about what he calls his “health city” except in superlatives. With 13 hospitals, two medical schools, four nursing schools, and schools of dentistry, public health, and pharmacy, the TMC is the largest medical center in the world; more than 2,000 people work there. “It is the largest health complex,” Wainerdi emphasizes, “that has ever existed in history.”

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