

**Proposal for Health Care at Symmes, v. 3.2**  
2/02/2003

**1. Background**

On March 31, 2001 the voters of Arlington approved by an overwhelming majority a proposal to acquire the Symmes Hospital property. At that time one of the Selectmen's objectives was to **“encourage additional medical use.”** A survey mailed to every Arlington household one year ago overwhelmingly showed **healthcare use** to be the most desired use of the property. The Symmes Advisory Committee asked the Medical Use Working Group to create a Vision Statement. The Medical Use Working Group's statement of September 25, 2002, states that our *“mission is to preserve and expand primary care (and specialty medical services) and related professional and ancillary services”* and *“to encourage healthcare ventures that will take advantage of the Symmes site's convenient location and well-maintained, robust physical plant.”* The following is a proposal to provide healthcare services using currently available facilities. If other location(s) for these services on the Symmes property would, at a later date, better serve the community, such an option might be feasible as well.

**Current Healthcare Tenants**

- The East building is already fully utilized by Lahey Arlington. Lahey put about 1 million dollars into renovations in the East building in 1996. This building, a total of **31,407 square feet**, is entirely rented by Lahey Arlington. Lahey also rents an additional **5,317 square feet** in other buildings.
- An orthopedist, a pulmonologist, and two otolaryngologists (not associated with Lahey Clinic) rent approximately **2,000 square feet** at Symmes.
- An acupuncturist leases space at Symmes in the Lahey area
- New England Rehabilitation Hospital (Health South) presently rents **3,000 square feet** of space in Symmes North Building for rehabilitation services. They are about to be relocated to **1,700 square feet** in the South Building.
- The North Building is only 19 years old and has superb infrastructure for healthcare uses. The building, or parts of it, could be converted to the following proposed uses at modest cost.
- **We recommend that the East and North buildings be used to provide these services in the near future.**
- **We recommend that all buildings be evaluated by a real estate company that specializes in healthcare and that this company be engaged to market these buildings to healthcare providers.**
- **We recommend that one of the options provided to developers includes leaving the 4 existing buildings intact.**

**2. Proposed Further Healthcare Tenants at Symmes:**

Many providers have expressed interest in occupying space at Symmes. The following have consistently expressed interest:

- Visiting Nurses and Community Health (the predominant provider of visiting nurse services in Arlington) is presently located in East Arlington with 9,000 square feet. They are interested in coming to Symmes where they could add a wound care clinic and run screening clinics. They are interested in leasing **10,000 square feet**.
- {Arms Around Arlington (Cancer Support for Adults)}.  
{Children's Room (Cancer Support for Children)} (**1000 square feet**)
- Boston Herb Institute in Lexington (Alternative Medicine group practice in Lexington) (**3,000 square feet**)
- Arlington Board of Health (**1,000 square feet**)

### 3. Wellness Center

Wellness programs have repeatedly been shown to be of great value in improving health and reducing health care costs for the participants and their insurers. It would be ideal to have a Wellness Center (**6,000 square feet**) adjacent to the other health care services presently at Symmes. Health South already sponsors two Wellness Centers in Massachusetts and has expressed interest in establishing one at Symmes. The head of Geriatric Medicine at Lahey, Dr. Robert J. Schreiber, has offered his advice and guidance for the elderly wellness component. A well done senior wellness program, which includes self disease management courses, could attract great attention, the likelihood of federal and foundation funding, and be the national model for the East. Dr. Schreiber would be interested in assisting with this program. The working group believes that the Wellness Center would be an asset to the community and would add to the value of the Symmes property as a whole. (See Appendix A2)

### 4. Funding:

- The proposed demolition of the four Symmes Hospital buildings is estimated at 2.8 million dollars. If the North and East buildings remain, a savings of 1.4 million dollars might be realized.
- Grant money for wellness has been supported by the Robert Wood Johnson Foundation, the Boston Foundation, and others. Wellness programs, such as those run by Health South, operate profitably on a fee-for -service basis.

### 5. Real Estate Aspects

- A well-integrated healthcare presence will enhance the value of the residential and commercial developments on the site.
- Space currently occupied for healthcare use, as detailed in section 1, is **41,722 square feet**.
- Likely healthcare occupants account for an additional **15,000 square feet**. Thus the total space occupied would be **56,722 square feet**.

#### 5.1 General Real Estate and Healthcare Real Estate Assessment

We believe it is useful to look at the plans for maintaining and enhancing facilities for healthcare at Symmes in the context of prospects for the residential and commercial use of the site. Prediction of the short term and long term trends in real estate markets, of course, is limited by uncertainties. In the appendix we present data and analysis of these markets, nationally, regionally, and locally, from industry sources. Some salient points, abstracted from the appendix, are summarized below. (See Appendix A1)

Given general economic trends, the national housing market is expected to be somewhat slower in 2003 than 2002 but should be the second best year for housing. In Greater Boston, home prices rose 19.6% in 2002. Prospective homebuyers come in two distinct groups: First-time homebuyers, who are looking in the lower price range in year-round communities, and baby boomers who are looking in the mid to higher price markets (and at vacation properties.) There are more buyers than sellers and the entry level market is in demand. Prices are out of reach for the average income. If interest rates remain low and the unemployment rate maintains the levels it has been at, the market should continue to attract asset reallocation from the stock market into residential housing. Demand in this region is high. New England's mixed economy and its outstanding universities should continue to attract people to the area. The demand seems to be for low-maintenance properties with neighborhood and price leading the reasons for choosing certain properties. Closeness to work, friends/family, schools, recreation, shopping, entertainment and public transportation followed in that order. Affordability is the key concern in the home buying decision, based on a survey conducted by the National Association of Realtors. Arlington's excellent access to metropolitan Boston has made it a very desirable place to live. Its diverse population has demanded good schools and recreation facilities, which has made it attractive to families.

With respect to healthcare real estate, widespread hospital closings across the Eastern Massachusetts region have created an excess of health related space. These buildings are generally the oldest of the stock, which have the greatest need from an infrastructure and code compliance standpoint. However, savvy building owners are repositioning these buildings in the rental market and taking advantage of some of the special needs of certain tenants. Hospitals have unique features, such as solid, fireproof construction, access to generator-backed emergency power, 24-7 operations, and specialty services like gasses, uninterrupted water and gas supply, specialty sewer and chemical traps, and high amperage electrical service. These features are important to tertiary care providers who provide unique outpatient care services, such as private MRI/CT Scan centers, outpatient dialysis units, and other specialized health services. Also, these spaces are of great interest to startup companies in the biotech, tissue culturing, research, and outsource & specialty laboratory services markets.

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Lauren Scotti RN, Jerome Slate MD, Greg Cavanaugh*

2/02/2003

# Appendix

## A 1.

### Real Estate: Symmes Site

#### I. General (Nationwide) Residential

Both existing and new home sales will be somewhat slower in 2003 but should be the second best year for housing. Final numbers for 2002 are: 5.56 million existing home sales and 979,000 new-home sales, up 5 and 7.7 % respectively from 2001. The momentum gained from low mortgage interest rates will carry strong home sales into 2003, with a gradually improving economy offsetting modestly higher interest rates as the year progresses. The prediction for 2003: 5.34 million existing home sales and 941,000 new-home sales. The 30 year fixed mortgage interest rate will gradually rise from 6% to 7% by the fourth quarter of 2003.

The national median existing home price for 2002 was \$158,200 – up 7% from 2001. The median should rise 4.7% this year as the market comes into a better balance between sellers and buyers, reaching \$165,600. The median new-home price for 2002 is \$182,000, an increase of 3.9% from 2001. It is expected to rise 6.3% in 2003 to a median of \$193,400.

#### II. General (Nationwide) Commercial

Leasing activity is gaining momentum, setting the pace for a modest rebound in commercial real estate over the next two years. Thanks to economic growth, employment rose in most of the 54 markets tracked in the third quarter of 2002, fostering demand for commercial space. Spending by consumers and the federal government contributed to a 4% annual rate of growth.

Commercial real estate construction is slowing but expected to remain at healthy levels relative to demand. The recovery in demand for commercial space should help pave the way for more solid gains after 2004. Keep in mind that a recovery in commercial real estate typically lags behind a general economic recovery so with the projection for healthy job creation we should see a stronger rebound in the commercial markets by the middle of the decade.

#### III. General (Nationwide) Office

>From the office sector, a stabilization in labor markets and growth in service-sector employment reversed a downward trend in leasing activity, marking the first positive quarter since the dot.com implosion in early 2001. At the same time, nearly 27 million square feet of new office space came online, 10% lower than the third quarter of 2001. The vacancy rate rose 16.4% in the third quarter from 13.1% a year ago, while office rents declined an average of 8.2% from the third quarter of 2001. Construction totaled 24.7 million square feet during the third quarter, nearly 40% below a year ago.

With 1.7 million new office jobs projected over the next two years, vacancy rates should slide to 15.4% in 2003 and 13.9% in 2004. Average rents are expected to slip 2.3% in 2003 before edging up 2.5% in 2004.

#### IV. General (Nationwide) Retail

The average retail vacancy rate climbed to 12.8% in the third quarter, up from 11.3% in the third quarter of 2001. Rents declined an average 1.1% from a year earlier. Construction starts totaled 32 million square feet the third quarter, the lowest since the first quarter of 1997. Net absorption in the retail sector is projected at 99.9 million square feet for 2003, another 80.5 million expected in 2004. Delivery of new space is expected to total 70.7 million square feet next year and 65.7 million in 2004. The average vacancy rate is forecast to drop to 12.2% in 2003 and 11.8% in 2004. Retail rents should rise by .5% next year and 1.6% in 2004. Twenty one of the 54 markets tracked are projected to rebound more rapidly over the next two years; Boston is one of those 21.

#### V. General (Nationwide) Residential Rental

In the multi-family rental sector, vacancy rates in the third quarter for apartments rose 7%, up from 5.6% a year ago. Average rents fell 1.4% below the third quarter of 2001. Construction starts of new apartments totaled 57,400 units the third quarter, down from 60,500 units a year ago.

In the apartment rental sector, vacancy rates are expected to fall from 6.6% in 2003 to 6.2% in 2004, with average rent expected to be flat during 2003 before rising 2.5% in 2004.

Twenty two of the 54 markets tracked are expected to have the most favorable supply/demand fundamentals over the next two years; Boston is one of those 22.

#### VI. Healthcare (Nationwide)

The market for healthcare space is difficult to quantify, as most space is specifically designed, built, and owned privately by a healthcare institution and is unique to their operations. Medical office space is only slightly less individualized, as many physicians are employed or contracted specifically to a hospital or healthcare group. Trends in health architecture show consolidation in the market as owners consolidate operations in an effort to make their businesses more profitable. Older buildings/wings are mothballed and newer buildings are being renovated/modernized. Space needs are unique in certain geographies, particularly in California where SB-1953 legislation is forcing over \$2 billion in health related construction to make that state's health facilities compliant to new seismic requirements. In the Midwest and Northeast States, older infrastructure and an overabundance of facilities is causing widespread hospital closings and flooding the market with inefficient buildings that are difficult to adapt to new uses.

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## I. The Housing Market (Regionally)

Real Estate in Massachusetts has remained a solid investment for many people, as the stock market continues to rise and fall and interest rates reach an all time low. With the unemployment rate remaining relatively low in the Greater Boston area, many new and existing homebuyers are continuing to increase the demand for real estate. Statewide, home prices increased 17% between 2001 and 2002. In Greater Boston, home prices shot up 19.6%. Prospective homebuyers come in two distinct groups: First-time homebuyers, who are looking in the lower price range in year-round communities, and baby boomers who are looking in the mid to higher price markets (and at vacation properties.) In certain instances, you may have an overlap between these two demographic audiences. You may have a baby-boomer whose children are grown who is looking to downsize, which could play a role in driving up prices of small to mid sized homes. It's a fairly stable economic environment, despite the budget crunch, so in the worse case, there could be a leveling off of prices and a small decline in the high price community.

More people are buying rather than renting because of the historically low interest rates so there's a softening in the marketplace for multifamily homes.

The face of housing in Massachusetts is forever changing. There are more buyers than sellers and the entry level market is in demand. Prices are out of reach for the average income.

If interest rates remain low and the unemployment rate maintains the levels it has been at, the market should continue to attract asset reallocation from the stock market into residential housing. Demand in this region is high. New England's mixed economy and its outstanding universities should continue to attract people to the area.

## I. Arlington

"Arlington's excellent access to metropolitan Boston has made it a very desirable place to live. Its diverse population has demanded good schools and recreation facilities, which has made it attractive to families. Commercial development centers along Massachusetts Avenue, which traverses the Mill Brook valley. Residences are located on the flat former agricultural land in East Arlington or on the slopes on either side of the east-west "Mass Ave" corridor. Townspeople have recently instituted a visioning process to articulate the community's goals as it continues to adapt to ever changing times. Population diversity, education, business, cares for the environment, encouragement of culture, and citizen involvement has been reaffirmed."

(From the Arlington narrative at the state website

@ <http://www.state.ma.us/dhcd/iprofile/010.pdf>)

The Arlington housing market has remained strong. Statistics below are for the last 6 months:

### **Active Listings:**

<b>List Price Range</b>	<b># of Listings</b>	<b>Average Days on Market</b>
\$120,000-\$159,999	1	55
\$160,000-\$199,999	2	36
\$200,000-\$249,999	1	18
\$300,000-\$349,999	5	142
\$350,000-\$399,999	8	36
\$400,000-\$449,999	9	32
\$450,000-\$499,999	6	91
\$500,000-\$599,999	10	111
\$600,000-\$699,999	7	72
\$700,000-\$799,999	2	36
\$800,000-\$899,999	2	11
\$1,000,000 and over	2	88

<b>Total Listings</b>	<b>Average Days on Market</b>	<b>Median Price</b>	<b>Average Price</b>	<b>Highest Price</b>	<b>Lowest Price</b>
55	70	\$495,000	\$516,396	\$1,475,000	\$139,000

**Pending Listings:**

<b>List Price Range</b>	<b># of Listings</b>	<b>Average Days on Market</b>
\$120,000-\$159,999	2	10
\$160,000-\$199,999	4	42
\$200,000-\$249,000	4	30
\$250,000-\$299,999	6	109
\$300,000-\$349,000	7	37
\$350,000-\$399,000	8	38
\$400,000-\$449,000	6	41
\$450,000-\$499,000	4	38
\$500,000-\$599,000	9	91
\$600,000-\$699,000	2	26
\$700,000-\$799,000	1	33
\$800,000-\$899,000	3	67

<b>Total Listings</b>	<b>Average Days on Market</b>	<b>Median Price</b>	<b>Average Price</b>	<b>Highest Price</b>	<b>Lowest Price</b>
56	54	\$395,000	\$417,265	\$895,000	\$139,000

**Sold Listings:**

List Price Range	# of Listings	Average Days on Market
\$120,000-\$159,999	7	20
\$160,000-\$199,999	13	21
\$200,000-\$249,000	4	7
\$250,000-\$299,999	8	43
\$300,000-\$349,000	30	20
\$350,000-\$399,000	47	27
\$400,000-\$449,000	44	31
\$450,000-\$499,000	33	24
\$500,000-\$599,000	40	30
\$600,000-\$699,000	18	47
\$700,000-\$799,000	7	30
\$800,000-\$899,000	3	31

Total Listings	Average Days on Market	Median Price	Average Price	Highest Price	Lowest Price
254	28	\$417,500	\$428,213	\$820,000	\$133,000

Based on up to date information, the Medical Use Group is concerned that the current alternatives are relying too much on high priced luxury housing. The immediate area does not support prices put forth by VHB. See below (as of 2/2/03)

#### Single Family Active Listings

List	Status	Address	Price	Rms	Br	Bth	Garage	Style
30682867	UAG	30 Woodside Lane	\$265,000	4	2	1/0	0	Ranch
30679375	UAG	5 Hemlock Street	\$429,900	7	3	1/1	1 Detd	Colonial
30657628	UAG	120 Woodside Lane	\$475,000	9	4	3/0	0	Colonial

Active Listings: 3 Average List Price: \$389,966 Average Market Time: 49 Days

#### Single Family Off Market Listings

List	Sta	Address	Sale Price	DOM	OMD	R	Bd	Style
30573991	SLD	26 Woodside Lane	\$255,000	13	2/4/02	4	2	Ranch
30629994	SLD	50 Woodside Lane	\$275,000	129	12/2/02	5	2	Ranch
30645286	SLD	25 Hemlock Street	\$304,000	12	9/23/02	7	2	Bungalow
30636937	SLD	28 Brattle Terrace	\$325,000	3	8/19/02	4	2	Ranch
30583944	SLD	174 Brattle Street	\$332,000	20	3/21/02	5	2	Colonial

30642180	SLD	12 Martin Street	\$365,000	14	9/18/02	7	3	Cape
30614343	SLD	30 Rockmont Road	\$367,000	6	6/12/02	5	2	Cape
30611942	SLD	2 Saratoga Road	\$465,000	5	6/04/02	6	3	Colonial
30652001	SLD	5 Hemlock Street	\$480,000	7	10/05/02	6	2	Colonial
30642330	SLD	2 Hemlock Street	\$485,000	26	9/30/02	8	3	Colonial

Off Market Listings: 10    Average List Price: \$371,250    Average Market Time: 15 Days

## II. Healthcare (Regionally)

Widespread hospital closings across the Eastern Massachusetts region have created an excess of health related space. These buildings are generally the oldest of the stock, which have the greatest need from an infrastructure and code compliance standpoint. However, savvy building owners are repositioning these buildings in the rental market and taking advantage of some of the special needs of certain tenants. Hospitals have unique features, such as solid, fireproof construction, access to generator-backed emergency power, 24-7 operations, and specialty services like gasses, uninterrupted water and gas supply, specialty sewer and chemical traps, and high amperage electrical service. These features are important to tertiary care providers who provide unique outpatient care services, such as private MRI/CT Scan centers, outpatient dialysis units, and other specialized health services. Also, these spaces are of great interest to startup companies in the biotech, tissue culturing, research, and outsource & specialty laboratory services markets. Space in these surrounding buildings in Malden and Stoneham is currently renting at \$18-22 per square foot, with no additional charges for specialty services.

### Important Points to Consider:

1. We could face a critical shortage of affordable housing in this decade without concerted action to ensure that the supply of housing keeps up with expected strong demand. The real concern is not a potential real estate bubble that would lead to collapsing home prices – which is unlikely – but a widening gap between housing “haves” and “have nots” that would lead to a housing affordability crunch. The lack of affordable housing impacts many segments of the real estate market, including low income, first time buyers, minorities, seniors, disabled, renters, etc., as well as those who own rental properties and developers.
2. In 2001, one-fifth of all home purchases were made by single buyers. Typically, they are older and are more likely to purchase smaller, less costly single-or multi-family homes or condominiums. The demand seems to be for low-maintenance properties with neighborhood and price leading the reasons for choosing certain properties. Closeness to work, friends/family, schools, recreation, shopping, entertainment and public transportation followed in that order. AFFORDABILITY IS THE KEY CONCERN IN THE HOME BUYING DECISION (based on a survey conducted by the National Association of Realtors). And in a recent study done for Fannie Mae, working families’ see affordable housing as a major challenge, on par with health care.

### Sources:

National Association of Realtors

Greater Boston Real Estate Board

Greater Boston Association of Realtors

Multiple Listing Service Property Identification Network

[www.fanniemae.com](http://www.fanniemae.com)

The Warren Group

Massachusetts Board of Real Estate Appraisers

[www.freddiemac.com](http://www.freddiemac.com)

- Chief Economist Frank Nothaft

Boston Consumer Price Index

Coldwell Banker Management Information Services Department

A2

## **Chronic Disease Self-Management Program Can Help Prevent or Delay Disability in Patients**

Press Release Date: June 7, 2002

The Agency for Healthcare Research and Quality (AHRQ) today announced research showing that the Chronic Disease Self-Management Program (CDSMP)—developed at the Stanford University Patient Education Research Center with AHRQ funding—can help prevent or delay disability, even in patients with heart disease, hypertension or arthritis. Additional AHRQ-funded research has also shown that education and lifestyle changes can reduce disability, control costs, and have a positive influence on the quality of life of elderly Americans.

Although people tend to develop chronic conditions as they age, growing old does not have to mean becoming disabled. The CDSMP is a 17-hour course taught by trained lay people that teaches patients with chronic disease how to better manage their symptoms, adhere to medication regimens, and maintain functional ability. The course is held in community settings like senior centers, churches, libraries, and hospitals.

Over a period of 2 years, the study revealed that participants had improvements in a variety of health-related conditions, including more energy and less fatigue, reduced health stress, and fewer visits to physicians and emergency rooms. This translated into a 2-year savings of from \$390 to \$520 per patient after the cost of the CDSMP (\$70 to \$200) because participants used fewer health care services. The program has been so successful, it has been implemented both nationally and internationally.

Information on the CDSMP and the results of other AHRQ-funded research on disability are captured in a new Agency publication titled *Research in Action: Preventing Disability in the Elderly with Chronic Disease*. This is the third in a series of Research in Action syntheses begun in 2001. It is available online at <http://www.ahrq.gov/research/elderdis.htm> or from the AHRQ Publications Clearinghouse at (800) 358-9295 or by sending an E-mail to [ahrqpubs@ahrq.gov](mailto:ahrqpubs@ahrq.gov).

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Employment:

Principal and Founder  
BMGA  
2002-Present

Established design-build firm providing integrated consulting, design, at-risk construction management, and facilities management services to health-related, retail, corporate, manufacturing, and residential clients. BMGA provides turn-key, guaranteed price projects to clients across the country, with specific focus on work within Southern New England

National Director of Strategic Facility Planning  
Sodexo Marriott Services, Asset Management Division  
2000-2002

Working with an aggressive sales team, responsible for facility analysis, strategic planning, design, and management services to healthcare organizations nationwide, including master planning, benchmarking analysis, competitive market analysis, program development, and conceptual design, and overall project management. Also responsible for new market development, specifically in traditional brick-and-mortar construction projects, wireless/cell site development & rooftop management, regulatory compliance, mock HCFA/JCAHO surveys, life safety consulting, etc. Also involved in proposal writing, hiring and managing sub consultants and vendors, preparing budgets and cost estimates, and directing the development of MEP infrastructure studies.

Director of Facilities Planning & Design  
Sodexo Marriott Services, Healthcare Division  
1999-2000

Fixed term contract position to Hallmark Health System to provide capital and project planning, design consultation, and project management services for healthcare and administrative projects. Responsible for architectural programming and master planning, budget preparation, conceptual and schematic design, cost estimating, contract review and negotiation, and daily project management for 25+ projects totaling over \$35 million yearly. Also responsible for managing architects, interior designers, contractors, and vendors during project execution. Implementing space management software system-wide. Developing corporate standards for design and construction projects. Started and managed volunteer program for intern architects.

Project Manager  
Levi Design Associates Inc.  
1997-1999

Responsible for healthcare and corporate office architecture and interiors projects across a wide

range of building types. Involved in all project phases, including budgeting, scheduling, programming, design, documentation, bidding, and construction administration. Recommended specified and implemented facilities management software systems for clients. Assisted in directing junior staff in architecture, interiors, and facilities management projects. Created interactive 3D presentations of architecture and interiors projects.

Designer, Visualization Team  
Robert Luchetti Associates  
1996-1997

Created advanced photo-realistic computer models, renderings, and animations of architecture, interiors, and industrial design proposals. Created models for design teams as both an internal design aid and an external presentation tool.

Designer/Job Captain  
ADD Inc Architects  
1995-1996

Responsible for design and documentation of diverse range of architecture and interiors projects, including corporate office, retail, and multi-unit residential construction. Also responsible for specifications, rendering, 3D computer modeling and rendering. Helped develop “sustainable specifications” for tenant fit-up projects, and spearheaded several community service projects.

Wetlands Consultant  
GMF Environmental  
1994

Prepared salt-water wetlands environmental studies and wetlands mitigation proposals. Involved in landscape design of new salt marsh acreage and nature trails throughout Eastern Massachusetts.

Technical Coordinator  
Asea Brown Boveri, Utility Steam Turbine Division  
1992-1993

Responsible for document checking and facilities system maintenance for multi-million dollar nuclear generator replacement project. Assisted with site surveying, research, and technical coordination between contractor and owner.

Document Controller  
Maine Yankee Atomic Power Station  
1990-1991

Responsible for work flow scheduling, work order processing, approvals, preventative maintenance notifications and information archiving. Generated reports and processed information using in-house computerized facilities management system. Involved in critical path assessment and report revisions.

Education:

Boston Architectural Center  
Course of Study: Architecture (professional)  
1994-2000

University of Southern Maine  
Course of Study: Industrial Technology & Fine Arts  
1990-1994