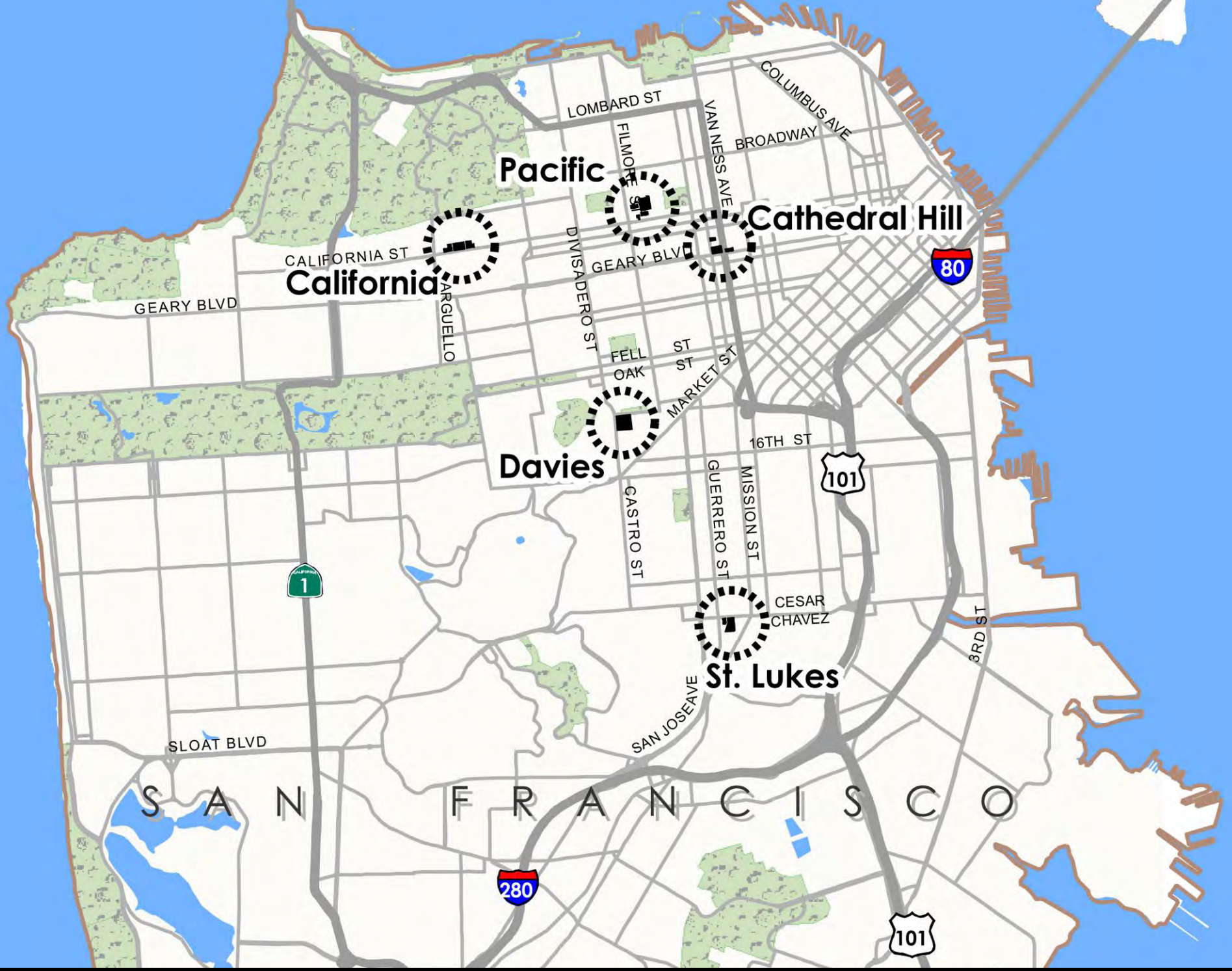

COMMENTS AND RESPONSES | VOLUME 2: APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
Draft EIR Public Hearing Date:	SEPTEMBER 23, 2010
Draft EIR Public Comment Period:	JULY 21, 2010 – OCTOBER 19, 2010
Comments and Responses Publication Date	MARCH 29, 2012
Final EIR Public Certification Date:	APRIL 26, 2012

SAN FRANCISCO PLANNING DEPARTMENT

SAN FRANCISCO
PLANNING DEPARTMENT

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

March 29, 2012

To: Members of the Planning Commission and Interested Parties

From: Bill Wycko, Environmental Review Officer

Re: Attached Comments and Responses on Draft Environmental Impact Report Case No. 2005.0555E: California Pacific Medical Center (CPMC) Long Range Development Plan

Attached for your review please find a copy of the Comments and Responses document for the Draft Environmental Impact Report (Draft EIR) for the above referenced project. This document has been provided either on a CD or as a hard copy. This document is also available for download on the Planning Department's website http://tinyurl.com/sfceqadocs. This document, along with the Draft EIR, will be before the Planning Commission for Final EIR certification on April 26, 2012. Please note that the public review period ended on October 19, 2010.

The Planning Commission does not conduct a hearing to receive comments on the Comments and Responses document, and no such hearing is required by the California Environmental Quality Act. Interested parties, however, may always write to the Commission members or to the President of the Commission at 1650 Mission Street, Suite 400, San Francisco, CA, 94103, and express an opinion on the Comments and Responses document, or the Commission's decision to certify the completion of the Final EIR for this project. The certification of the EIR does not indicate a decision by the City to approve or disapprove the proposed project. Approval hearing would occur after the EIR certification.

Please note that if you receive the Comments and Responses document in addition to the Draft EIR published on July 21, 2010, you technically have the Final EIR. If you have questions concerning the Comments and Responses document or the environmental review process, please contact Devyani Jain at (415) 575-9051 or Devyani.Jain@sfgov.org.

Thank you for your interest in this project and your consideration of this matter.

COMMENTS AND RESPONSES
VOLUME 2: APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E

STATE CLEARINGHOUSE NO. 2006062157

SAN FRANCISCO
PLANNING
DEPARTMENT

Draft EIR Publication Date:	**JULY 21, 2010**
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INTRODUCTION

Volume 2 includes several Appendices in support of Comments and Responses found in Volume 1. A summary of each appendix is provided below.

Appendix A. Comment Letters

This appendix contains scanned copies of all written comments received on the Draft EIR, including comments submitted either by letter, fax, or email. As explained in Chapter 1, each letter has been broken down into brackets and has been coded to the most appropriate response category.

The Response Category Codes are as follows:

INTRO: Introduction
PD: Project Description
LU: Land Use and Planning
AE: Aesthetics
PH: Population, Employment, and Housing
CP: Cultural and Paleontological Resources
TR: Transportation and Circulation
NO: Noise
AQ: Air Quality
GH: Greenhouse Gas Emissions
WS: Wind and Shadow
RE: Recreation
PS: Public Services
UT: Utilities and Service Systems
BI: Biological Resources
GE: Geology and Soils
HY: Hydrology and Water Quality
HZ: Hazards and Hazardous Materials
ME: Mineral and Energy Resources
AG: Agricultural and Forest Resources
ALT: Alternatives
HC: Healthcare
OTH: Miscellaneous Other

Each comment letter has been assigned a number; each comment within a letter is contained within a bracket, and is assigned a secondary comment-specific number. For example, the letter from the Cathedral Hill Neighbors Association is Letter 15, and the bracketed comments in this letter are numbered 15-1 through 15-4. The responses to comments within each section are coded by topic, and numbered after each comment or comment grouping in consecutive order within each topic section (e.g., Response LU-1). The commenter's name and comment code are also included at the beginning of each comment.

Written comments are organized chronologically and numbered according to the date on which each letter was received by the Planning Department. A summary of the letter number, commenter, and date of the comment letter is included in Volume 1, C&R Table 2-1, Commenters on the Draft EIR (Numeric by Letter Number), on page C&R 2-1. In addition, a list of the commenters according to commenter type, including state or local agencies, boards and commissions, organizations, and individuals is summarized in C&R Table 2-2, Commenters on the Draft EIR (By Commenter Type) on page C&R 2-5. Volume 2, Appendix I includes a cross-referenced table that indicates where each comment has been addressed, with the Resource Category Code and numbering included.

Appendix B. Planning Commission Transcript

The complete transcripts of oral comments presented at the September 23, 2010 public hearing on the Draft EIR before the Planning Commission are included in this appendix. The names of speakers at the public hearing are presented in the order in which they spoke. Each oral comment has been bracketed in the transcript and has been assigned a number, which is denoted by "PC" and is identified with a number denoting its sequence within comments received at the public hearing (e.g., PC-45).

Appendix C. Amended Construction Emissions

This addendum, completed July 29, 2011, is an update to a March 7, 2011 memo entitled, "Revisions to CPMC Construction Emissions and Health Risk Analysis," which presents a construction emission analysis that reviewed resident child excess cancer risks based on refined emission estimates and dispersion modeling, following the 2010 BAAQMD CEQA guidelines.

Appendix D. GHG Checklist

The Greenhouse Gas Analysis Compliance Checklist was completed on December 10, 2010, following new guidance from San Francisco Planning Department. A review of the proposed project components was completed at the project level, to determine compliance with the ordinances and regulations related to San Francisco's GHG reduction strategy.

Appendix E. Cathedral Hill Supplemental Sensitivity Analyses

A supplemental and sensitivity transportation impact analysis was conducted and submitted on April 27, 2011, for the proposed CPMC Cathedral Hill Campus as part of the Long Range Development Plan. This letter report describes the existing transportation conditions and provides an impact analysis at key intersections in the Tenderloin and Civic Center neighborhoods.

Appendix F. Transportation Demand Management

An enhanced Transportation Demand Management (TDM) Plan is part of the proposed LRDP for CPMC campuses. An update to the TDM Plan and overall goals was submitted on March 24, 2011 and includes an analysis of projected parking shortfalls and potential environmental impacts related to traffic, air quality, and greenhouse gas emissions resulting from the proposed construction of a new Cathedral Hill Campus as well as expansion and renovation of the Pacific, Davies, and St. Luke's campuses.

Appendix G. Cathedral Hill Medical Office Building Design Modifications

Updated drawings with minor modifications are included in this appendix.

Appendix H. Modern Context Statement Memo

In response to the February 2011, City-adopted *San Francisco Modern Architecture and Landscape Design 1935-1970 Historic Context Statement*, the previous findings for the former Cathedral Hill Hotel (Jack Tar Hotel) were reviewed and a memo was submitted on August 19, 2011. The memo is included in this appendix.

Appendix I. Cross Reference Matrix of Draft EIR Comments

The cross-referenced table included in this appendix allows each commenter to see where their comment was responded to and where to locate it within the Comments and Responses document. Each individual comment was assigned a Resource Category Code, listed above under Appendix A, along with a number. This matrix is intended to provide the commenter with an easy method to locate their comment and see the response to it. Refer to Appendix A to see scan and coding of the original letter, fax, or email, and Appendix B for the transcript.

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APPENDIX A

Comment Letters

Letter 1

SAN FRANCISCO PLANNING COMMISSION
COMMISSION SECRETARY'S OFFICE
SAN FRANCISCO PLANNING DEPARTMENT
1650 MISSION STREET SUITE 400
SAN FRANCISCO, CA 94103

RECEIVED
MAY 19 2010
CITY & COUNTY OF S.F.
DEPT. OF CITY PLANNING
ADMINISTRATION

DEAR PLANNING COMMISSIONERS,

MY NAME IS MARVIS J. PHILLIPS I'M THE LAND USE CHAIR OF THE ALLIANCE FOR A BETTER DIST 6 AND I AM WRITING YOU ON BEHALF OF OUR BOARD OF DIRECTOR'S ~~& MEMBERSHIP~~ REGARDING THE UP COMING CALIFORNIA PACIFIC MEDICAL CENTER HEARING ON THE DEIR.

1-1 OTH

THE BOARD OF DIRECTOR'S OF THE ALLIANCE FOR A BETTER DIST 6 VOTED IN THE MAJORITY TO STAY NEUTRAL ON THIS ISSUE AND THERE-BY ALLOWING OUR MEMBER TO EITHER SUPPORT OR NOT SUPPORT THIS PROPOSED PROJECT.

AGAIN THE ALLIANCE FOR A BETTER DIST 6 IS NEUTRAL ON THIS PROJECT.

SINCERELY
MARVIS J. PHILLIPS
LAND USE CHAIR
ALLIANCE FOR A BETTER DIST 6

1416 HRS
14 MAY 2010

CC: CPMC CC: FILE

Letter 2

Charles F. McClure
500 Lunalilo Home Road, Apt. 32F
Honolulu, Hawaii 96825

July 21, 2010

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, California 94103

Attention: Dvyani Jain

Ladies and Gentlemen:

Subject: DEIR for California Pacific Medical Center

For about twenty years, I have owned a condominium apartment at One Daniel Burnham Court located on the north side of Post Street between Van Ness Avenue and Franklin Street.

2-1 OTH

I have reviewed the Draft Environmental Impact Report for the proposed development of the California Pacific Medical Center Cathedral Hill campus on the south side of Post Street. I know that other owners in my residential complex have concerns about the size of the development. They anticipate inconvenience during construction and increased traffic. Some may have their views blocked.

For myself, I think the Two-Way Post Street Variant would make entering and leaving the Daniel Burnham Court garage easier. Two-way traffic between Van Ness Avenue and Gough Street would be an improvement, and the change could be implemented now.

2-2 PD

Very truly yours,

Charles F. McClure

Letter 3

Alex Bernstein, Esq. 1479 Guerrero St. San Francisco CA 94110 415.467.1100

RECEIVED
AUG 04 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

August 3, 2010

Mr. Bill Wycko
SF Planning Dept.
1650 Mission St., Suite 400
SF, CA 94103

Dear Mr. Wycko,

I'm writing again to tell you that I oppose CPMC's plans to build a new hospital alongside residences on Guerrero Street. The site of the proposed hospital is behind my kitchen and my bedroom. I also rent out the unit above mine, which I'm told will go vacant when construction begins. The falloff in rent will cause me to default on my mortgage, and I will lose my home. 3-1 PH

Our neighborhood – permit me to repeat that phrase, *our neighborhood* – is not zoned to have a large structure erected in the middle of where we live. 3-2 LU

The fact is CPMC failed to retro-fit St. Lukes when it could have. Now, they want to erect a new hospital alongside the old one, placing their continuity of operation, a temporary issue, over the detriment the building would cause to our permanent quality of life.

Families' permanent quality of life should take priority over St. Luke's desire to stay open during its construction period. 3-3 OTH

The neighborhood's wishes make the most sense. Build the new hospital where the present, obsolete one stands.

These are my wishes, for the record. Thank you for giving me the chance to tell you this.

Sincerely,

Alex Bernstein

Alex Bernstein
1479 Guerrero Street
(between Cesar Chavez and 27th Street)

Letter 4

RECEIVED
AUG 05 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT

SAN FRANCISCO PLANNING DEPT
BILL WYCKO, ENVIRONMENTAL REVIEW OFFICER
1650 MISSION SUITE 400
SAN FRANCISCO, CA 94103-2479

DEAR MR. WYCKO,

THE BOARD OF DIRECTORS HAVE TAKEN A NEUTRAL POSITION ON CASE NO. 2005.0555E CPMC LONG RANGE DEVELOPMENT PLAN. THEREBY ALLOWING IT'S MEMBER TO VOICE THEIR OWN OPINION. THE COMMENTS BELOW THEREFORE ARE MY PERSONAL OPINIONS. 4-1 OTH

OVER ALL THE PROPOSED LONG RANGE PLAN FOR CPMC IS REALLY QUITE GOOD. MY CONCERNS HOWEVER ARE FEW.

① EVEN THOUGH DISAGREED. I HAVE CONCERNS ABOUT 3 THINGS AT THE NEW CATHEDRAL HILL CAMPUS. 4-2 HC

1) ENOUGH BED SPACE TO COVER BOTH THE PATIENTS FROM THE PACIFIC AND THE CHILDREN'S CAMPUSES.

2) EMERGENCY VEHICLE ACCESS DURING EVENING & MORNING COMMUTE PERIODS 4-3 TR

P. 1 OF 5

3) FOOT TRAFFIC GOING BETWEEN PACIFIC OUT PATIENT SERVICES + CATHEDRAL HILL SERVICES ESP AT THE EAST CAMPUS AT GEARY + VAN NESS. SENIOR + PERSON WITH DISABILITIES HAVE A TENDANCY TO WALK SLOWER THAN THE LIGHT'S RUN ESPE. IF THAT TAKE OUT THE 15 SECOND FOR THE VAN NESS LINE (SFMTA) SENIOR + PERSON'S W/ DISABILITIES WILL HAVE NO WITCHE TO STAND IF CAUGHT IN THE MIDDLE OF THE STREET. 4-4 TR

AS FOR THE ST. LUKES CAMPUS. CURRENTLY ST LUKE'S IS TAKE'S THE SLACK FOR GENERAL - I HAVE THE FOLLOWING 3 CONCERNS. 4-5 HC

1) I HAVE A CONCERN THEY 88 BEDS ARE NOT ENOUGH TO SERVE THE MISSION + POINT'S SOUTH + STILL BE A BACK UP FOR GENERAL.

2). THERE ARE SOME ONLY ONE OF A KIND SERVICES CURRENTLY AT ST LUKES THAT ARE NOT BEING REPLACED. AND THAT WILL HAVE TO WAIT UNTIL 2015 / 2020 TO BE AT PACIFIC CAMPUS WHICH MAY BE HARD IF NOT IMPOSSIBLE FOR MISSION SENIOR'S TO GET TO. 4-6 HC

3) I AM CONCERNED ABOUT EMERGENCY SERVICES WHEN GENERAL DIVERTS & ST LUKE IS OVERCROWDED. THE LIMIT OF 88 BED'S BUT A EXTREME STRAIN ON ER SERVICES IN THE CITY, AS THE ST LUKE ER IS THE ONLY ER IN THE SOUTHERN PORT OF THE CITY IF GENERAL DIVERT'S.

4-7 HC

AS TO CHILDREN'S.

(1) THE OLD MARSHAL HAZE HOSPITAL (CALIF EAST CAMPUS) OUT PATIENT SERVICES & SKILLED NURSING FACILITY WAS ORIGINALLY DESIGNED TO BE A MEDICAL BOARD & CARE FACILITY. THESE ARE MORE IN SAN FRANCISCO. AS WE AGE WE WILL NEED MORE. AND IF THE GOVERNOR HAS HIS WAY AND ~~(illegible)~~ THEY ELIMINATE ~~H~~ INSS TEN'S OF THOUSAND, WE'LL NEED CARE. IF NOT NOW THE IN THE FUTURE.

4-8 HC

(2) (a) CHILDREN'S ER IS THE ONLY PEDRITIC ER IN THE CITY & IT BIRTH CENTER AWARD ~~(illegible)~~ WINNING, MY CONCERN PUTTING CHILD ER & ADULT ER TOGETHER ESP WITH A BIRTH CENTER

4-9 HC

(3) CHILDREN'S HAS 90% OF THE ADULT OUT PATIENT SERVICES & IS QUITE CONVIENT TO THE ELDRY OF THE RICHMOND. PUTTING ALL OUT PATIENT SERVICES AT PACFIC (2015-2020) WHILE ON PAPER LOOKS FINE BUT 1 OUT PATIENT SERVICE FOR ALL OF SAN FRANCISCO. I PERSONALLY WOULDN'T MIND THE COB RATE IS HALF OF THAT OF CHILDREN'S, BUT FOR SENIOR'S IN THE OUTER RICHMOND & SUNSET THEY SIMPLY MAY NOT BE ABLE TO AFFORD IT.

4-10 HC

AT DAVIES

A NEW NEUROSCIENCE IS COOL BUT IF YOU CANNOT AFFORD TO GET THERE WHAT GOOD IS IT.

4-11 OTH

AT PACFIC

I'M ALL IN FAVOR OF A CENTRALIZED OUTPATIENT FACILITY BUT MY CONCERN IS LOW INCOME, SENIOR & DISABLED WHO MAY NOT BE ABLE USE THIS FACILITY. A OUT PATIENT FACILITY AT DAVIES FOR THE SUNSET & AT ST LUKES FOR THE MISSION, HUNTER POINT & THE SOUTHERN SIDE OF THE CITY WOULD BE

4-12 HC

MUCH MORE LOGICAL.

I REALIZE THAT WHAT THE HOSPITAL (SUTTER HEALTH - CPMC) DOES IS NOT A "PLANNING" AREA BUT IS IMPORTANT WHEN DEVELOPING A PLAN TO ADDRESS 21ST CENTURY MEDICAL ISSUES.

4-12 HC

SINCERELY,

MARK J. PHILLIPS
230 EDDY ST #1206
SF CA 94102-6526

2020 HRS
4 AUGUST 2010

P. 5 OF 5

DEPARTMENT OF TRANSPORTATION
DIVISION OF AERONAUTICS – M.S.#40
1120 N STREET
P. O. BOX 942874
SACRAMENTO, CA 94274-0001
PHONE (916) 654-4959
FAX (916) 653-9531
TTY 711

Letter 5

Flex your power!
Be energy efficient!

RECEIVED
SEP 08 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

September 1, 2010

Mr. Bill Wycko
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Dear Mr. Wycko:

Re: San Francisco's Draft Environmental Impact Report for the California Pacific Medical Center (CPMC) Long Range Development Plan; SCH# 2006062157

The California Department of Transportation (Caltrans), Division of Aeronautics, reviewed the above-referenced document with respect to airport-related noise and safety impacts and regional aviation land use planning issues pursuant to the California Environmental Quality Act (CEQA).

The proposal is for the Long Range Development Plan for four existing CPMC medical campuses including: Pacific Campus, California Campus, Davies Campus and the St. Luke's Campus; and the proposed new Cathedral Hill Campus.

5-1 HZ

California Public Utilities Code Section 21659 prohibits structural hazards near airports. Since the proposed Cathedral Hill Hospital will reach a height of 283 feet, a Notice of Proposed Construction or Alteration (Form 7460-1) will be required by the Federal Aviation Administration (FAA) in accordance with Federal Aviation Regulation, Part 77 "Objects Affecting Navigable Airspace." Form 7460-1 is available on-line at https://oeaaa.faa.gov/oeaaa/external/portal.jsp and should be submitted electronically to the FAA.

These comments reflect the areas of concern to the Division of Aeronautics with respect to airport-related noise, safety, and regional land use planning issues. We advise you to contact our District 4 office concerning surface transportation issues.

Thank you for the opportunity to review and comment on this proposal. If you have any questions, please call me at (916) 654-5314 or by email at sandy.hesnard@dot.ca.gov.

Sincerely,

Sandy Hesnard
SANDY HESNARD
Aviation Environmental Specialist

c: State Clearinghouse

Letter 6

STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF TRANSPORTATION
111 GRAND AVENUE
P. O. BOX 23660
OAKLAND, CA 94623-0660
PHONE (510) 622-5491
FAX (510) 286-5559
TTY 711

Flex your power!
Be energy efficient!

September 3, 2010

SF101157
SF-101-R5.07
SCH#2006062157

Ms. Devyani Jain
City and County of San Francisco
Planning Department
1660 Mission Street, Suite 400
San Francisco, CA 94103

Dear Ms. Jain:

California Pacific Medical Center Long Range Development Plan Project – Draft Environmental Impact Report

Thank you for continuing to include the California Department of Transportation (Department) in the environmental review process for the California Pacific Medical Center (CPMC) Long Range Development Plan Project. The following comments are based on the Draft Environmental Impact Report (DEIR).

Forecasting

The project proposes to replace the existing hotel, office, and retail use with a hospital and a medical office building. In Table 30 on page 66 of the Transportation Impact Study (TIS), the table states a low auto (drive alone plus carpool) rate of 53 percent and 43 percent for the hospital and medical office respectively compared to other modes of travel. Also, in Table 30, the TIS used a vehicle occupancy rate of 1.0 for physicians, 1.32 for staff, and 1.14 for patients and visitors. The Department believes the drive alone plus carpool rate is understated because patrons to the hospital or the medical office would likely be physicians and staff which would have dedicated parking spaces or drive alone or carpool since they are too ill to take other travel modes. Therefore, we recommend the study adopt a more conservative and reasonable approach on modal split for these uses.

6-1 TR

Highway Operations

On page 4.5-93 in the DEIR, the proposed project would cause 'Significant and Unavoidable' impact at the intersection of Van Ness Avenue/Market Street (Impact TR-1). Since no feasible mitigation measures have been identified to reduce project impacts to less than significant levels, the Department recommends contributing a fair share for future improvements.

6-2 TR

In addition, in Tables 4.5-17 and 4.5-18 on pages 4.5-94 and 4.5-95, the proposed project will also degrade level of service (LOS) at various intersections on Van Ness Avenue (listed below) for AM and/or PM peak. The Department recommends providing mitigation measures to reduce these impacts.

6-3 TR

- Intersection #10 – Van Ness Avenue/Market Street
- Intersection #11 – Van Ness Avenue/Fell Street
- Intersection #12 –Van Ness Avenue/Hayes Street
- Intersection #13 – Van Ness Avenue/O'Farrell Street
- Intersection #14 – Van Ness Avenue/Geary Boulevard
- Intersection #18 – Van Ness Avenue/Pine Street

6-3 TR

Construction Impacts

The proposed project will cause significant impacts during the 54 month construction period. In particular, it will cause significant delays on Van Ness Avenue. We recommend that the project provide additional mitigation measures to reduce these impacts. For example, provide signage to vehicles users to use parallel roadways.

6-4 TR

On page 145 of the TIS, it states that the tunnel construction work will be limited to 7PM to 5AM daily for a 10 month period. Would the lane closure only occur during these hours and fully reopen (three travel lanes) or would the closure be continuous throughout the day and only tunneling work be limited to those hours? The Department is particularly concerned with a lane closure that will significantly impact AM and PM peak hour traffic.

6-5 TR

Under 5.3 Construction Issues on page 189 of the TIS, it states the construction of the Bus Rapid Transit projects can overlap with the construction of the Cathedral Hill Campus and CPMC would be required to coordinate with the City and County of San Francisco to minimize disruption from two major construction projects. Please discuss potential mitigation measures to minimize impacts to Van Ness Avenue. Specifically, what measures will be taken so construction activity will not exacerbate already poor LOS operation on Van Ness Avenue?

6-6 TR

Coordination with the Department

Please continue to coordinate with the Department for the Highway Improvement Agreement (HIA) for the proposed pedestrian tunnel. Please note, the HIA must be approved by the Department prior to the tunnel construction.

6-7 TR

Should you have any questions regarding this letter, please call Yatman Kwan of my staff at (510) 622-1670.

Sincerely,

Lisa Carboni

LISA CARBONI
District Branch Chief
Local Development - Intergovernmental Review

c: State Clearinghouse

Letter 7

DEPARTMENT OF TRANSPORTATION
111 GRAND AVENUE
P. O. BOX 23660
OAKLAND, CA 94623-0660
PHONE (510) 622-5491
FAX (510) 286-5559
TTY 711

RECEIVED
SEP 09 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

Flex your power!
Be energy efficient!

September 3, 2010

SF101157
SF-101-R5.07
SCH#2006062157

Ms. Devyani Jain
City and County of San Francisco
Planning Department
1660 Mission Street, Suite 400
San Francisco, CA 94103

Dear Ms. Jain:

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Highway Operations

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- Intersection #14 – Van Ness Avenue/Geary Boulevard
- Intersection #18 – Van Ness Avenue/Pine Street

7-3 TR

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7-4 TR

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7-5 TR

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7-6 TR

Coordination with the Department

Please continue to coordinate with the Department for the Highway Improvement Agreement (HIA) for the proposed pedestrian tunnel. Please note, the HIA must be approved by the Department prior to the tunnel construction.

7-7 TR

Should you have any questions regarding this letter, please call Yatman Kwan of my staff at (510) 622-1670.

Sincerely,

Lisa Carboni

LISA CARBONI
District Branch Chief
Local Development - Intergovernmental Review

c: State Clearinghouse

Letter 8

STATE OF CALIFORNIA
Governor's Office of Planning and Research
State Clearinghouse and Planning Unit

Arnold Schwarzenegger
Governor

Cathleen Cox
Acting Director

September 7, 2010

RECEIVED
SEP 09 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

Devyani Jain
City and County of San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: California Pacific Medical Center Long Range Development Plan Project
SCH#: 2006062157

Dear Devyani Jain:

The State Clearinghouse submitted the above named Draft EIR to selected state agencies for review. On the enclosed Document Details Report please note that the Clearinghouse has listed the state agencies that reviewed your document. The review period closed on September 3, 2010, and the comments from the responding agency (ies) is (are) enclosed. If this comment package is not in order, please notify the State Clearinghouse immediately. Please refer to the project's ten-digit State Clearinghouse number in future correspondence so that we may respond promptly.

Please note that Section 21104(c) of the California Public Resources Code states that:

> "A responsible or other public agency shall only make substantive comments regarding those activities involved in a project which are within an area of expertise of the agency or which are required to be carried out or approved by the agency. Those comments shall be supported by specific documentation."

8-1 OTH

These comments are forwarded for use in preparing your final environmental document. Should you need more information or clarification of the enclosed comments, we recommend that you contact the commenting agency directly.

This letter acknowledges that you have complied with the State Clearinghouse review requirements for draft environmental documents, pursuant to the California Environmental Quality Act. Please contact the State Clearinghouse at (916) 445-0613 if you have any questions regarding the environmental review process.

Sincerely,

Scott Morgan
Director, State Clearinghouse

Enclosures
cc: Resources Agency

Document Details Report
State Clearinghouse Data Base

SCH# 2006062157
Project Title California Pacific Medical Center Long Range Development Plan Project
Lead Agency San Francisco, City and County of

Type **EIR** Draft EIR

Description The California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP), or otherwise referred to as the proposed project, is CPMC's multi-phased strategy to meet State seismic safety requirements for hospitals (SB 1953) and create a 20-year framework and Institutional Master Plan for its four existing medical campuses (Pacific Campus at Sacramento and Buchanan Streets; California Campus at Maple and California Streets Davies Campus at Castro and 14th streets; and St. Luke's Campus at Caesar Chavez and Valencia Streets), and a proposed new medical campus (Cathedral Hill Campus at Van Ness Avenue and Geary Boulevard) in San Francisco. Completion of the proposed Cathedral Hill Campus by 2015 would allow CPMC to consolidate duplicative services at existing CPMC campuses. The existing acute-care services, primary emergency services, and Women's and Children's Center at CPMC's existing Pacific and California Campuses would be relocated to the proposed Cathedral Hill Hospital.

Lead Agency Contact

Name Devyani Jain
Agency City and County of San Francisco Planning Department
Phone (415) 575-9051 **Fax**
email
Address 1650 Mission Street, Suite 400
City San Francisco **State** CA **Zip** 94103

Project Location

County San Francisco
City San Francisco
Region
Lat / Long
Cross Streets Various
Parcel No. various
Township **Range** **Section** **Base**

Proximity to:

Highways Hwy 80, 280, 101
Airports
Railways
Waterways San Francisco Bay
Schools
Land Use Various

Project Issues Agricultural Land; Air Quality; Archaeologic-Historic; Biological Resources; Drainage/Absorption; Economics/Jobs; Geologic/Seismic; Minerals; Noise; Population/Housing Balance; Public Services; Recreation/Parks; Schools/Universities; Sewer Capacity; Soil Erosion/Compaction/Grading; Solid Waste; Toxic/Hazardous; Traffic/Circulation; Vegetation; Water Quality; Water Supply; Wetland/Riparian; Wildlife; Growth Inducing; Landuse; Cumulative Effects; Aesthetic/Visual; Forest Land/Fire Hazard

Reviewing Agencies Resources Agency; Department of Conservation; Department of Fish and Game, Region 3; Office of Historic Preservation; Department of Parks and Recreation; Department of Water Resources; Office of Emergency Management Agency, California; California Highway Patrol; Caltrans, District 4; Regional Water Quality Control Board, Region 2; Department of Toxic Substances Control; Native American Heritage Commission; Statewide Health Planning

Note: Blanks in data fields result from insufficient information provided by lead agency.

Document Details Report
State Clearinghouse Data Base

Date Received 07/21/2010 ***Start of Review*** 07/21/2010 ***End of Review*** 09/03/2010

Note: Blanks in data fields result from insufficient information provided by lead agency.

Attachment to Letter 8 (responses provided in Letters 6 and 7)

STATE OF CALIFORNIA—BUSINESS, TRANSPORTATION AND HOUSING AGENCY ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF TRANSPORTATION
111 GRAND AVENUE
P. O. BOX 23660
OAKLAND, CA 94623-0660
PHONE (510) 622-5491
FAX (510) 286-5559
TTY 711

Flex your power!
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September 3, 2010

SF101157
SF-101-R5.07
SCH#2006062157

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09/08/10
e.

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SEP 03 2010
STATE CLEARING HOUSE

Ms. Devyani Jain
City and County of San Francisco
Planning Department
1660 Mission Street, Suite 400
San Francisco, CA 94103

Dear Ms. Jain:

California Pacific Medical Center Long Range Development Plan Project – Draft Environmental Impact Report

Thank you for continuing to include the California Department of Transportation (Department) in the environmental review process for the California Pacific Medical Center (CPMC) Long Range Development Plan Project. The following comments are based on the Draft Environmental Impact Report (DEIR).

Forecasting

The project proposes to replace the existing hotel, office, and retail use with a hospital and a medical office building. In Table 30 on page 66 of the Transportation Impact Study (TIS), the table states a low auto (drive alone plus carpool) rate of 53 percent and 43 percent for the hospital and medical office respectively compared to other modes of travel. Also, in Table 30, the TIS used a vehicle occupancy rate of 1.0 for physicians, 1.32 for staff, and 1.14 for patients and visitors. The Department believes the drive alone plus carpool rate is understated because patrons to the hospital or the medical office would likely be physicians and staff which would have dedicated parking spaces or drive alone or carpool since they are too ill to take other travel modes. Therefore, we recommend the study adopt a more conservative and reasonable approach on modal split for these uses.

Highway Operations

On page 4.5-93 in the DEIR, the proposed project would cause 'Significant and Unavoidable' impact at the intersection of Van Ness Avenue/Market Street (Impact TR-1). Since no feasible mitigation measures have been identified to reduce project impacts to less than significant levels, the Department recommends contributing a fair share for future improvements.

In addition, in Tables 4.5-17 and 4.5-18 on pages 4.5-94 and 4.5-95, the proposed project will also degrade level of service (LOS) at various intersections on Van Ness Avenue (listed below) for AM and/or PM peak. The Department recommends providing mitigation measures to reduce these impacts.

- Intersection #10 – Van Ness Avenue/Market Street
- Intersection #11 – Van Ness Avenue/Fell Street
- Intersection #12 – Van Ness Avenue/Hayes Street
- Intersection #13 – Van Ness Avenue/O'Farrell Street
- Intersection #14 – Van Ness Avenue/Geary Boulevard
- Intersection #18 – Van Ness Avenue/Pine Street

Construction Impacts
The proposed project will cause significant impacts during the 54 month construction period. In particular, it will cause significant delays on Van Ness Avenue. We recommend that the project provide additional mitigation measures to reduce these impacts. For example, provide signage to vehicles users to use parallel roadways.

On page 145 of the TIS, it states that the tunnel construction work will be limited to 7PM to 5AM daily for a 10 month period. Would the lane closure only occur during these hours and fully reopen (three travel lanes) or would the closure be continuous throughout the day and only tunneling work be limited to those hours? The Department is particularly concerned with a lane closure that will significantly impact AM and PM peak hour traffic.

Under 5.3 Construction Issues on page 189 of the TIS, it states the construction of the Bus Rapid Transit projects can overlap with the construction of the Cathedral Hill Campus and CPMC would be required to coordinate with the City and County of San Francisco to minimize disruption from two major construction projects. Please discuss potential mitigation measures to minimize impacts to Van Ness Avenue. Specifically, what measures will be taken so construction activity will not exacerbate already poor LOS operation on Van Ness Avenue?

Coordination with the Department
Please continue to coordinate with the Department for the Highway Improvement Agreement (HIA) for the proposed pedestrian tunnel. Please note, the HIA must be approved by the Department prior to the tunnel construction.

Should you have any questions regarding this letter, please call Yatman Kwan of my staff at (510) 622-1670.

Sincerely,

Lisa Carboni

LISA CARBONI
District Branch Chief
Local Development - Intergovernmental Review

c: State Clearinghouse

Letter 9

STATE OF CALIFORNIA

Governor's Office of Planning and Research

State Clearinghouse and Planning Unit

Arnold Schwarzenegger
Governor

Cathleen Cox
Acting Director

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SEP 10 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

September 8, 2010

Devyani Jain
City and County of San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Subject: California Pacific Medical Center Long Range Development Plan Project
SCH#: 2006062157

Dear Devyani Jain:

The enclosed comment (s) on your Draft EIR was (were) received by the State Clearinghouse after the end of the state review period, which closed on September 3, 2010. We are forwarding these comments to you because they provide information or raise issues that should be addressed in your final environmental document.

9-1 OTH

The California Environmental Quality Act does not require Lead Agencies to respond to late comments. However, we encourage you to incorporate these additional comments into your final environmental document and to consider them prior to taking final action on the proposed project.

Please contact the State Clearinghouse at (916) 445-0613 if you have any questions concerning the environmental review process. If you have a question regarding the above-named project, please refer to the ten-digit State Clearinghouse number (2006062157) when contacting this office.

Sincerely,

Scott Morgan
Director, State Clearinghouse

Enclosures
cc: Resources Agency

1400 TENTH STREET P.O. BOX 3044 SACRAMENTO, CALIFORNIA 95812-3044
TEL (916) 445-0613 FAX (916) 323-3018 www.opr.ca.gov

DEPARTMENT OF TRANSPORTATION
DIVISION OF AERONAUTICS – M.S.#40
1120 N STREET
P. O. BOX 942874
SACRAMENTO, CA 94274-0001
PHONE (916) 654-4959
FAX (916) 653-9531
TTY 711

Attachment to Letter 9 (responses provided in Letter 5)

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Late. Clear 09/03/10 e

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SEP 07 2010
STATE CLEARING HOUSE

September 1, 2010

Mr. Bill Wycko
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Dear Mr. Wycko:

Re: San Francisco's Draft Environmental Impact Report for the California Pacific Medical Center (CPMC) Long Range Development Plan; SCH# 2006062157

The California Department of Transportation (Caltrans), Division of Aeronautics, reviewed the above-referenced document with respect to airport-related noise and safety impacts and regional aviation land use planning issues pursuant to the California Environmental Quality Act (CEQA).

The proposal is for the Long Range Development Plan for four existing CPMC medical campuses including: Pacific Campus, California Campus, Davies Campus and the St. Luke's Campus; and the proposed new Cathedral Hill Campus.

California Public Utilities Code Section 21659 prohibits structural hazards near airports. Since the proposed Cathedral Hill Hospital will reach a height of 283 feet, a Notice of Proposed Construction or Alteration (Form 7460-1) will be required by the Federal Aviation Administration (FAA) in accordance with Federal Aviation Regulation, Part 77 "Objects Affecting Navigable Airspace." Form 7460-1 is available on-line at https://oeaaa.faa.gov/oeaaa/external/portal.jsp and should be submitted electronically to the FAA.

These comments reflect the areas of concern to the Division of Aeronautics with respect to airport-related noise, safety, and regional land use planning issues. We advise you to contact our District 4 office concerning surface transportation issues.

Thank you for the opportunity to review and comment on this proposal. If you have any questions, please call me at (916) 654-5314 or by email at sandy.hesnard@dot.ca.gov.

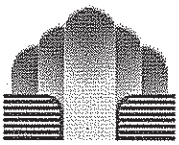
Sincerely,

Original Signed by

SANDY HESNARD
Aviation Environmental Specialist

c: State Clearinghouse

Letter 10



Devyani Jain/CTYPLN/SFGOV
09/15/2010 11:37 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

Hi Chelsea,

Please send this comment letter re. CPMC to AECOM.

Thanks
Devyani

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

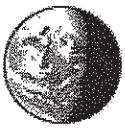
P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 09/15/2010 11:37 AM -----

Bill Wycko/CTYPLN/SFGOV
09/14/2010 09:20 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 09/14/2010 09:20 AM -----



Evy Pearce <evy_maymcc@yahoo.com>
09/13/2010 05:29 PM

To bill.wycko@sfgov.org
cc rm@well.com, wordweaver21@aol.com, bill.lee@flysfo.com, hs.commish@yahoo.com, c_olague@yahoo.com, plangsf@gmail.com, mooreurban@speakeasy.net, Eric.L.Mar@sfgov.org, David.Chiu@sfgov.org, Ross.Mirkarimi@sfgov.org, Sean.Elsbernd@sfgov.org, David.Campos@sfgov.org, John.Avalos@sfgov.org, Michela.Alioto-Pier@sfgov.org, Carmen.Chu@sfgov.org, Chris.Daly@sfgov.org, Bevan.Dufty@sfgov.org, Sophie.Maxwell@sfgov.org, Marlayne <Morgan@sfchna.org>
Subject Case 2005.0555E - CPMC Long Range Development Plan

Re: Case 2005.0555E-CPMC Long Range Development Plan

Dear Mr. Wycko:

I endorse the issues and critiques raised by Cathedral Hill Neighbors in their comments on CPMC's Draft EIR.

The Long Range Development Plan as proposed fails to provide local access to care to many areas of San Francisco, fails to consider the broader health care that are part of an integrated provision of health care, and will have devastating environmental impacts on the communites near the proposed monster Cathedral Hill hospital. 10-1 HC

In paarticular, CPMC's dismissal of Alternative 3A, the environmentally preferred alternative (pages 6-263 to 6-349, volume 4, DEIR) is based on fallacious arguments, and fails to consider the disadvantages to San Francisco of a too small St. Luke's facility. We urge the Planning Dept carefully review CPMC's assertions with unbiased experts in the field of hospital mangement and health care outcomes, rather than merely accepting CPMC's assertions 10-2 ALT3A 10-3 HC

Sincerely

Evy Pearce, 1777 Pine St, #401, SF, CA 94109

Letter 11

RECEIVED

SEP 14 2010

CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
MEA

September 10, 2010

Mr. Bill Wycko, Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: **Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan**

Dear Mr. Wycko:

Golden Gate Bridge, Highway and Transportation District (District) staff has reviewed the Draft Environmental Impact Report (DEIR) for the California Pacific Medical Center (CPMC) Long Range Development Plan (Case No. 2005.0555E) and offers the following comments:

- The District requests that the description of Golden Gate Transit (GGT) bus service located on Page 4.5-30 be corrected to state that Route 92 operates in the vicinity of the California Campus. Also, a sixth bus route, Route 80, serves the Cathedral Hill Campus but is not included in Tables 4.5-6 and 4.5-7 because it operates only during evening and weekend hours. While the route listing is correct at the time of publication of the DEIR, please note that Route 73 will be discontinued effective September 12. 11-1 TR

- Impacts TR-29, TR-32, TR-35, TR-133, TR-134, TR-138, TR-139, TR-143, and TR-144 indicate that the Cathedral Hill Campus project will increase travel times of Muni's 47 and 49 bus lines. Because GGT Routes 10, 70, 73, 93, and 101 also operate on Van Ness Avenue in the study area during congested periods, the District would expect a similar disclosure of impact to its operations. It is unclear why no impacts or mitigation measures are identified for GGT. The District requests clarification on this matter. 11-2 TR

- Impacts TR-100, TR-107, and TR-112 indicate that significant and unavoidable impacts will occur at the Van Ness/Pine intersection. GGT operates several bus routes through this intersection and is sensitive to increased travel times resulting from additional congestion. Excess congestion can adversely impact GGT operations and ultimately increase operating costs. 11-3 TR

Thank you for providing the District with the opportunity to submit comments on the CPMC DEIR. You may contact David Davenport, Associate Planner, at 415.257.4546 if you have any questions regarding these comments.

Sincerely,

Ron Downing

Ron Downing
Director of Planning

c: David Davenport
Maurice Palumbo

Letter 12

M A R I E
C L Y D E

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SEP 15 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

September 13, 2010

San Francisco Planning Department
Attn: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

I endorse the issues and critiques raised by Cathedral Hill Neighbors in their comments on CPMC's Draft EIR.

The Long Range Development Plan as proposed fails to provide local access to care to many areas of San Francisco, fails to consider the broader health care that are part of an integrated provision of health care, and will have *devastating environmental impacts on the communities* near the proposed monster Cathedral Hill hospital. 12-1 HC

In particular, CPMC's dismissal of **Alternative 3A, the environmentally preferred alternative** (pages 6-263 to 6-349, volume 4, DEIR) is based on fallacious arguments, and fails to consider the disadvantages to San Francisco of a too small St. Luke's facility. 12-2 ALT3A
We urge that the Planning Department carefully review CPMC's assertions with unbiased experts in the field of hospital management and health care outcomes, rather than merely accepting CPMC's assertions. 12-3 HC

Very truly yours,

Marie G. Clyde

c. SF Planning Commissioners and Board of Supervisors

2265 Broadway · San Francisco, California 94115 · (415) 922-0936

LETTER 13

To: Department of City Planning
ATTENTION: Bill Wycko, Environment Supervisor
Fr: Bernard Choden (em: choden@sbcglobal.net)
Re: DEIR, CPMC Hearing.

September 23, 2010

The long term importance of CPMC and major hospital development transcends short term benefits, such as professed job creation or political deal-making. It is incumbent upon the city and the developer to demonstrate legal commitment and secured means before approval of the DEIR regarding the following issues.

13-1 HC

The development's context within an overall Master Plan for health care, emergency and disaster relief: To this end, the combined efforts of all the city's health providers need to pool sustainable resources, assuring 24/7 acute care is available and evenly distributed where geography and population most require them.

Demonstrated means of mitigation of the long-term impacts of each development on the affordability of housing, community services and business: As economic speculation weakens community diversity, the developer and city is obliged to apriori provide a means of sufficient committable resources and means. The onus of institutionalizing such salutary means lies with the city and not with those affected by the negative impacts.

13-2 PH

Demonstrated commitment and means of mitigation of interim construction phase impacts: For example, construction parking and staging areas will very likely impair each site's livability and commercial viability. Japan town could face commercial disaster.

13-3 TR

Letter 14

Bill Wycko,
Environmental Review Officer Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103
Re: Public Hearing on CPMC DEIR

Dear Mr. Wycko

San Francisco Tomorrow firmly believes that the long term importance of CPMC and major hospital development transcends short term benefits, such as professed job creation or political deal-making. It is incumbent upon the city and the developer to demonstrate legal commitment and secured means before approval of the DEIR regarding the following issues: 14-1 HC

The development's context within an overall Master Plan for health care, emergency and disaster relief: To this end, the combined efforts of all the city's health providers need to pool sustainable resources, assuring 24/7 acute care is available and evenly distributed where geography and population most require them.

Demonstrated means of mitigation of the long-term impacts of each development on the affordability of housing, community services and business: As economic speculation weakens community diversity, the developer and city is obliged to apriori provide a means of sufficient committable resources and means. The onus of institutionalizing such salutary means lies with the city and not with those affected by the negative impacts. 14-2 PH

Demonstrated commitment and means of mitigation of interim construction phase impacts: For example, construction parking and staging areas will very likely impair each site's livability and commercial viability. Japan town could face commercial disaster. 14-3 TR

Thank you for your leadership on this issue.

Sincerely, Jennifer Clary
President

Letter 15

Cathedral Hill Neighbors

CHNA
Cathedral Hill
Neighbors Association

Board of Directors

Marlayne Morgan, President
Bertie Campbell-Ward, VPresident
Melinda LaValle, Treasurer
Karen D'Isola, Member at Large
Jack Scott, Member at Large
Lois Scott, Member at Large
Teresa Schnabel, Member at Large
Allen Soong, Webmaster

September 21, 2010

San Francisco Planning Department
Attn: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103
Bill.Wycko@sfgov.org

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

Cathedral Hill Neighbors (CHNA) asserts that the DEIR on this project is incomplete, is lacking in supporting documents and evidence and does not include feasible mitigation measures and alternatives. We will be submitting detailed comments on these issues at a later date. 15-1 OTH

The DEIR does conclude that **Alternative 3A is the environmentally preferred alternative** (pages 6- 263 to 6-349, volume 4, DEIR) to the CPMC proposal to build an unsafe 555 bed hospital on Cathedral Hill and an 86 bed unsustainable hospital at the St. Luke's site. We support the concept outlined in **Alternative 3A** of distributing beds and services more equally between the proposed Cathedral Hill and and St. Luke's sites, **PLUS** we urge additional study and recommendations on the appropriate placement of medical specialties on each site. 15-2 ALT3A

The Long Range Development Plan as proposed would have *devastating impacts on health care* provided to underserved communities located south of Market Street, and *devastating environmental impacts on the communities* near the proposed monster Cathedral Hill hospital. **Alternative 3A PLUS** would reduce these impacts on health and the environment by: 15-3 HC

- Redistributing services between St. Luke's and Cathedral Hill to create two approximately equal-sized hospitals. **Alternative 3A** would relocate 160 beds from the California Campus to the St. Luke's campus, creating two sustainable hospitals; 15-4 ALT3A

- Alternative **3A** limits development on Cathedral Hill to that permitted by the City's current height restrictions;

- **And** reduces impacts on Muni operations (now at capacity), traffic congestion, overflow neighborhood parking, decreases in pedestrian and bicycle access and

walkability in the neighborhood, accessibility to emergency vehicles, accessibility in a disaster;

- **And** reduces effects of massive increase in building height, including shadows, wind, views and urban design;

- **And** reduces the effects of a "Pill Hill" on local-serving businesses and neighborhood character, conversion of the area to a medical monoculture while improving the long-term viability of existing businesses, residences, churches and community facilities;

15-4 ALT3A

- **And** reduces noise caused by emergency sirens, traffic, construction, loading dock and mechanical equipment;

- **And** reduces construction impacts: dust, noise, vibrations, truck deliveries and effects of excavations

Therefore, we urge the Planning Commission to support **Alternative 3A (PLUS additional mitigations) as the most viable alternative** to the proposed CPMC LRDP, which would significantly reduce the devastating impacts on our central city communities.

Very truly yours,

Marlayne Morgan
President

c. Planning Commissioners, Members, Board of Supervisors

Letter 16

DON MARIACHER
donmar@ix.netcom.com
1200 Gough Street, 6C, San Francisco CA 94109-6616
(415) 776-0778

September 20, 2010

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SEP 21 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

San Francisco Planning Department
Attn: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

I endorse the issues and critiques raised by Cathedral Hill Neighbors in their comments on CPMC's Draft EIR.

16-1 HC

The Long Range Development Plan as proposed fails to provide local access to care to many areas of San Francisco, fails to consider the broader health care that are part of an integrated provision of health care, and will have *devastating environmental impacts on the communities* near the proposed monster Cathedral Hill hospital.

16-2 ALT3A

In particular, CPMC's dismissal of **Alternative 3A, the environmentally preferred alternative** (pages 6-263 to 6-349, volume 4, DEIR) is based on fallacious arguments, and fails to consider the disadvantages to San Francisco of a too small St. Luke's facility. We urge that the Planning Department carefully review CPMC's assertions with unbiased experts in the field of hospital management and health care outcomes, rather than merely accepting CPMC's assertions.

16-3 HC

Very truly yours,

Don Mariacher

c. SF Planning Commissioners and Board of Supervisors

Letter 17

San Francisco Public Utility Commission – Wastewater Enterprise
URBAN WATERSHED MANAGEMENT PROGRAM
1145 Market Street, 5th Floor, San Francisco, CA 94103 • Tel. (415) 554-3459 • Fax (415) 934-5728

PROJECT REVIEW COMMENTS

Project:	CPMC Long Range Development Plan
Submitted Documents:	Draft Environmental Impact Report (7/21/2010)
Response Date:	9/21/2010

Thank you for the opportunity to review the project referenced above. The following are the SFPUC Urban Watershed Management Program's (UWMP) comments.

Typical abbreviations: SDG: San Francisco Stormwater Design Guidelines, SCP: Stormwater Control Plan, SMO: San Francisco Stormwater Management Ordinance, BMP: Stormwater Best Management Practice, ROW: Right of Way, CSS; Combined Sewer System

17-1 UT

General Comments:

1. Chapter 3.2, p3-26, ADD: "San Francisco Stormwater Management Ordinance - The San Francisco Stormwater Management Ordinance was enacted into law on May 22, 2010. This new ordinance requires that all projects disturbing over 5,000 square feet of land surface comply with the Stormwater Design Guidelines (SDG) and submit a Stormwater Control Plan (SCP). As stated in the Stormwater Design Guidelines, the project will meet required stormwater management performance measure by achieving LEED SSc6.1 for all project sites located in the combined sewer system areas."
2. Chapter 4.12.2, p4.12-21, P1, ADD: … April 6, 2010, "and adopted into law May 22, 2010."
3. Chapter 4.12.2, p4.12-21, P1, REMOVE: "Adoption and" …

17-2 UT

Letter 18

September 23, 2010

Bill Wycko, ERO
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

via email to addressee, email & hardcopy to Planning Commission Secretary

Subject: **Comments and Questions on California Pacific Medical Center (CPMC) Long Range Development Plan -- Case No. 2005.0555E (Clearinghouse No. 2006062157) Draft Environmental Impact Report (DEIR)**

Dear Mr. Wycko:

Thank you for this opportunity to respond to the CPMC DEIR. Below are my comments and questions on the CPMC Draft Environmental Impact Report (DEIR):

1. It is my understanding that this DEIR covers the California Pacific Medical Center (CPMC) "Long Range Development Plan (LRDP)" and is both a program-level environmental impact report (EIR) pursuant to Section 15168 of the State CEQA Guidelines (Page S-2) as well as a project-level EIR pursuant to Section 15161 of the State CEQA Guidelines (Page S-2) where near-term projects (Cathedral Hill Campus, Davies Campus and St. Luke's Campus) and are analyzed at the project level (more detailed than program-level, per Page 1-13) based on situations that can be reasonably forecasted. And long-term projects would be analyzed at a programmatic level where impacts of these projects can be reasonably forecasted. But that long-term projects (Pacific Campus and Davies Campus) would be subject to further environmental review. In the following points, I address a few issues I believe have been overlooked in this DEIR on both of these programmatic and project levels. In addition, there are also, for example, CEQA violations, violations of the City's "General Plan" and the soon-to-be-adopted "Better Streets Plan." As a note, I also cover issues with the California Campus should a remodel rather than a demolition be the chosen alternative within the existing building envelopes.
2. On Page 2-7 of the DEIR, one of the "Core Medical Services Objectives" is stated as "Meet the existing and future projected acute-care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay area, and, in some cases, Northern California." The existing acute-care needs of all campuses of CPMC for the year 2010 totaled 849 beds. The new Cathedral Hill Hospital will have 750 beds for acute care, a decrease of 99 beds or a decrease from the year 2010

18-1 LU

18-2 HC

by about 12% at full build-out. Skilled nursing at St. Luke's in 2010 has 79 beds and none will be for skilled nursing under the LRDP but 80 beds will exist for acute-care only. The total number of beds decreases from the 2010 level of 1,032 beds to 854 beds in the overall LRDP. That is an overall decrease from the 2010 level by a little over 17% although an increase in total bedcount from existing levels. If it is to meet the projected needs, somehow I see this as going the wrong way. The number of staffed beds (e.g. skilled nursing) vs. licensed beds is not clear in this DEIR and how many skilled nursing positions will be really needed at this hospital upon completion. Licensed beds, I understand, could be used for other purposes like storage. After the Lewin Group did their review on June 26, 2009 in their "CPMC Institutional Master Plan Review" prepared for the San Francisco Department of Public Health, what is the number of staffed beds that will be provided (e.g. skilled nursing beds) and how many licensed beds will there be at each campus? I am still unclear on these numbers and knowing this may also affect the total number of FTEs proposed at CPMC in total.

18-2 HC

3. Apologies for jumping around in my comments…In regards to the equipment that will be used to put the generators and chillers on the roofs of the proposed new buildings... It seems that only cranes will be used. However, the only other commonly used method used to put generators and HVAC equipment on the roof is a helicopter. I think if a helicopter is used, it should to be added in the "Air Quality" and "Noise" sections because the "typical" construction equipment only lists cranes in "Table 4.6-21, "Noise Levels of Typical Construction Equipment," on Page 4.6-42 so I assumed only a crane will be used.

18-3 PD

If a helicopter were used, how long will it take to maneuver the rooftop generators and chillers into place with the equipment to put them in place running? What are the additional ROG, NO_x, PM_{10} and $PM_{2.5}$ emissions that will be generated from this crane? or from a helicopter should one be used? In conjunction with the already calculated amounts that will impact air quality in the CPMC project area, what is the additional amount of fuel/energy expended for this task?

18-4 PD

18-5 AQ

Also, what are the transportation congestion impacts when the generators and chillers are put into place by crane or helicopter (e.g. traffic congestion during the operation of placing the large equipment atop the roof). Also, when the 2 tower cranes are used for the installation of structural steel (per Administrative document for "Biology, #7"), would the lanes that will be closed be in addition to the following during the Hospital construction?

- Geary Boulevard — parking lane — 400 ft. x 19 ft.
- Post Street — parking lane — 400 ft. x 18 ft.- 4 in.
- Franklin Street — one lane — 300 ft. x 10 ft.
- Van Ness Avenue — one lane — 300 ft. x 10 ft.

  (2 lanes when installing the fuel tank…per this document, emergency generator fuel storage tanks are "proposed to be beneath the Geary Boulevard parking lane…22 ft. (on west end towards Franklin St) to 17 ft. deep (on east end towards Geary/Van Ness Avenue) by 15 ft. wide (edge of hospital property line))

18-6 TR

From the Administrative documents to the DEIR, only the above lanes will be closed. How many existing on-street parking spaces from Post Street will be eliminated for the 400 ft. closure? How many existing on-street parking spaces

18-7 TR

from Geary Blvd. will be eliminated for the 400 ft. closure? The reason for these questions is that vehicles that used to park in these spaces will be shifted elsewhere, possibly to Larkin, Polk, Japantown streets. 18-7 TR

The 2 tower cranes for the Cathedral Hill Hospital project make an average of 88 dbA at 50 feet. Will these be used for the rooftop equipment installation as well? Would the use of a helicopter lessen the traffic lane and parking lanes closure impacts for a shorter period of time than the use of these cranes? 18-8 PD

How much noise would the helicopter generate? Would it be less than the cranes at 88 dbA? 18-9 NO

4. Speaking of helicopters, will you be running a hospital transport service with helicopters? 18-10 PD
5. And overall, on a programmatic level, there appears to be a significant impact with transportation and circulation in and about the new Cathedral Hill proposed development of the new 15-story, up to 265-ft. tall (excluding 16-ft. tall exhaust stacks on roof, 269 ft. to top of mechanical screens per Page 2-27), 555-bed hospital and 9-story above grade (excluding mechanical roof level), 130-ft. tall medical office building (MOB) as well as for the other campuses.

I think there needs to be a better traffic study not only in the limited area shown in the DEIR, e.g. for Cathedral Hill Campus, on Pages 4.5-96 and 4.5-97, but also in the area to the west towards Japantown which will be impacted by diverted traffic when the Loading Dock deliveries are made and traffic tries to go around them onto a street that will continue northbound or when there are problems on the Post St. entrance or on Geary. Comments on this issue will also appear later on in this document. 18-11 TR

If the study areas as represented on these pages go 5 blocks to the east as denoted by the dashed blue lines, there should be at least a study of 5 blocks to the west as well. Geary runs westward so people will try to find a street on the westward side through Japantown. A current traffic count of vehicles in Japantown on Octavia St., Laguna St., Buchanan St., Webster St., Post St., Sutter St., Bush St. and Pine St. (the "Japantown streets" I refer to later) needs to be initiated to see the impact on the residents and businesses in and around Japantown. Then the same projections need to be run on these streets with the Cathedral Hill Project/MOB Project and the Pacific Campus Project for both the 2015 and 2030 scenarios for A.M. Peak Hour and P.M. Peak Hour. What are the "peak hours"? Would not some streets have different peak hours than others and differ depending on the day of the week? How much data has been gathered, e.g., during school season, off-season, during Japantown festival days such as when the Cherry Blossom Festival Parade crosses Van Ness or even Saturdays and Sundays? 18-12 TR 18-13 TR

The Pacific Campus project and the Cathedral Hill/MOB projects, although they will not run concurrently, will run consecutively and will cumulatively impact the Japantown area as well the streets to the east within the blue dashed lines. On Page 4.5-218, the traffic impact on the intersections for the year 2030 is shown as deteriorated and therefore the Japantown streets will also have to be looked at as well as at least the 5 blocks east of Van Ness such as Larkin St., Hyde St., Leavenworth St. and Jones St. Although I concern myself mainly with the Cathedral Hill and Pacific campuses and although the California Campus proposal does not have a detailed analysis because it may be sold off, I believe after briefly reading the Davies and St. Luke's campus proposals that the same problems will occur for the new Davies and St. Luke's Campuses in regards to traffic congestion, diversion and parking; and should the California Campus proposal for remodeling be done by CPMC due to construction workers parking issues and related congestion, 18-14 TR 18-15 TR

there will be similar traffic congestion and parking issues for those trying to shop at the Laurel Village Shopping Center near the California Campus. 18-15 TR

As a general comment, to state, e.g., as on Page 4.5-179 for the California Campus, Impact TR-67, that "Implementation of the CPMC LRDP would not cause the level of service at California Campus study intersections to deteriorate from LOS D or better to LOS E or LOS F, or from LOS E to LOS F, and therefore, the project would not result in a significant traffic impact (Less than Significant)," to say that the intersections are already at a low LOS so implementing a project that exacerbates the problematic issues so that the traffic impact is deteriorated not only on the nearby adjacent streets but out farther into streets even ½-mile away is rather an illogical manner of handling problems with circulation…any more additions of vehicles into the area makes it worse so a solution needs to be developed to bring the LOS at these intersections such as at Gough/Post, Franklin/Geary, Van Ness/Geary, Polk/Post, etc. as on Page 4.5-100, to a more efficient LOS prior to starting the Cathedral Hill Project. And for the DEIR to put the onus on surrounding projects that contribute to the "poor operating conditions at these study intersections" and that are "due to background traffic volume increases associated with other developments" in the area of the proposed Cathedral Hill Campus Project as on Page 4.5-99 should not be used as the basis to allow approval of the project without seriously fixing the intersections to better LOSs first. I do not believe this should be in the "Less Than Significant" category but rather should be in the "Significant" category. I am also not sure it is "Unavoidable." Since the DEIR states the problem of transit impacts in the Cathedral Hill project as "less than significant," CPMC is then not required to give a mitigation measure. I think there needs to be a mitigation measure because saying that they are constructing in an area of bad traffic circulation so building a structure that will make a LOS F area a worse LOS F area is not solving the traffic and circulation problem. Making a bad situation worse is not being a good neighbor to the citizens of San Francisco. 18-16 TR

6. On Page S-4, are the 17 parking spaces on Level 1/P1 (connects to southeast corner of Geary & Van Ness) for hospital support uses or just the 14 van spaces?
7. What other parking spaces are reserved for hospital staff out of the 513 parking spaces at Cathedral Hill Hospital who will be working at this hospital?
8. On Page S-6, with the MOB having seven levels of parking with 542 parking spaces, how many of these are reserved for staff? 18-17 TR
9. On Page S-6, the 1375 Sutter St. building currently has 172 parking spaces which will be kept and any additional parking needs of the 1375 Sutter MOB will be provided at the Cathedral Hill Hospital garage. How many staff people from 1375 Sutter MOB will use the parking spaces at the Cathedral Hill Hospital?
10. On Page S-10, the proposed Webster St./Sacramento St. Garage on the Pacific Campus, to be completed in 2018 will have 248 parking spaces. How many of these parking spaces will be used by staff on the Pacific Campus? How many of these parking spaces will be used by staff from the other campuses? 18-18 TR
11. On Page S-11, the DEIR states that the North-of-Clay Above-ground Parking Garage will be 85 feet tall with 6 stories and will have 715 parking spaces (Webster/Sacramento + North-of-Clay = 688 plus 27 spaces on Buchanan St.

surface lot – also Page 2-117). With 248 parking spaces at the Webster/Sacramento and 440 spaces at the North-of-Clay structure, there still will not be enough parking spaces to accommodate the number of visitors that use the facility. 18-18 TR

12. On Page S-11, it mentions that the parking spaces at Pacific Campus will total 1,587 spaces by 2020, "648 parking more (sic) spaces than under existing conditions." Typo error -- please switch the words "spaces" and "more" in the sentence. How many of the 1,587 spaces will be used by staff at Pacific Campus? And by staff from other campuses? 18-19 TR
Why would the staff need to use their vehicles and require parking if they live in the City, considering that this is a "Transit First" City. I think there is an assumption being made that the CPMC staff people will choose to live in the City for this project at all levels to work. I think with the salary being paid the nurses, etc. at CPMC, they can afford to live in San Francisco but nobody can force them to stay in a City if they have family for which the "Transit First" policy is family unfriendly. 18-20 TR
13. On Pages S-13-14, the Davies Campus surface parking lot of 206 spaces at Noe and Duboce will be demolished and a Neuroscience Institute Building erected in its place. Then on Page S-15, a MOB with 490 parking spaces will be built for the Davies Campus. How many of these spaces will be used by staff at Davies? How many of these spaces will be reserved for staff from other campuses? 18-21 TR
14. Pages S-17-18, in the new 5-story, 100-ft. tall St. Luke's MOB/Expansion Building, there will be 220 parking spaces on 4 below-ground parking levels. Of these, what is the number of spaces that will be used by St. Luke's staff? How many will be used by staff from the other campuses?
15. Page S-18, how many parking spaces of the 215 parking spaces at the Duncan Street Parking Garage will be used by St. Luke's staff?
16. Page S-18, 15 parking spaces will be available in surface parking elsewhere on the St. Luke's Campus. How many of these will be for staff at St. Luke's and how many for staff from other campuses? 18-22 TR
17. Page S-18 states that there will be a total of 450 parking spaces at St. Luke's. The old count for St. Luke's parking capacity was 239. So with the new 5-story St. Luke's MOB/Expansion Building, having an addition of 121 spaces will be insufficient for staff and visitors at this place. In fact, on Page S-27, Planning Code requires 559 spaces.
Who from CPMC uses the Japantown Garage? Is it the staff at St. Luke's? at Davies? at Pacific? at California? or at all of the above? 18-23 TR
The DEIR mentions the leasing of these 400 spaces at the Japantown Garage on Page 5-14. Currently, CPMC only pays 50% of the going rate for the spaces it does lease at the Japantown Garage. This discounted parking offering is not an incentive for staff, visitors or construction workers to take public transit or to use the CPMC shuttles. If Japantown will be impacted by the Cathedral Hill Hospital project at all levels (i.e. Hospital, MOB and Tunnel construction), perhaps the Japantown Garage could charge CPMC market rate for its spaces. Even if CPMC were to not use this garage or the other possible garages for its workers, it appears that parking will be at a shortage not only because offsite parking at Japantown will occur but also considering issues such as the 1375 Sutter Street personnel who will be using 107 spaces for parking at the Cathedral Hill Hospital parking garage. With all the personnel parking spaces being shared amongst the campus parking areas, there will still be a shortage that will impact the residential and merchant areas surrounding these campuses and this shows that people will not abandon their vehicles to take 18-24 TR

public transit. If 80% -90% of the people who worked at CPMC actually lived in the City, perhaps more of them would all take public transit once it is made super efficient; however, I have taken Muni and it is no wonder people will not abandon their vehicles, especially if they are from out of town. The CPMC workers' salaries are such that these workers can afford to live in the City but as it was shown in some recent news articles, some well-paid workers do not choose to live in San Francisco even if they work here. 18-24 TR

The counting of parking spaces is rather puzzling and vague in certain areas. If one looks at the drawings of the available parking spaces in the DEIR, e.g. 257 spaces on Level P3 (Page 2-69) at Cathedral Hill Hospital, one must deduct 24 spaces to net only 233 spaces for the regular general public and staff use because the 24 spaces are for disabled parking only. On Level P2 shows 239 spaces but 22 are disabled spaces. On Level 1/P1, the DEIR shows 31 spaces but 14 are for vans/loading spaces, 4 spaces for motorcycles, and 2 spaces for disabled parking. So on Level 1/P1, there will be only 11 parking spaces for regular vehicle parking. In fact, the 14 van parking spaces are NOT included in the CU authorization for parking in addition to that allowed under Planning Code Section 157 for accessory parking (Page S-24). The CPMC project asks ONLY for 513 spaces under CU and it <u>should be</u> 527 spaces which will then include the spaces for their 14 vans.

See Cathedral Hill Hospital parking summary in the chart below:

Level	Total Parking	Disabled	Vans	Motorbikes
P3	257	24		
P2	239	22		
1/P1	31	2	14	4
TOTAL	**527**	**48**	**14**	**4**

Total = 527-14 van spaces = 513 spaces per Page 2-28 for Cathedral Hill Hospital parking.

Of the 513 spaces, 4 are motorcycles so 509 vehicle spaces left

Of the 509 spaces, 48 are disabled spaces so 461 spaces are left for regular parking.

TOTAL regular vehicle parking is **461** spaces.

18-25 TR

The "Project Description" for the Cathedral Hill MOB parking states that there will be 542 parking spaces on seven levels (Page 2-31). Are the 2 loading spaces be included in these parking spaces? Also, on Page 2-95, there is a diagram (Figure 2-31) which gives a "typical parking level (G5)" for the MOB. This DEIR does not provide diagrams of all the parking levels in the Cathedral Hill MOB -- how many disabled spots, how many motorcycle spots, how many van slots and how many slots for regular vehicles? 18-26 TR

Per Page 2-217, Figure 2-69, St. Luke's replacement hospital has 4 levels of parking. The DEIR shows only 2 levels of parking, Level P1 and Level 1 on Page 2-219 (Figure 2-70) and on Page 2-220 (Figure 2-71), respectively. Figure 2-70 shows 43 regular parking spaces and 10 disabled spaces. Figure 2-71 shows 8 disabled parking spaces.
I do not see that the total available structured and surface parking spaces required by staff and visitors to the Cathedral Hill Hospital will be adequate.
With info from the Administrative documents for the CPMC DEIR, more thoughts as below in Items 71 & 72 below in this document.

18-26 TR

18. On various pages in this DEIR, the number of parking spaces is stated for the existing and proposed CPMC campuses. Page 2-14, Table 2-3, "Required Project Approvals" states that a "conditional use" authorization will be required for 513 Cathedral Hill Hospital parking spaces (again, per Item 17 above, I believe this should be 527 on conditional use) and 542 parking spaces at the Cathedral Hill MOB. On Page 2-16, St. Luke's Replacement Hospital and its MOB/Expansion Building together will provide 450 parking spaces. The Planning Code requires 559 spaces. On Page 2-21, 1375 Sutter Street Medical Building will retain its 172 parking spaces after conversion.
The Cathedral Hill project on all levels (Hospital, MOB, 1375 Sutter) will have a total of 1,227 parking spaces. The Cathedral Hill MOB will have 542 parking spaces per Page 2-31 but it is not broken down as to how many besides the 2 loading/service spaces are for disabled, motorcycle, van or regular spaces. Although on Page 2-95 and 2-96, there are drawings of the parking for the MOB, the DEIR gives only a diagram for "Level G1" (Page 2-96) and "Typical Parking Level (G5)" on Page 2-95. I do not see any disabled parking spaces marked out and all the spaces appear to be for vehicles vs. motorcycles. The Cathedral Hill project will have no spaces available as surface parking.

18-27 TR

The existing parking spaces at the Pacific Campus totals 847 spaces (411 at 2405 Clay St. and 400 at 2100 Webster St.) with 92 surface parking spaces (32 at 2333 Buchanan Hospital, 41 at 2300 California St., 9 at 2329 Sacramento St., and 10 for the Clay St. Tunnel). This total of 92 spaces will be lessened to 77 spaces of surface parking at the Pacific Campus. I would request a clarification of the distribution of these surface spaces across buildings at the proposed Pacific Campus. There will be 4 loading spaces all at the Pacific Campus ACC per Page 2-105. The total proposed structured parking spaces at Pacific Campus is 1,510 spaces per Page 2-109 of which 248 spaces will be at the newly built Webster/Sacramento Underground Parking (mentioned again on Page 2-116), and 440 spaces at the North-of-Clay Parking Garage and 822 spaces to be retained in structured parking (on Page 2-109, Table 2-7b). On Page 2-113, the DEIR breaks down the several parking lots that CPMC owns on the Pacific Campus:

18-28 TR

- 32 parking spaces in the lot north of 2333 Buchanan St.
- How many parking spaces in the former Clay Street Hill parking lot (not shown in Fig. 2-39?
- 41 parking spaces at 2300 California Street parking lot
- 11 parking spaces at the 2315 Sacramento St. Residential Building

As noted, and although not part of the Pacific Campus, as listed on Page 2-114, CPMC also has:

- 400 parking spaces at the Japan Center Garage leased at 1610 Geary Blvd., 1/2-mile south of the Pacific Campus

Where are the locations of the 822 spaces to be retained? It is not clear to me. Please explain.

Also, on Page 2-114, the DEIR states that there are currently 930 off-street parking spaces around the Pacific Campus. How many will be left after the loading zones, bicycle racks, street trees, curb cuts, etc. are put in place? 18-28 TR

For the California Campus, per Page 2-127, the following parking spaces exist currently:

- 7 structured parking spaces at 3700 Calif. St. Hospital
- 290 structured parking spaces at 460 Cherry St.
- 120 structured parking spaces at 3838 Calif. St. MOB
- 36 structured parking spaces at 3773 Sacramento St.
- 81 surface parking spaces at 3698 Calif. St. (Marshall Hale)
- 25 surface parking spaces at 3905 Sacramento St.
- 1 loading space at 3801 Sacramento St. Outpatient Research Building (OPR)
- 2 loading spaces at 3698 California St. (Marshall Hale)

18-29 TR

This results in a total of 453 structured parking spaces and 106 surface parking spaces and 3 loading spaces for the Pacific Campus.

On Page 2-132, the DEIR states that the parking garages at 3773 Sacramento and 460 Cherry will be kept. That means 36 structured parking spaces (3773 Sacramento St.) plus 290 structured parking spaces (460 Cherry St.) to equal 326 structured parking spaces to be retained at the California Campus.

On Page 2-139, Per Table 2-11, "Davies Campus: Project Summary Table," the campus has 290 structured parking spaces (Castro St./14th St. Parking Garage) and will have 490 structured parking spaces at the proposed new Castro St./14th St. MOB. The Davies Campus also has 206 surface parking spots at the North and South Towers of which 136 will be retained. Davies Campus currently has 3 loading spaces and 1 new loading space will be provided at the new Neuroscience Institute building. 18-30 TR

Page S-22 states that one of the "Project Objectives" for "Site Planning" and "Site Selection" is to "ensure that all hospital facilities are located so that they have the capacity to be supported with medical office space, parking facilities, and other supportive functions." I think the site selection and proposed builds lack the capacity to support the parking needs of visitors, staff and delivery personnel. In fact the following statistics will show that the total proposed maximum parking at the campuses themselves at 3,890 spaces will not support the 2008 figures as follows:

- 31,000 acute discharges (33% of SF total)
- 7,300 births (50% of SF)
- 74,300 Emergency Department visits (32% of SF)
- 541,200 Outpatient visits
- 1,200 medical staff (largest in SF)

18-31 TR

This came from www.rebuildcpmc.org/assets/CPMC_CommunityForum.pdf . CPMC thus must rely on City-owned garages and private garages to address parking for their people.

The parking facilities fall way short of the projected number of people who will work, visit and use this facility. This is what will cause the visitors/patients who arrive in vehicles (many of them because they are ill and cannot take public

transportation) to keep circling the campuses and cause congestion when the garages/parking structures are full. That is why this CPMC project requires a Conditional Use (CU) authorization for excess parking at the Cathedral Hill Hospital as noted on Page S-25; however the excess parking request is still not enough. Again, this is evidenced by the need to still lease out garage space at some other off-site locations. And when these lots are transformed from a parking use to some other use, CPMC will lose those parking spots and get into a worse situation with parking to such a large hospital that is planned in a very busy area of town.

18-31 TR

19. Page S-42, Impact TR-1: Implementation of the Cathedral Hill Campus project would result in a significant impact at one of the nearby intersections -- Van Ness/Market. The DEIR states that no mitigation measure is available for this impact. I think that Van Ness/Market can be reconfigured by SFMTA to improve circulation before the start of this CPMC project. What about a traffic circle?

18-32 TR

20. The DEIR refers to Appendix G of CEQA. For the layperson, it would be helpful to have "Appendix G, Environmental Checklist Form" which can be found at the following link: http://ceres.ca.gov/ceqa/guidelines/Appendix_G.html on one page without having it scattered in the Impacts and Mitigation Measures Table S-2.

18-33 INTRO

At any rate, in the CEQA checklist under the section entitled "XV- TRANSPORTATION /TRAFFIC," would the project:

a) Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system (i.e., result in a substantial increase in either the number of vehicle trips, the volume to capacity ratio on roads, or congestion at intersections)?

b) Exceed, either individually or cumulatively, a level of service standard established by the county congestion management agency for designated roads or highways?

c) Result in a change in air traffic patterns, including either an increase in traffic levels or a change in location that result in substantial safety risks?

d) Substantially increase hazards due to a design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment)?

e) Result in inadequate emergency access?

f) Result in inadequate parking capacity?

g) Conflict with adopted policies, plans, or programs supporting alternative transportation (e.g., bus turnouts, bicycle racks)?

18-34 TR

I believe the answer to all of the above questions, save for possibly "c," unless a helicopter is used in the construction, would be "yes." For CEQA XV-a, when traffic is forced onto neighborhood residential streets that should not take that kind of increased capacity, it is in violation. CPMC projects will do just that. For CEQA XV-b, Highway 101 will be impacted during and after CPMC projects are completed. And there is no mitigation solution for Van Ness/Market. I suppose we can say that San Francisco is a "Transit First" city, but not everybody will leave their vehicles, including the physicians who primarily drive to and from work alone to the hospital sites per CPMC's own surveys. Until a world-class transit system is in place with the proper infrastructure to accommodate, there will be congestion problems at not only Van Ness/Market but also at Polk/Geary as mentioned below. In fact, we are a "Transit First" city that will have a transit impact during the construction of and at full build-out of this project. This project will impact the most heavily

used transit line in the City, the 38/38L-Geary line. The more transit is impacted, the less people will rely on it. If the plan is to get SFMTA to run more buses on the impacted lines without fixing the traffic throughput, that will mean there will be more buses sitting in the traffic jam. Congestion will be a big issue and will get worse as indicated by the DEIR 2030 projection. Congestion causes air quality to decline and is therefore going to affect many sensitive receptors when this project gets underway. 18-34 TR 18-35 AQ

In addition, other transportation impacts to Van Ness/Market are TR-6 (Two-way Post St. Variant with "significant impact" with no mitigation measure, TR-12 (MOB Access Variant), TR-20 (Cathedral Hill Campus project implementation + Van Ness & Geary BRTs), TR-23 (Two-way Post St. Variant + Van Ness & Geary BRTs), TR-26 (MOB Access Variant with Cathedral Hill Project implementation + Van Ness & Geary BRTs), TR-99 (Implementation of Cathedral Hill Campus project), TR-105 (Cathedral Hill Campus project +Two-way Post St. Variant), TR-111 (Cathedral Hill Campus project MOB Access Variant), TR-118 (Cathedral Hill project + Van Ness & Geary BRTs cumulative and significant impact), TR-121 (Two-way Post St. Variant + Van Ness & Geary BRTs + Cathedral Hill Campus project) and TR-124 (MOB Access Variant, Van Ness & Geary BRTs + Cathedral Hill Campus project).

In addition there are transit impacts at Polk/Geary including 2-way Post St. option, MOB access option (see Pages S-43-59,TR-2, TR-7, TR-13, TR-17 (MOB access option possible traffic hazard on Geary St.), TR-19 (Cathedral Hill Campus project implementation + Van Ness & Geary BRTs), TR-22 (Geary and Van Ness BRT projects commencing at same times), TR-25, TR-101 (Cathedral Hill Campus project implementation cumulative impacts), TR-108 (Cathedral Hill Campus project with Two-way Post St. Variant), TR-113 (MOB Access Variant), TR-117 (cumulative impacts from combined Van Ness and Geary BRT projects), TR-120 (two-way Post St. + combined cumulative Van Ness and Geary BRT projects) and TR-123 (MOB Access Variant + Van Ness and Geary BRT projects). 18-36 TR

With all these transit impacts, it would be helpful to commence traffic calming measures in the areas of all 5 campuses – Cathedral Hill, Davies, California, St. Luke's and Pacific on the residential streets and especially on streets with schools for sensitive receptors such as elementary children.

A few areas not considered at all by the DEIR are the impacts of traffic and congestion and shuttle system impact to the areas outside of the CPMC project sites such as the Western Addition neighborhood, and specifically Japantown; the Richmond District (specifically mid-Richmond Geary merchant area, Jordan Park, Laurel Heights), Presidio Heights and Pacific Heights. CPMC shuttles will be running frequently through Japantown, mid-Richmond, Jordan Park, Laurel Heights, Presidio Heights and Pacific Heights on neighborhood streets to get to outlying parking structures such as the Japan Center Garage on Post Street and the use of the Kabuki Hotel area at 1625 Post Street for convenient pickups and dropoffs. Japantown is a heritage cultural center. It should not be used as a transportation mitigation measure for CPMC. In the Richmond District, the shuttles drop off and pick up people at the Geary & 16th Avenue Garage so the workers take up parking from people who want to shop the Geary Street merchants and cannot because the mid-Richmond is one of the hardest places to find parking nowadays. The shuttles running to the California Campus where workers already use the parking structures mentioned in Item 18 above (Cherry St., etc.) from the Pacific Campus will cause parking and congestion issues in Laurel Heights, Jordan Park, Presidio Heights and Pacific Heights. The DEIR has not addressed the greater issue of the moving impacts of CPMC's vehicular use and leasing of spaces in various 18-37 TR

neighborhoods throughout San Francisco. This traffic study has not been done for the CPMC users and its impact on the residents and shoppers who cannot use the parking spaces because CPMC has them reserved. CPMC cannot create new parking at the new site sufficient for its proposed plan so it will be taking up more spaces in the neighborhoods?

18-37 TR

What I believe is occurring is that CPMC has created its own "bus service" instead of having its workers use Muni. It has taken over the neighborhood streets with all of its shuttles that do not even stick to fixed routes on streets that are transit use streets. They have created their own van/shuttle/bus service and is probably also impacting the SFMTA Muni revenue stream. Why would the City cater to a private for-profit entity and allow the neighborhoods to be overtaken basically by a transit service that does not put in to the City's coffers? The least they can do is to be good neighbors and stick to the streets that Muni presently runs on vs. zigzagging all over town even down strictly residentially-zoned streets. They should especially stay off of streets with schools for young children.

MITIGATION MEASURE: I think all the shuttles should be staged outside of the City at the BART stations so that the workers will be forced to take public transit (BART, Muni) if coming in from out of town. They can get off at the Van Ness Station or the Civic Center Station to get to work on the Cathedral Hill projects. All those who live in the City should take Muni. CPMC should learn from UCSF which has shuttles on routes that stick as much as possible to the large streets that already carry Muni bus traffic. UCSF has a good neighbor policy in place that allows a transportation manager to get input on rogue shuttles going off course without any transit blockage on their regular fixed route. And this is also necessary for the CPMC shuttles which do not always travel on the large main streets or those on which Muni already runs.

18-38 TR

Granted, CPMC is not the only one running its own "bus service" as so is Genentech, Google, etc. However, there must be a trade-off to the community for increased greenhouse gases, congestion, noise and vibration and the negative impacts to sensitive receptors for these institutions that use their own transportation services. Perhaps an ordinance is required to curb institutions and "bus service" on neighborhood primarily residential streets unless they have a pickup or drop-off of disabled patients on the particular streets. Otherwise, these shuttles and vans become all day cut-through traffic to the neighbors.

18-39 TR

If CPMC does not wish to relinquish all the parking spaces they take up from City lots that could be used by people who actually shop and live in the City and keep the businesses viable, the prices of the parking spaces should not be increased because of the currently artificial demand that is created by CPMC for the local public. (See Item 64 below.) In addition, with the number of projected FTEs to CPMC being 10,720 (See Item 91), more CPMC personnel will use the parking facilities to squeeze out those who wish to conduct business at the associated shopping center garages but cannot and cause the residential streets to become congested and overburdened with traffic.

18-40 TR

Please reference the following CPMC shuttle information and use of public garages for their 8 shuttle lines:

C-Line: California Campus - Pacific Campus

- Every 15 minutes 6:30 am - 6:15 pm
- Courtesy stops on California St.: Walnut, Locust, East Campus
- Courtesy stops all day: Maple and Sacramento

D-Line: Davies Campus - Pacific Campus
- Every 15 minutes 6:15 am - 6:15 pm
- Services Japan Center parking lot 6:25 am - 8:55 am
- Courtesy stops: Post and Pierce (before 9:00 am); Sutter and Scott (after 9:00 am)
- Courtesy stops all day on Scott St: O'Farrell, McAllister, Hayes, Haight

F-Line: Pacific Campus - Folsom building
- Every 30 minutes 7:15 am - 5:30 pm
- Pick up and drop off will be in the white zone at 633 Folsom, except after 3:30 pm, when pick up and drop off will take place on Hawthorne.

JC-Express: Japan Center - Pacific Campus
- Every 10 minutes 5:05 am - 10:55 am
and 2:40 pm - 8:50 pm

GMG Line: Geary Mall garage at 16th Ave - California Campus
- Every 15 minutes 6:15 am - 9:30 am
- Every 15 minutes 3:15 pm - 6:15 pm

BV-Line: Civic Center BART Station - Pacific Campus
- Every 15 minutes** 5:35 am - 7:05 pm
**Every 10 minutes 6:30 am - 9:30 am
and 3:30 pm - 5:30 pm

St Luke's Shuttle: Davies Campus - St. Luke's Campus
- Every 30 minutes 8:30 am - 3:45 pm (no service from 12:15 to 1:15 pm)
- Davies first service at 8:30 am and last Davies service at 3:30 pm
- St. Luke's first service at 8:45 am and last St. Luke's service at 3:45 pm

K Line: Pacific Campus To - Hotel Kabuki (1625 Post) To - Cathedral Hill Office Building (1255 Post) To - 1825 Sacramento To - 1700 California Street
- Every 20 minutes from each location between the hours of 6:30 am to 6:20 pm
- Departures occur at the same time each hour from each location: Pacific at :10, :30, :50; Kabuki at :13, :33, :53; Cathedral Hill at :15, :35, :55; 1825 Sacramento at :00, :20, :40; and 1700 California at :05, :25, :45.

Source: http://www.cpmc.org/visiting/shuttle.html (as of Sept. 21, 2010)

18-40 TR

21. The "Better Streets Plan" to be adopted by the City with a "Mitigated Negative Declaration" discusses the creation of safe and non-conflicting spaces for pedestrians and vehicles. It will be an adopted plan of the City of San Francisco; and this CPMC DEIR will be in violation on certain portions of it. I think that TR-17 with the pedestrians on the sidewalk coming and going and having the traffic come from in back of the pedestrians is going to cause not only a traffic jam on Geary but possible injuries of pedestrians. Traffic should not be allowed to cross the sidewalk there unless there is a

18-41 TR

separate lane or island made for pedestrians only. Under CEQA, the situation with TR-17 will be violating "g" in that it will be in conflict with a City-adopted plan. I think more study and alternatives need to be considered prior to having this approved. On Page S-44, per MM-TR-17, flashing yellow lights for pedestrians to cross will not be enough nor will an audible signal for those who are both deaf and blind. An additional vibrating device may need to be installed for the blind and deaf. When traffic starts to extend into adjacent intersections, the mitigation measure will not be working. The situation here will become as bad as that already seen at Geary and Divisadero with the Kaiser vans and westbound Geary traffic coming to a standstill because people will double-park next to the vans and drop off passengers since they cannot get into the garage because the queue is backed out to the street or there are no more spaces to park on the street because the parking spaces in the structured garages are all taken. Then one sees the vans double-parked next to other vans. Geary at that spot turns into a one-lane (only open lane is the leftmost lane) from a three-lane thoroughfare. I think it will be worse on the narrower section of Geary at the CPMC site.

18-41 TR

22. For the same reason, there could be pedestrian and vehicle conflict at the Loading Dock on Franklin St. On Page S-47, Impact TR-44 (Implementation of the Cathedral Hill Campus project and subsequent operation of the Cathedral Hill Hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street.). The mitigation measure, MM-TR-44 (Loading Dock Restrictions and Attendant) that places restrictions on trucks longer than 46 feet to use the Loading Dock only between 10 p.m. and 5 a.m. and for CPMC to monitor and document truck deliveries between 10 p.m. and midnight for 6 months after full building occupancy and to have an attendant present to stop on-coming traffic for delivery trucks to maneuver into the Loading Dock will cause all three lanes of northbound Franklin St. to come to be blocked and people will start cutting through the neighborhood to get around. Traffic may flow down Laguna St. next to the Japantown Peace Plaza, the first northbound street west of Franklin and continue north on Laguna or a right turn made at Post Street eastbound back to Van Ness to bypass the "loading dock gridlock." It is not likely that the traffic will divert east since Geary only goes westbound at that location. Westbound Geary traffic may also start to pile up if vehicles do not go around to Laguna St. Laguna will start to back up into the Geary/Laguna intersection until the drivers start cutting through the other streets in Japantown I think this mitigation measure will impact Japantown businesses and residents along Laguna St. and Post St. and does not take into account that due to the one-way (in the wrong direction) nature of the streets adjacent to Franklin, people will go west towards Japantown when the Loading Dock blocks traffic on Franklin. The mitigation measures do not address how the traffic will be resolved going into Japantown.

18-42 TR

In addition, when pedestrians are walking along Franklin, what safety measures will be in place when the vehicles are going across the sidewalk into the Hospital? People walking northbound on Franklin will have their backs to traffic. With 3 curb cuts on Franklin St., the measures taken to protect pedestrians must be more than just blinking lights and audible signals. The proposed plan to use a fulltime attendant to watch and guide pedestrians in an area that could have a high incidence of pedestrian and vehicular conflict may or may not work. Having the ambulances drive to the Emergency Department on Franklin also poses a threat to pedestrians and to possible stacking up of ambulances in the emergency zone that may cause blockage of the easternmost traffic lane of Franklin.

18-43 TR

18-44 TR

According to Page S2-77, the Loading Dock is in the southwest corner of the proposed hospital building at Geary St./Franklin St. The loading dock door is also located at the most southerly portion of the Loading Dock, closest to the Geary/Franklin corner. I think having this loading dock door at the very southwest location closest to the Geary/Franklin corner is worse than having the loading dock door farther north on Franklin because vehicles that want to make a right turn off of westbound Geary will be blocked by the truck getting into or out of the Loading Dock and cause Geary to get congested as well as Franklin at the same time. Moreover, if the Geary BRT is running westbound in the lane closest to the Hospital, it can be blocked by a truck maneuvering into or out of the Loading Dock. An unsafe situation is probable where the vehicular traffic flows around the stuck BRT or those who want to make a right off of Geary onto northbound Franklin. 18-45 TR

There are 4 building posts/piers within the Loading Dock parking area for the large trucks. Per Page 2-21, the DEIR states that there are going to be 6 spaces for the loading dock at the proposed Cathedral Hill Hospital in addition to the 14 spaces for vans and 2 loading spaces for the MOB. If all 6 spaces at the loading dock were to be occupied for deliveries, and another truck shows up at the Hospital, how will the traffic jam on Franklin St. be resolved? Will the trucks double-park on the nearby residential areas waiting for their turn to get into the loading dock?

In addition, both the Two-way Post St. Variant and the MOB Access Variant of the Cathedral Hill Project will cause a "significant" and "potentially hazardous" condition on Franklin St. as described in Impact TR-46 and Impact TR-48. Both of these impacts are also suggested to be mitigated by hiring an attendant and having him/her direct the oncoming traffic when trucks are in the service loading area. The mitigation measure is also to possibly modify the deliveries of trucks longer than 46 feet in length (MM-TR-44, Page S-47).

23. Impact TR-75 on Page S-52 states that there will be a "significant impact" at the intersection of Church/Market/14th Street that would operate at LOS F under the 2020Modified Baseline No Project conditions. LOS (level of service) "F" is the worst case with bad congestion, and there is no mitigation measure associated with this impact. What transportation changes have been studied that would change the LOS to a better grade with the "2020 Modified Baseline No Project" conditions? Traffic circles? Other? 18-46 TR

    In addition, TR-127 (Davies Campus implementation will have significant impact at Church/Market/14th Street under both the 2030 Cumulative No Project and 2030 Cumulative Plus Project conditions to a LOS F. No mitigation measure for this either. 18-47 TR

    What are some of the assumptions made to conclude that this intersection will operate at this poor level?

24. Page S-43, Impact TR-8 (Cathedral Hill Campus implementation with Two-way Post Street Variant will have a "significant impact" at the Franklin/Bush intersection. Bush is a major commute street that runs in the west-to-east direction. There is no mitigation measure for this issue. When one lane of Post Street is blocked off between Franklin and Van Ness, drivers who cannot avoid congestion at Geary/Franklin and Van Ness will turn north on Laguna to Bush eastbound. If you make Post a two-way street and close one lane (one side of the street), you end up with one lane in only one direction. So what is the point of making Post a two-way street when the trucks will be taking up the parking lane (and probably one lane of traffic for safety reasons) for almost 6.4 years (332 weeks) per the Administrative documents that accompany the CPMC DEIR by Herrero-Boldt? 18-48 TR

25. Page S-54, Impact TR-100 (Cathedral Hill Campus project implementation results in significant and cumulative impacts to Van Ness/Pine intersection). There not being a mitigation measure from this will result in the commuter traffic to eke out onto the adjacent smaller streets. 18-49 TR
26. On Page S-54, Impact TR-107 states that the Two-way Post St. Variant will result in significant project and cumulative impacts at Van Ness/Pine. Again, no mitigation measure is in place. 18-50 TR
27. Earlier in my comments, I mentioned the "Transit First" policy that the Planning Department believes will be the way most everyone will get around the City. I think that it is very "family unfriendly" for the Planning Department to promote "family-sized housing" and presume that these same families will take transit all over the City instead of driving. Not only does the Planning Department promote such development but it also allows them to be built without realizing that more families will leave after building these so-called "family sized units" with no parking. 18-51 TR
    If one really wants to eliminate vehicles in the City to get people to take Muni, a taxicab or shared rides, perhaps street parking should be prohibited after 11p.m., for example, just as is done in Golden Gate Park.
    One caveat is that people who are seniors and disabled may not be able to take public transit so these people may be given an exception.
    With all the long loading zones for the CPMC projects, parking spots that used to exist for nearby merchant visitors or for residents near Polk Street, Cedar and Sutter Street, e.g., will be eliminated. How are these merchants supposed to attract customers during and after the CPMC construction project? By the time the Cathedral Hill Hospital, MOB and Tunnel are built, most of the customers would be gone as the merchant may not have been able to remain in business during the demolition and building of the CPMC campus. 18-52 PH
    If the transit lines will be impacted as stated in the DEIR, not many people will be relying on the buses to get places – not the families, not the workers. This City will only become more congested and fewer families will stay in the City.
    The recourse for the transit delays caused by the CPMC projects is to solve it through financial payouts to the SFMTA. This is what seems to be stated in Mitigation Measure MM-TR-29 as stated on Page S-45. This mitigation measure only allows for a "financial contribution" between CPMC and the SFMTA to resolve the increase in travel times on the Muni bus routes. 18-53 TR
    Any amount of money paid to SFMTA to get more buses to run on already clogged streets only adds more buses being stuck in traffic. Will Muni be running shuttles around the project areas? What other mitigation measure will be used to ensure that transit will not be impacted?
28. Page S-46, Impact TR-30 states how the 38/38 L-Geary lines will be impacted with increased travel times. Again, only a "financial contribution" mitigation measure is mentioned with a "Transit Mitigation Agreement" to be entered into to bring the level of service to a proposed level as stated in Mitigation Measure MM-TR-29, Page S-45. What proposed level would that be? What are these financial contributions supposed to pay for? Will more buses be run? Where will they go? Will they be allowed to go off route? If so, on what streets? If no additional buses will be run, will there be alternate solutions that this "financial contribution" will pay for? If so, what would these be? Impacting the City's most-used 38/38-L Geary bus line is a bad idea that will get worse. Will people be routed over to streets that parallel Geary 18-54 TR

and be shuttled in the north-south direction in some loop route? That will minimize having to run extra buses (conserve fuel) and only have to run short loop services.
The 38/38L-Geary line will also be impacted by the Two-way Post St. Variant because it will increase ridership along Geary per Impact TR-33.
The 38/38L-Geary line will also be impacted by the MOB Access Variant adding to the congestion and travel times as per Impact TR-36.
This same page says the same impact to the 19-Polk line. This is a major line for people from the southeast portion of the City to the northeast portion of the City. With all the impacts to the bus lines being resolved with the "financial contribution" mitigation measure mentioned earlier, perhaps there could be an outline of a foreseeable new transit re-routing/addition of buses or shuttles to mitigate the lengthened travel time people will be experiencing.
The Two-way Post St. Variant would also cause a problem on Polk St. adding to the 19-Polk line travel time as per Impact TR-34 on Page S-46.

18-54 TR

18-55 TR

29. Per Impact TR-133, Page S-57, the impact on the 49-Van Ness Muni line will be "significant" and "unavoidable" (SU) but will be addressed again by MM-TR-29 as mentioned earlier.
30. Per Impacts TR-134 through TR-147 (Pages S-57 through S-59), bus lines 47-Van Ness, 38/38L-Geary, 19-Polk, 3-Jackson, and 49-Van Ness will all be "significantly and unavoidably" (SU) impacted with all the mitigation measures for each of these the same as MM-TR-29 which involves the financial "Transit Mitigation Agreement" between CPMC and SFMTA. Each of the mitigation measure numbers assigned to the impact may be different but it is all the same solution by way of this financial arrangement. Also, if the 3-Jackson is impacted, so would the 2-Clement line. The 2-Clement has not been written up as being impacted in the executive summary. Perhaps I missed it.

18-56 TR

31. For the 4 variants of the Cathedral Hill Project mentioned -- Impact TR-55 on Page S-48 and Impacts TR-56 through TR-58 on Page S-50 – there will be a "significant and unavoidable" (SU) impact due to "construction vehicle traffic and construction activities that would affect the transportation network." In order to bring this impact to a "less-than-significant" impact, the DEIR states that Mitigation Measure TR-55 will be implemented. This calls for a "Construction Transportation Management Plan (TMP) which will "disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation…pedestrian, transit, and bicycle…program would supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by Caltrans, SFMTA, DPW, or other City departments and agencies." It goes on to say that the remedy would include, "identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands," "identifying best practices for accommodating pedestrians, such as temporary pedestrian way-finding signage or temporary walkways," "identifying ways to accommodate transit stops located at sidewalks slated for closure during construction," "identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility," and "identifying best practices for managing traffic flows on Van Ness Avenue during the nighttime hours for the period when tunnel construction would involve surface construction activities."

18-57 TR

On Page 4.5-150, Table 4.5-29 states average (37) and maximum (72) number of workers per shift with 3 shifts stated for the Cathedral Hospital work (weekdays 7 a.m.-4 p.m., 4 p.m.- 12 a.m. (midnight), 7 a.m.- 5 p.m. on Saturdays); and with 2 shifts for the Cathedral MOB work (weekdays 7 a.m.- 5 p.m. and 7 a.m. - 5 p.m. on Saturdays) with an average of 9 workers per shift and a maximum of 11 workers per shift. The Administrative documents that accompany the CPMC DEIR indicate in the "Biology Section, #7, "CPMC Cathedral Hill Campus EIR – Construction Data" that there will be a maximum of 35 workers from October 2011 through August 2012, with an average of about 25 people from July 2013 through Feb 2014 according to the chart. Have the number of workers that will be working the tunnel portion of the project changed since this publication? 18-58 PD

In these same Administrative documents that supplement the CPMC DEIR, the table mentioned in this "Biology Section, #7, shows that there will be a maximum of about 680 workers from July/August 2012 through October 2014 with an average of about 550 workers from July 2012 through October 2014 to build the Cathedral Hill Campus Hospital; and for the MOB the "maximum number of workers on site per day" is 158 from May 2013 through August 2014 with an average of about 100 workers from October 2011 through August 2014. Will they park other than at 1375 Sutter, 855 Geary, 1600 Geary and CH MOB? If so, how many more parking spaces will be leased as part of this "transportation demand management program"? 18-59 TR

What is not stated in this section appears on Page 2-40. It states that tunnel construction workers will be working from 7 p.m. – 5 a.m. during the week and on Saturdays. This time slot is selected because the traffic volume on Van Ness Avenue is low (Page 2-43). How many more workers for these 7 p.m. – 5 a.m. shifts for the tunnel construction? 18-60 PD

For the Cathedral Hill Hospital project, with 55 trucks per day during demolition, 220 trucks per day during excavation, 152 trucks for the foundation work, 110 trucks per day for the building of the structure, and 25 trucks each per day for the exterior and interior work, there will be a problem with trucks queuing up at the site. These trucks need to be told in advance of approaching the work site that no more trucks can get into the area until a truck has left or the gridlock in the area will be exacerbated. In fact, adding the Cathedral Hill MOB project at the same time, for each of the above categories (e.g. demolition, excavation, etc.), there will be a total of 95 trucks per day for demolition, 320 trucks for excavation, 312 trucks for foundation work, 240 trucks to build the structure, 50 trucks for exterior work and 40 trucks for interior work per Page 4.5-151. 18-61 TR

With the sheer number of trucks coming and going, and with just the one statement on Page 4.5-152 -- "if trucks begin to stack, other trucks would be advised to return to their construction yard by the contractor's logistics superintendent" – it did not seem like a good plan was in place. However, after reading the Administrative document by Herrero-Boldt dated May 27, 2009, "CPMC Cathedral Hill Hospital EIR – Construction Data Version 2.x," it appears that a better explanation was given to allay any issues with the smooth operation of the arrivals and departures of the construction trucks that will be at this site. Per this document, the "Logistics Superintendent will be in constant radio contact with the jobsite to coordinate deliveries continuously during all hours of operation." It explains that "there is planned room for a total of 8 trucks at the site while only 3 are planned to be offloaded at a time. This will allow for 3 trucks to be off-loaded while 5 are queued. If a truck cannot reach the site in a reasonable amount of time or not at all, the truck will return to the construction yard by the most plausible alternate route based on the current circumstances. The use of

technology (GPS, traffic reports, police scanners) and constant communication between construction yard, drivers, and construction site will help to reduce difficulties in trucking."
In addition, this document states that "schedules for the cranes and hoists will be coordinated with the delivery schedule in order to make the most efficient use of the equipment." When, according to this document, the construction yard locations will be at:

- 550 Townsend
- 450 Toland
- 2020 Cesar Chavez
- 2065 Oakdale Avenue
- 955 Cesar Chavez

And the materials will be trucked in from warehouses in:

- Mission Bay
- Central Waterfront
- Bayview District

In order not to pollute these areas as well as the construction yard areas due to a wasted truck run or to trucks idling to wait for their green light to deliver to the Cathedral Hill project, such a system of keeping in constant contact via this Logistics Superintendent is an excellent idea to minimize the impact on air quality and sensitive receptors in these areas.
As part of the effort to assist pedestrians during construction, way-finding signage may be OK for the sighted, but how will the blind and deaf be guided in this area? I suggest any way-finding signs to be posted at a good distance away from the construction site so that people do not end up walking unnecessarily only to find that the sidewalk is closed or that they have to walk out into traffic.
How many more trucks for the tunnel excavation portion of the Cathedral Hill Project?
On Page S-50, there is mention of "consultation with other Agencies, including Muni/SFMTA and property owners on Cedar Street, to assist coordination of construction traffic management strategies as they relate to bus-only lanes and service delivery on Cedar Street. CPMC should proactively coordinate with these groups prior to developing their Plan to ensure the needs of the other users on the islands addressed within the construction TMP for the project." What islands?

32. Gough/Geary will be impacted by the Two-way Post St. Variant with no mitigation measure available. Some of the traffic may go southbound or northbound along Laguna St. when Gough at Geary gets clogged up. During the evening and morning commutes, this will impact Japantown.
33. The intersection of Franklin/Bush will be affected with the Two-way Post Street Variant per Impact TR-106 on Page S-54. Again, Laguna Street may get cut-through traffic which may need to be mitigated for the Japantown area.
34. Van Ness/Pine will result in significant and cumulative impacts with the implementation of the Cathedral Hill Campus project MOB Access Variant as per Impact TR-112 on Page S-55.

18-61 TR
18-62 AQ
18-63 TR
18-64 PD
18-65 TR
18-66 TR

In general, for some of these impacts, there is the assumption in this DEIR that if there were the Van Ness and Geary BRTs already running, the various alternatives to the CPMC campus build-outs will be "less than significant." For example, on Page S-55, Impact TR-119 states that the five intersections around the Cathedral Hill project (Franklin/Geary, Franklin/Pine, Van Ness/Bush, Van Ness/Pine, and Polk/Sutter) are at LOS "D" and are "less than significant impact" and five intersections (Gough/Geary, Franklin/O'Farrell, Van Ness/Fell, Van Ness/Hayes, and Van Ness/Broadway) will be at LOS "E" or "F" with the Two-way Post St. Variant. I think the five intersections at LOS "E" and "F" should have separate "Impact TR-xxx" items in the "Table S-2, Summary of CPMC LRDP Impacts and Mitigation Measures." These 5 intersections for each of the variants should say "significant" impact or "significant and unavoidable" but there could be a mitigation measure that would not make it "unavoidable." These need to be added to Table S-2. See also Pages 4.5-229 – 4.5-230 for details on TR-119 where the intersections are mentioned. The impacts from the BRTs also have to be looked at from intersections farther away from just the project sites because traffic congestion will move into streets at least a half-mile or even up to a mile away. This also will occur when the CPMC project tasks coincide with BRT construction work.

18-67 TR

35. Page S-47, Impact TR-42 states the implementation of the Cathedral Hill Campus project MOB Access Variant would result in a pedestrian hazard impact at the MOB's driveway on Geary St. Again, as per Page S-41, the mitigation measure is MM-TR-17, which, as I mentioned earlier, involves a flashing light and an audible signal to warn drivers and pedestrians of the pedestrian-vehicle conflict at this location. This is in violation of the "Better Streets Plan" to make streets safe for pedestrians. The dangerous condition that will be set up may be better mitigated with either an underground tunnel for pedestrians or a pedestrian bridge. How often will the audible signal and flashing lights be triggered in a given day? I think the pedestrian traffic between the MOB and the Cathedral Hill Hospital will be almost constant so Geary will face considerable congestion. All construction projects should not impact the City transportation system to this degree. One of the "Priority Policies" of the City's "General Plan" is that "commuter traffic not impede Muni transit services or overburden our streets or neighborhood parking." The 38/38L-Geary Muni line travel times will be increased if one lane on Geary is blocked due to pedestrians crossing.

18-68 TR

36. On Page S-59, Impact NO-1 is "potentially significant" and states that "short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels." Mitigation Measure M-NO-N1a for Cathedral Hill, St. Luke's, Davies and Pacific campuses long-term, contains statements about maintenance of construction equipment, minimization of operation of equipment and construction of barriers with blankets and wood panels. Also Mitigation Measure M-NO-N1b states that a community liaison will be assigned for noise complaints. Mitigation Measure M-NO-N1c states that nighttime noise from construction will be evaluation in a "construction noise management plan" and measurements will be taken. For residences, educational buildings, churches and other sensitive noise receptors, would there be a working number that these people can call 24/7 for noise complaints relating to the construction project? Have all the sensitive noise receptors – "schools, preschools, hospitals, convalescent facilities, hotels, motels, churches, libraries, and other uses where low interior noise levels are essential" – as defined on Page 4.6-10 been determined? If so,

18-69 NO

could there be a list provided for those in the Cathedral Hill project area? Is the list of 10 buildings in Table 4.6-35 on Page 4.6-92 is the all-inclusive list of these receptors? 18-69 NO

37. On Page 4.6-35, Table 4.6-19, it appears that the Cathedral Hill project will be contrary to the "City and County of San Francisco Land Use Compatibility Chart for Community Noise." For "residential, all dwellings," any noise exposure over 65dB means that new construction or development should be discouraged. And for "schools, churches, libraries, hospitals and nursing homes," any project over 65dB should generally not be undertaken. From all appearances, this Cathedral Hill project will be very noisy and leave the neighbors experiencing a high level of annoyance based on the projected dB level exposures. 18-70 NO
38. For the HVAC air handlers, chillers and generators, how many dB above the ambient noise levels will they be operating at the noisiest? 18-71 NO
39. Per an earlier statement in this comments and questions document, please add helicopter to Table 4.6-21 if one will be used on this project or any of the other CPMC projects. 18-72 PD
40. On Page 4.6-66, how often will the generators be run for scheduled testing for the "typical 30 minutes" of testing? 18-73 NO
41. On Page 4.6-68, all noises (e.g. door closures, conversations, vehicle startups, etc.) from patient drop-offs from vehicles and shuttles are expected to not exceed 45dB in the interior of adjacent buildings. Would the audible backup alarms on the shuttles and other delivery vehicles increase the dB measurement higher than 45dB. If so, by how much? 18-74 NO
42. Page S-61, Impact NO-3 states that "operation of stationary noise sources associated with the CPMC LRDP could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels." This impact is shown as "significant." And various mitigation measures are outlined such as not delivering oxygen tanks during church service hours for Hamilton Square Baptist Church. Perhaps other noisy deliveries could be postponed during service hours as well. 18-75 NO
43. On Page S-61, M-NO-N3c, what is an "Aduromed" operation? 18-76 NO
44. On Page S-62, Impact NO-4 describes "future traffic-related interior noise levels could exceed applicable land use compatibility standards." This is shown to be a "significant" issue and the mitigation, M-NO-N4 for Cathedral Hill campus is to reduce the interior noise level to 45db with insulation, etc. However, no mention is made of reducing the noise level of adjacent properties or those of the sensitive noise receptor category. Even though the interior of the hospital is quieter and shielded from the future traffic noise, the other buildings are not. Do they get upgrades, too? 18-77 NO
45. Page S-62, "Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds." For this "significant and unavoidable" impact, the mitigation measure, M-NO-N5, is to make available a community liaison to resolve vibration complaints. It also states that "the pre-existing condition of all buildings within a 50-foot radius and historical buildings within the immediate vicinity of proposed construction activities shall be recorded in the form of a preconstruction survey. The preconstruction survey shall determine conditions that exist before construction begins and shall be used to evaluate damage caused by construction activities. Fixtures and finishes within a 50-foot radius of construction activities susceptible to damage shall be documented (photographically and in writing) before 18-78 NO 18-79 NO

construction. All buildings damaged shall be repaired to their pre-existing conditions." Assuming the construction of the Cathedral Hill campus includes the hospital, the MOB and the conversion of the Pacific Plaza Medical Office Building at 1375 Sutter Street, there are very few buildings that could potentially fall within this 50-foot radius of the construction sites at Cathedral Hill.

18-79 NO

The following are official sidewalk and widths of streets surrounding the Cathedral Hill project:

STREET NAME	BETWEEN WHAT TWO STREETS?	WHOLE STREET INCLUDING SIDEWALK	SIDEWALK WIDTH	CURB-TO-CURB WIDTH
Geary	Van Ness & Franklin	68.75	10.00	48.75
Post	Van Ness & Franklin	68.75	10.00	48.75
Daniel Burnham Ct.	Van Ness & Franklin	35.00	7.00	21.00
Sutter St.	Van Ness & Franklin	68.75	12.00	44.75
Franklin	Geary & Sutter	68.75	9.00	50.75
Van Ness	Geary & Sutter	125.00	16.00	93.00
Cedar St.	Van Ness & Polk	35.00	7.00	21.00

(Source: DPW-BSM-Subdivisions & Mapping)

18-80 NO

If the distance of 50 feet were measured from a spot on the perimeter of the Cathedral Hill project closest to a particular building, it seems there will only be about 12 properties that could fall under the statements of having construction-

related damage fixed if one uses only the "curb-to-curb" width measurements. If not, what number of buildings would be affected and what are their addresses? It should be noted, however, that the Hamilton Square Baptist church falls outside the "50-ft. radius of potential repair" because Franklin Street is 50.75' wide curb-to-curb. Including the sidewalks on both sides of the street, Franklin would be 68.75 feet away from the closest perimeter point from which a 50-ft. radius could be mapped. The church will not fit into this potential repair category. However, if the Hamilton Square Baptist Church on the southwest corner of Franklin and Geary is historic or an older building, it is recommended by Caltrans that there be a limit or threshold for damage to structures of "0.25 in/sec PPV (peak particle velocity in in/sec) for older or historically significant buildings" per CA Dept of Transportation, 2004, "Transportation and Construction-Induced Vibration Guidance Manual," Sacramento, CA, Table 19, Page 27. And, since, as stated on Page 4.6-10, the "more stringent vibration damage thresholds are recommended for these ("historical or lightweight") building types," I would think that some careful surveying and recordation of the structural and cosmetic condition of this old church is required prior to the Cathedral Hill construction job. On Page 4.6-44, the DEIR calculates the source of noise at a point much farther since in Table 4.6-22, for the Hamilton Square Baptist Church, the distance stated is 80 feet. Would you please clarify where the source of the noise on each of the construction sites is calculated for this "50-foot repair radius." Perhaps I missed an explanation of it.

46. The impact of noise and vibration is considered "significant" in that the noise and vibration are annoyances as it relates to the FTA's standard for human response as stated on Page 4.6-91, and as shown in Table 4.6-35 on Page 4.6-92. The remedy proposed in the DEIR is to take a survey and implement the previously mentioned "50-ft. radius repair zone." I think the survey should include all the buildings that have equaled or exceeded the threshold of "human annoyance" for noise and vibration. Specifically, the following buildings:

    (a) Hamilton Square Baptist Church
    (b) Concordia Club (1142 Van Ness Ave.)
    (c) Episcopal Services (1001 Polk St.)

    On Page 4.6-38, it states in Table 4.6-20 that for any ambient noise level >60dB, if there is an increase of 3dB or greater, then that increase is considered "significant."
    For the church listed in (a) above, the increase in dB over the ambient noise level of 70dB is 11dB. This is a 367% increase over the amount of the 3dB change considered to be significant.
    For the Concordia Club, (b), the change in dB over the ambient noise level of 70dB is 17dB. This is a 567% increase over the amount of the 3dB change considered to be significant.
    For the Episcopal Services, (c), the change in dB over the ambient noise level of 66dB is 17dB. This is also a 567% increase over the amount of the 3dB change considered to be significant.
    I do not think that due to the increase in the dB measurements during construction that these people will be able to function without added aggravation in noise and vibrations.

18-80 NO

Getting back to the two streets that may meet the "50-ft. repair radius," if one included the sidewalk widths as part of the street, only the buildings on Cedar St. and Daniel Burnham Ct. would meet the criteria to potentially have any

18-81 NO

construction damage fixed by CPMC if needed. What are the addresses of the buildings that fall within these parameters suggested by CPMC?
I referred to the drawing on Page 2-53 for the Cathedral Hill Campus – Proposed Plan for the three buildings and the surrounding streets but it is unclear.

18-81 NO

47. Page 4.6-91 states that for the Cathedral Hill Campus, the vibration levels would be "from 69 VdB (vibration decibels) to 88 VdB, and up to 0.104 in/sec PPV (peak particle velocity)" and would indicate that it would not exceed Caltrans' threshold of 0.25 in/sec PPV at 25 feet but that it could be a noise annoyance under Federal Transit Administration. Would some of the surfaces of the proposed Cathedral Hill Hospital be made so that the glass would not reflect the noise so much? Use other sound deadening materials for the neighbors.

18-82 NO

I have not analyzed St. Luke's proposed campus street widths, Pacific Campus street widths, or the Davies campus street widths to determine if the same 50-foot radius construction damage zone is being offered to the adjacent building owners of the Cathedral Hill Hospital project by CPMC.

18-83 NO

48. Page S-65, Impact AQ-2 states "Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAWMD Guidelines)" and indicates that there will be "significant and unavoidable" impact at the Cathedral Hill Campus projects. The mitigation measure, M-AQ-N2 states that "emission control devices on construction equipment" by "making every reasonable effort to ensure that all construction equipment used at these campuses would use equipment that meets the DPA Tier 4 engine standards for particulate matter and NOx control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the DPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur."

18-84 AQ

On Page 4.7-34, it states that the toxic air contaminants (TACs) from the construction phase of the Cathedral Hill Campus will have a cancer risk of 17 in one million which is 7 over the allowable 10 in one million risk level as determined by BAAQMD's 1999 Guidelines. When new modeling is done beyond the screening level, when would those be available? Will periodic testing be done to protect the most likely person affected – a resident off-site child?
On Page 4.7-35, Table 4.7-5, for the Cathedral Hill Campus cancer risk at the "maximum exposed individual risk (MEIR)" for adults is 9 parts per million. So both the adult and child rates will be in violation of the BAAQMD's 1999 Guidelines. How will some of these toxic air contaminants be cleaned off buildings, vehicles, objects that are within 300 feet of the area? Would the wash water be going into the sewer system?

18-85 AQ

As a note, please define "MEIR" in the Glossary as it is not there but in the small print of the table described above.

18-86 INTRO

49. On Page S-65, Impact AQ-3 states "operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full build-out (1999 BAAQMD Guidelines). Per Page 4.7-41, the PM_{10} emissions will be 7 tons over the 15 tons (i.e. 22 tons) allowed by BAAQMD for all four campus projects and the Cathedral Hill Campus will have 19 tons out of the total 22 tons projected – 86.4% of the PM_{10} emissions will come from the Cathedral Hill project and there will be no mitigation measures. PM_{10} particulates are those that are "respirable with an aerodynamic diameter of 10 micrometers or less" per the Glossary in the DEIR. I think that the workers should all be issued respirator masks and any nearby residents

18-87 AQ

adjacent to the building project should also be issued these masks, starting with those with lung ailments and pregnant women. In addition, filters for HVAC systems in immediately adjacent buildings may need to be changed out more frequently due to the project.

18-87 AQ

50. Some of the equipment used today may not be the equipment used when the actual construction takes place. So for Impact AQ-10 on Page 4.7-65 which states, "construction activities associated with the LRDP would result in short-term increases in emissions of diesel particulate matter that exceed the recently adopted (June 2, 2010) BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$ (Significance Criteria 7b and 7d)." When more is known about the actual equipment that will be used, a revised analysis of the cancer risk would be helpful for the public. And until such determination, there is no impact mitigation besides the M-AQ-N10a of installing accelerated "emission control devices on construction equipment" per Page 4.7-68.

18-88 AQ

51. Page S-67, Impact GH-3, states "direct and indirect LRDP-generated GHG emissions would have a significant impact on the environment or conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions (Recently adopted BAAQMD Guidelines)". This is a "significant and unavoidable" impact for all 4 projects and does not have any mitigation measure associated with it. Per Page 4.8-31, the BAAQMD's efficiency criterion is 4.6 $MTCO_2e/SP/yr$. and on this page, it refers to Table 4.8-2 on Page 4.8-20 that there will be a "net increase in GHG emissions resulting from Proposed LRDP (year 2030)" of 22,503 $MT/yr\ CO_2e$. On Page 4.8-32, the DEIR goes on to state that "several sustainability attributes would serve to reduce GHGs that were not accounted for because of the unavailability of sufficient methodologies to accurately account associated GHG emission reductions." What are these "sustainability attributes"?

18-89 GH

52. Page S-69, Impact BI-1 states, "tree and shrub removal and vegetation clearing required at most of the CPMC campus sites during project construction may potentially disturb nesting birds and could result in destruction of bird nests, a potential violation of the California Fish and Game Code or the Migratory Bird Treaty Act," and mitigates this with mitigation measure M-BI-N1 which describes the nesting season as "January 15 through August 15." In another DEIR I read, the nesting season for San Francisco was different. Why these dates for this DEIR? On Page 4.13-16 in the "Biological Resources" section, the DEIR states that across all 5 CPMC sites, bird nests have been found and field surveys included rock dove (Columba livia), American crow (Corvus rachyrhynchos), American robin (Turdus migratorius), white-crowned sparrow (Zonotrichia leucophrys), Anna's hummingbird (Calypte anna), and house sparrow (Passer domesticus). As well, the DEIR states that "birds may use the secluded ornamental grounds and vegetation on the sites."

18-90 BI

Wildlife does not necessarily return to an area that has been severely changed and for which there is not enough mature trees or appropriate landscaping for them. It took ten years for any mourning doves to return to a site adjacent to a residential demolition job which clearly was not as massive a job as this CPMC job will be. A project as big as the 4 campuses for CPMC may likely keep many wildlife away for years subsequent as well and may have an impact on their breeding cycles if they cannot find appropriate breeding grounds. From what I have seen, in birds, living in mature trees is not the same as living in the small plantings on the rooftops of buildings because humans are too close to them. Birds tend to not nest in greenery that are close to humans or if they do because there is no other available mature tree

18-91 BI

around, they will attack the humans. Some birds such as California quail live in the underbrush and these birds will not roost in highrises. 18-91 BI

In relation to this biological impact, what about the wild parrots of Telegraph Hill? They are very frequently seen on the tall buildings in close proximity to the Cathedral Hill Hospital/MOB area. Parrots are very intelligent birds and usually will not nest in areas that appear to be hazardous; however, if they have already found trees for nesting, I am not so sure they will take to re-nesting elsewhere if disturbed and especially if there are not enough days left in the breeding season when disturbed. If a tree with a parrot's nest is taken away, the parrot will have to find another tree. They use the tree trunk itself as a nest and they do not build flimsy nests like other birds. They do not nest in any kind of tree either. The cherry-headed conures have a nesting season around the first day of summer and the little ones may not fledge until September, perhaps around the autumnal equinox, so the CPMC "nesting period" that ends on August 15 would be problematic for these avian ambassadors of San Francisco. 18-92 BI

In addition, Page 2-27 states "The hospital's exterior design would be primarily composed of metal and glass. Various glass materials at the hospital façade along Van Ness Avenue and Post Street would be used to create a composition intended to be intriguing both during the day and at night." Also, on Page 4.2-188, the DEIR states, "…exterior building materials, such as low-reflection metals and glass, would be used in construction of the new buildings at the Cathedral Hill Campus site. When installed properly, these types of exterior building materials are not considered reflective." Although not reflective, perhaps birds are attracted to them, and although, as stated on Page 4.2-188, "mirrored, highly reflective, or densely tinted glass except as an architectural or decorative element" is allowed, perhaps it should be determined where to place them so there will be no bird-strikes. 18-93 BI

The parrots of Telegraph Hill have crashed into glass and become stunned so my concern is about the safety of the glass used for these and other wildlife and as well the lighting of the glass at night that may be problematic for some of the higher altitude wildlife. Sure, the parrots are not "endangered species" or "migratory birds" but they do migrate across the length and breadth of the City to forage for food and to find nesting sites. So that is a concern I would like to see mitigated/resolved. The purpose here is not to provide nesting sites. The point is that when trees that are known to be used by certain birds are destroyed and similar species are not reintroduced in the same area, these birds will have to go elsewhere and they may not breed so that will lead to fewer of them being able to survive in this city. 18-94 BI

Although it is the standard practice for the San Francisco Planning Department's Major Environmental Review Section to only concern itself with the California Department of Fish and Game's stated breeding timeframes, I think people will think that in this City some consideration should be given to these special birds that are a huge tourist draw.

As far as the species of trees on the campuses, what is the inventory of trees at each of the CPMC construction sites? The Administrative documents that supplement this CPMC DEIR showed a diagram of the trees (round circles on a map) but I could not find what trees exactly were on the campuses. I could not find a list for each campus. Is it available? 18-95 BI

53. Volume 3, Section 4.5: TRANSPORTATION AND CIRCULATION:
Page 4.5-1 indicates that 81 intersections over the 4 proposed project locations were studied for transportation impacts. On Page 4.5-2, Figure 4.5-1 entitled "Cathedral Hill Campus – Study Area and Project Location" shows a ½-mile radius around the campus but the parking study area only extends from Eddy to Pine between Laguna and Hyde. 18-96 TR
The parking study needs to include the intersections that fall within the ½-mile radius so that Webster and Buchanan as well as Leavenworth and Jones between Washington and Fulton are included for cut-through traffic which may occur during construction and after full build-out.
It should be noted that transportation and circulation will be impacted on the Japantown streets due to the one-way configuration of the streets around the Cathedral Hill project which also includes the MOB project and the pedestrian tunnel.
Another important note is that the Japantown streets will be impacted twice because of the Pacific Campus construction that is part of the long-term project list. I believe that because Japantown is within the ½-mile radius of both projects and sits within both areas of the project radii, that Japantown will be cumulatively impacted. I thought cumulative impacts were a CEQA item and needed to be mitigated. 18-97 TR
When the Pacific Campus project is done sequentially to the Cathedral Hill project, Japantown streets are impacted for a longer duration. The Cathedral Hill project (all levels) is estimated to go from 2011 through mid-2015 per Page 2.5, Table 2-1. Then the Pacific Campus project starts with renovations from the beginning of 2015 through 2019. In effect, the Japantown streets will be impacted to varying degrees from 2011 through 2019, a total of 9 years straight or possibly even up to 10 years per Page 4.7-29, "Near-Term Projects – Cathedral Hill, Davies, and St. Luke's Campuses." When the smaller residential streets in Japantown get clogged, such as Laguna, traffic will try to find alternate routes to avoid the congestion that was discussed earlier to be at a very bad level of service for transit and for congestion.
Furthermore, with the Van Ness BRT construction anticipated to be running by 2014 (Page 4.5-67), the construction of that project would impact the streets of Japantown. Consecutively to the Van Ness BRT, SFMTA will begin the Geary BRT construction and it is anticipated to be running by 2015-2016 (Page 4.5-67). The Geary BRT project occurring simultaneously with the Cathedral Hill Campus and Pacific Campus projects will further impact negatively the streets of Japantown. With the Van Ness BRT project coinciding with the CPMC project at Cathedral Hill and the Geary BRT following the Van Ness BRT project and also coinciding with the CPMC Cathedral Hill project, Japantown and the streets even a mile away from the construction sites will have very bad congestion problems. This will hurt the Japan Center area as well as traffic circling in surrounding streets. So there needs to be a study of the transportation and circulation impacts on the Japantown streets and how they are impacted from not only Cathedral Hill but also the Pacific campus and both the Van Ness and Geary BRT projects as that analysis is not in this DEIR. 18-98 TR
54. In regards to the California Campus Study Area that is shown in Figure 4.5-3, Page 4.5-4, the DEIR shows only the transportation impact intersections between Arguello Blvd. and Laurel St. between Euclid Ave. and Pacific Ave. Only 12 intersections were studied with the farthest intersection studied to be only one block away. Intersections farther out from any proposed project on the California Campus need to be analyzed as well, up through the ½-mi. project radius. 18-99 TR

The current California CPMC campus traffic impact goes well beyond these parameters out at least through the ½-mile radius shown for the project. The transportation analysis needs to go as far as well. This is particularly important when there are big vehicle trip generating services being provided in the area such as the United States Post Office on Geary and Parker and the University of San Francisco which has lessened its on-campus parking spots so more of their students are parking on the street in the Jordan Park and Laurel Heights areas. There are also at least 4 schools catering to the pre-kindergarten through 8th grade levels among them with many parents showing up with vehicles to drop off and pick up their children on neighborhood streets that have a high capacity utilization of rather limited street parking. The current California Campus as it is today adds many vehicles that cannot be accommodated by the limited number of parking spots in the Jordan Park, Presidio Heights and Laurel Heights neighborhoods. 18-99 TR

55. Both "Alternative 3B" and "Alternative 2" which would demolish 3-, 4-, and 6-story buildings at 3905 Sacramento Street MOB, 3901 Sacramento Street residential building, and 460 Cherry Street parking garage (Page 6-177) and increase some of the building services at the California Campus and retain other services and increase the size of the existing buildings to the extent they desire will add too much congestion to the streets around Jordan Park and Laurel Heights. The automobile trips generated will overwhelm these nearby residential streets that are not meant for the volume of traffic generated from more capacity at the California Campus. Increasing the California Campus services from the level provided today would be a bad situation for the neighborhood and ruin the character of a primarily residential area. If CPMC implemented "Alternative 3B" and build a 6-story, 100-foot tall, 420,000-sq. ft. building for a Women's and Children's Center at the east side of the California Campus that will attract an even greater number of visitors and without the parking garage structure in place for them (356 parking spaces at the Cherry Street MOB/parking garage (Page 6-177) will not be sufficient for this neighborhood if this alternative were carried out, especially without the "world class" public transportation system in place. The residents in the area will suffer even more aggravation and potential health impacts from vehicle congestion and cut-through traffic on these streets. This "Alternative 3B," as described on Page 6-273 should not be seriously considered. CPMC will need to cut back on this alternative should it decide to carry it out. The same goes with "Alternative 2." The Jordan Park area cannot take on additional traffic and congestion on its smaller residential streets with the accompanying degradation in air quality for many sensitive receptors in the area especially near schools. In addition, Laurel Heights and Presidio Heights will be impacted negatively with the proposed scale of the build at 3698 California Street. 18-100 ALT 18-101 ALT

If or when a new buyer comes in for the California Campus, the transportation and congestion needs to be addressed not only on the 12 intersections in this DEIR but also farther out as stated earlier. Even with current CPMC operations at the California Campus, the hospital staff persons are running out to move their vehicles in hospital scrubs. Visitors are constantly blocking residential driveways or double-parking in the area. And, there is not a lot of enforcement on these adjacent streets. Jordan Park is made of many single-family homes or duplexes and its streets were not meant to play the role of transit corridor vehicular arterials that they are being forced to become as unintended consequences of a transportation study that did not encompass a great enough distance from the proposed construction site and from expanded services at the California Campus. 18-102 TR 18-103 TR

I also do not believe that traffic enforcement of parking regulations will be the solution to mitigating congestion when a project sponsor builds something in a primarily residential area and cannot accommodate the vehicular trips generated from its business.

The traffic that is forced down these residential streets is going against the San Francisco General Plan which includes provisions that traffic should be on the main corridors, not on the residential streets adjacent to them. 18-104 TR

And, if the building will continue to be used for women's and children's health services, most of the visitors will arrive by private vehicles rather than on public transit. The area of Jordan Park and Laurel Heights, along with other development projects in the pipeline such as 3657 Sacramento Street and its 18 new residential condominiums planned as a mixed-use building and with the construction of 2 new condominiums at 331 Arguello Boulevard, the level of traffic congestion circulation will fall to an "F" level of service with all the vehicle trips generated.

Not only that, but the Jordan Park area also has a very high number of children as well as schools for little children up to middle school age. Having too much traffic congestion and cut-through traffic will endanger their lives. We have already had to resort to traffic calming measures which are being circumvented in this area. 18-105 TR

Furthermore, "Alternative 3B" wants to build a structure at 3698 California/Parker Avenue that is at least 100 feet tall which is against building code of Height/Bulk District "80-E" per Page 2-125. Again, "Alternative 3B" and "Alternative 2" are not viable propositions for the Jordan Park area. 18-106 ALT

56. The other reasons for not attempting the rehabilitation of the California Campus is the high cost of retrofitting as well as the hazards that are still at this campus per the Administrative documents accompanying this CPMC DEIR. Per Treadwell & Rollo's "Phase I/II Environmental Site Assessment Marshall Hale Hospital 3698 California Street," there exists the following potentially hazardous issue:

- 550-gallon underground storage tank removed in 1989 that release petroleum hydrocarbons to the soil and SFDPH considers this an active investigation case
- Transformers in the basement and the doctors' parking lot may contain dielectric fluid with PCBs, although this is considered unlikely. The composition of the fluids in these transformers should be determined prior to demolition during the development of the site (Page 10 of 12, "Table 1: Summary of Phase I ESA Information, Marshall Hale Hospital, 3698 California Street") 18-107 HZ

And 3698 California Street is also the problem of demolishing a potential historic resource. 18-108 CP

Further, at 3700 California Street, there are the following issues:

- 15,000 gallon active, double-wall underground storage tank containing diesel fuel located in the planter near the intersection of California and Maple Streets…100 feet west and equal to the lowest elevation of the site
- 4,000 gallon single wall underground storage tank…previously contained diesel fuel…120 feet west of the site beneath the walkway of the cafeteria near the intersection of California and Maple…closed in place in the 1990s
- 1,000 gallon single-wall underground storage tank…previously contained diesel fuel…150 feet west…equal or higher in elevation relative to the 3698 California Street site…closed in place in the 1990s. 18-109 HZ

As the report states the existence of "possible presence of petroleum hydrocarbon contamination in ground water, and possibly adjacent soil, in the four identified groundwater monitoring wells" and the "possible groundwater contamination

that may be associated with possible contaminant migration from the off-site dry cleaner on Sacramento Street,…environmental contingency plan should be prepared to be followed during excavation if unknown environmental issues are encountered," it appears that demolition and rebuilding on a potentially problematic hazardous substances containing site should be foregone. At most, there could be a less impactful remodeling of the interior and exterior for seismic compliance.

18-109 HZ

57. Page 4.5-31 speaks of the existing CPMC shuttle service. It states that the shuttles run from 5 a.m. to 9 p.m. about every 20 minutes per day. I believe this has changed from that to start around 6 a.m. and run until about 6 p.m. or 7 p.m. and only once every 30 minutes instead of 20 minutes. On Page 4.5-32, Table 4.5-8 shows the shuttle service daily capacity utilization for the Japan Center Garage to have 381 riders daily. The California Campus has 414 riders daily with a daily capacity utilization of 62%. The Civic Center BART and Van Ness/Market shuttle has 503 daily riders with a capacity utilization of 56%. How many of these riders will still have to rely on the shuttles for their daily commute when the new campuses are completed? How many of the 381 riders from the Japan Center Garage will have to still use the Japan Center Garage after CPMC completes its projects? How many riders out of the 82 that use the Geary Mall Garage will need to use that garage after the completion of the CPMC projects?

18-110 TR

58. On Page 4.5-80, Table 4.5-13 ("Parking Demand by Campus") shows that for the Cathedral Hill Campus for all 3 projects (hospital, MOB and 1375 Sutter), there will be a net demand of 1,389 spaces assuming the California Campus does not have any new demand. The Pacific Campus is shown to have less demand by 229 spaces, the Davies Campus shows new demand of 264 spaces and the St. Luke's Campus shows net new demand of 240 spaces. In total, there will be a demand of 1,664 parking spaces (1,389+264+240-229). Will there be sufficient parking spaces for the physicians and the other staff and visitors at all the campuses?

18-111 TR

59. Page 4.5-81 speaks of service vehicles and truck loading and unloading demand. It states in Item 3 that "some service deliveries would be eliminated due to operational changes at the campuses." Yes, where the campus would be closed or operations moved to Cathedral Hill, e.g., that is true. But when the operations get moved to Cathedral Hill, would the number of trucks be more? Would there be larger service trucks to accommodate larger deliveries since there will be a heavier concentration of departments in one building?

18-112 TR

60. How often will trash be picked up between 4AM and 5AM at Cathedral Hill (Page 4.5-82)? What is the difference between "trash pickup" and "trash haulers" who would be scheduled before 7a.m. or after 7 p.m. (Page 4.5-82)?

18-113 TR

61. On what days will the streets be mechanically swept around Cathedral Hill? Will neighbors hear more noise on days other than their garbage and street-sweeping days? Will the schedule be such that every day of the week there will be some maintenance noise from either the garbage collection or the street sweeping or loading and unloading of service trucks?

18-114 NO

62. On Page 4.5-84, Table 4.5-15 ("Peak Hour Passenger Loading/Unloading Zone Demand by Campus"), it shows that the peak-hour demand in the AM would be 60 linear feet and the loading demand is 75 feet. If the vehicles arrive on the Geary side, the vehicles may start to queue up in the hospital "drop-off" zone depending on the activity going on in the drop-off zone. Sometimes a disabled person is dropped off and these people require more time than others so the "drop-off" zone itself appears to be a total of about 200 feet for both sides of the island (Page 2-75). How long is it?

18-115 TR

This area needs to be very well-lit, have pedestrian-triggered lights and sound and a vibrating pole or other device for people who are both deaf and blind.
Are there disabled ramps in this "passenger drop-off" zone (Page 2-75)?
In addition, a vehicle may block the proposed Geary BRT lane which is located closest to the hospital if it queues into the lane. The BRT will have to wait for the vehicle to get out of the BRT lane before proceeding so there could be a transit impact. If the BRT is blocking the entrance to the hospital "drop off" zone, the vehicles will start to double up next to a 38/38L-Geary bus until it passes. This will cause the traffic in the lane the vehicle is in to come to standstill because it will become a double-parked vehicle for the time it takes for the bus to clear. For these instances, the 3 lanes of Geary will turn into 1 lane and cause traffic to back up across the intersection of Geary and Van Ness. One must also account for the right turning vehicles off of Van Ness onto Geary who want to go to the hospital. They will also be affected in that they will not be able to turn so the backup grows on Van Ness down to Post St. and possibly farther north to Hemlock St. and Sutter St. This is similar to the commuter traffic at Laguna and Geary where there is a "no right turn" sign so the traffic southbound on Laguna and the traffic turning from Post St onto southbound Laguna gets backed up. I think this hospital traffic scenario will be even worse than that on Laguna. The other example of how this will not work occurs today at Kaiser Permanente Hospital at Geary and Divisadero. The drop-off lanes are filled with parked vehicles so that the shuttles cannot use them and nobody enforces the white zone. So the shuttles double-park on Geary Boulevard westbound and the 38/38L-Geary has to maneuver around the double-parking and swerve almost to the Number 1 (closest to the median) lane and back to the Number 3 lane (closest to the curb). Vehicles are jockeying for position to get around the traffic congestion simultaneously.

63. Pages 4.5-84 and 4.5-85 indicate that CPMC will have 14-passenger shuttles running with 8 routes over the 6 routes in existence today. It also indicates that at least 15 shuttles will be required to service the estimated ridership. What is still not determined are the "non-CPMC private shuttle services" that "would be provided by a private garage operator as demand for off-campus parking increases." On Page 4.5-214, there is mention of the "12th Street Garage Shuttle," as a private operated shuttle. The daily passenger demand for this shuttle is 750 riders assuming that a total of 375 staff from St. Luke's and from Davies park in other off-site garages. Which garages would those be?
64. On Page 4.5-86, Table 4.5-16 ("Daily CPMC Shuttle Demand") shows that the existing demand of the "Cathedral Hill-Pacific/Japantown/BART" shuttle of 172 daily riders will balloon to 1,756 - 2,004 riders daily. And the overall shuttle ridership will go from 2,005 riders daily to 7,542 - 8,001 riders daily. When it is discovered more shuttles need to be procured to accommodate the increase of ridership, is CPMC going to procure more shuttles? If so, where will they be parked without impacting the parking being taken away from the public? And how will these shuttles which could be running almost 24/7 be kept on the main commercial transit corridors without cutting through residentially zoned areas? The DEIR shows that all 14 shuttles will be parked at the Cathedral Hill Hospital when not in service but I think these shuttles should not be parked at the Hospital. Instead, they should lease spaces at other underutilized parking structures throughout the City so that these 14 spaces are made available to the paying public. Overall, if CPMC has to have this many shuttles for this LRDP, the size of all the proposed garages is not sufficient for the workers, visitors and patients that this project is going to attract. It is also telling that this many shuttles are necessary because the

18-115 TR

18-116 TR

18-117 TR

18-118 TR

transit in the areas will not accommodate these visitors in a timely fashion or be able to support the sheer number of people who will be accessing these campuses. 18-118 TR

Also, when the shuttles select a garage such as the Japantown Garage, it is not only the taking up of the spaces for merchant and Japantown users but also a problem because all the shuttles will be frequently circling to and from Cathedral Hill and the BART station. The Japantown garage, a City-owned garage, should not be assisting a private company (CPMC) with running its business at the detriment of the private businesses at Japantown who have been able to sustain business despite past development impacts. Some other garages and lots owned by the City such as those listed below should be considered that are underutilized:

- Yerba Buena Gardens Garage – maybe 50% utilized
- Ellis-O'Farrell Garage
- Sutter-Stockton Garage
- Union Square Garage
- Other City-owned surface parking lots
- Port properties
- City public school parking lots (when not being used)

18-119 TR

If the City wants to assist CPMC in their project, it would only be fair that the City provide parking in places that do not impact the financial viability of the merchants in the nearby areas of the projects.

Also, in the Administrative documents that accompany this CPMC DEIR, the consultant, Herrero-Boldt, indicates that 70-75% of the construction workers on the Cathedral Hill Hospital and MOB projects are lone drivers. And these drivers will be parking in one of the 400 parking spaces at Japantown and the merchants cannot get customers who arrive from the East Bay, Peninsula and North Bay communities to visit and shop at Japantown because of the lack of parking in this historical resource area. It is difficult to get construction workers to "truck-pool" but perhaps this needs to be done for these workers to leave their vehicles outside of San Francisco. This would be one mitigation measure. (See also Item 20 above.) 18-120 TR

65. Page 4.5-87 states that the "Geary Boulevard parking garage curb cut permit would be revocable, and this condition would be recorded as a Special Restriction on the deed of the Hospital." If the Geary Boulevard parking garage curb cut is revoked, all traffic to the hospital for drop off of visitors will be on the Post Street side. Post Street is one-way eastbound (inbound to downtown). For people to get to Post Street, they will cut through Japantown due to the traffic patterns in the area. See Figure 2-4 on Page 2-53 for the "Cathedral Hill Campus – Proposed Site Plan" which shows traffic directions around the Hospital but not the Japantown streets immediately adjacent to these streets. 18-121 TR

If or when Post Street is turned into a two-way street, there will be traffic congestion on the Post Street side. This will add to the congestion and air quality in this area. Again, this DEIR does not study the impacts on Japantown and it should.

66. On Page 2-53, one also sees a potential traffic obstruction point at the Geary St. Parking Entrance of the MOB. On Page 2-101, Figure 2-37, the curb cut is shown with 3 lanes on Geary, the lane closest being the "diamond bus only" lane. Figure 2-37 does not show the proposed Geary BRT lane. This BRT lane will be closest to the Hospital. 18-122 TR

If people are walking on the sidewalk by this curb cut, the vehicular traffic will have to stop for the buses and the pedestrians, potentially causing a traffic jam that could leave only one lane of westbound traffic moving because a second lane next to the BRT lane will have traffic stopped for the conflict. Not only would this curb cut be almost as bad as the one at the Hospital Geary Boulevard revocable curb-cut but this cut at the MOB will have traffic flowing out of it which will not be for emergency exits only. So with the additional vehicular traffic in and out of this opening, one may think that this cut would also be revocable; however, the traffic patterns will shift to Post Street if that is done and, again, the Japantown streets will likely see cut-through traffic. Polk Street will also see cut-through traffic due to the surrounding one-way streets in the area. And with the added off-street Loading Facility and Emergency Department, with ambulances using the Post Street entrance, it is likely that Post Street in the Japantown shopping area will become congested. The CPMC shuttles will also be using the Post Street driveway. 18-122 TR

When the shuttles start to stack up along with the vehicular traffic, ambulance traffic and the 38/38L-Geary buses in the BRT lane and the vehicles waiting to get in on the Geary Street side, one will get congestion on both Geary and Post. The "Two-way Post Street Variant," described on Page 4.5-89, may exacerbate the cut-through traffic if people are allowed to go into Japantown westbound on Post Street. This is going against the City's General Plan. The Plan says to keep the vehicle traffic on the major corridors but since during construction the corridors will be blocked up, people will go to the smaller arterial streets with negative impacts. People will try to park in Japantown and go to the hospital and take parking spaces in the Japantown garage and on-street in Japantown by people who are not going to help the Japantown businesses. If Japantown gets overrun by hospital visitors, even the regulars who used to shop at Japantown will not visit it as often and business in Japantown will be negatively impacted. Japantown is the last of 3 Japantowns in the United States and the economic viability of Japantown has been tested in past history. 18-123 TR

It is hoped that this CPMC LRDP will not impact such a culturally identified historical area. 18-124 PH

67. Per Page 4.5-93, the Cathedral Hill Campus project would result "in an increase of 593 vehicle trips during the a.m. peak hour (598 inbound and 85 outbound trips), and 609 vehicle trips during the p.m. peak hour (42 inbound and 567 outbound trips). On Page 4.5-94, Table 4.5-17, and on Page 4.5-95, Table 4.5-18, the tables do not say what the LOS will be on Post or Sutter, e.g., in Japantown would be. The LOS grades are for the 26 intersections on the study but do not analyze the Japantown streets. 18-125 TR
68. On Page 4.5-123, Impact TR-30 states, "Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Geary Street, which would increase travel times and impact operations of the 38/38L-Geary bus routes. (Significant and Unavoidable with Mitigation)." As discussed earlier in this document, the mitigation measure is to compensate SFMTA for the "cost of providing the service needed to accommodate the project at proposed levels of service." Although some people may get on the bus to visit the Hospital, the MOB and 1375 Sutter Street Building areas, the vehicular traffic may not diminish by much because the drivers are not all visiting the hospital area. They are on their way to some other place but are still using Geary. When the LOS of Geary falls to "F," people will find the neighboring streets to get to their destination. This is what is happening to the California Campus as it is today. The small residential streets surrounding the California Campus get as much traffic as one direction of traffic on Geary in a few cases such that the neighborhood association had to install and pay for speed humps. It was not all 18-126 TR

CPMC and the California Campus as there were also the UCSF shuttles almost continuously traversing the residential streets of Jordan Park. This was mitigated by having the UCSF shuttles become "good neighbors" and not overburden the residential streets and adhere to the street Muni already runs on (more commercial streets) on a fixed route transit basis. CPMC needs to let the public know what routes will be used in the neighborhood. This was never addressed in the DEIR. 18-126 TR

It is one thing to build a world-class for-profit hospital but not at the expense of the adjacent residents, homeowners and merchants within a ½-mile radius of the campus. (See Item 20 and Item 64 above.) 18-127 OTH

69. On Page 4.5-143, Franklin St. has 3 curb cuts, one for Emergency Department Drop-off, one service entrance for trucks that use the loading dock and an additional service exit for these trucks. A "porte cochere" is shown on Page 2-101. I do not see how the vehicular and pedestrian circulation will work here in the porte cochere area at the Emergency Drop-off even when looking at Page 2-77, Figure 2-19. Will there be pedestrian islands? With all the traffic on this Franklin Street side, I am concerned with this area. Even the shuttles would be allowed in the Emergency Drop-off area per Page 4.5-143. Would there be a more detailed diagram of the pedestrian and vehicle flow? 18-128 TR

In the "Project Description" section of the CPMC DEIR, Chapter 2, on Page 2-35, an explanation is given that "portes cocheres" would "create inviting entries for hospital users and other pedestrians. The proposed Emergency Department drop-off zone (off of Franklin Street) would be designed to be more like a pedestrian plaza than a vehicular drive-through area. Similarly, the Cathedral Hill MOB would have passenger drop-off zone on Cedar Street near Van Ness Avenue." There will still be pedestrian and vehicle conflict in these "portes cocheres." Again, the safety of the pedestrians may need to be mitigated by not just flashing lights and audible signals as proposed in MM-TR-17. 18-129 TR

70. Per Page 4.5-149, Figure 4.5-22, when one lane of Geary westbound will be closed (the bus-only lane), all the traffic will try to get around the construction activity using only 2 available lanes left. 18-130 TR

71. In looking at Table 4.5-29, Page 4.5-150, how many construction workers will be parking at the Japantown Garage? Based on the workers expected to be on site per day at the Cathedral Hill Hospital, MOB and Tunnel projects, and according to the "Biology Section, #7" report in the Administrative documents, if the maximum workers at the site per day is per the following: 18-131 TR
    - 680 at Hospital
    - 158 at MOB
    - 35 at Tunnel

    The total of workers maximum per day equals 873 workers.

72. Table 4.5-29 lists only 1375 Sutter, 855 Geary, 1600 Geary and the Cathedral Hill MOB as potential parking areas for the workers. The "Biology Section, #7" report states the following number of parking spaces for the above: 18-132 TR
    - 1375 Sutter 175 parking stalls for the construction workers
    - 855 Geary 200 parking stalls for the construction workers
    - 1600 Geary 400 parking stalls for the construction workers

    This gives a total of 775 parking stalls for the construction workers with almost 100 spaces short. Even if, as the Administrative document shows, CPMC will be running 4-5 shuttles to hold 30-workers and be running continuously for

2 hours, the workers will still bring their private vehicles as close to the shuttle pickup places as possible; and that would indicate that they will be parking at the above 3 bulleted addresses. If we assume that 400 workers will use, e.g., the 1600 Geary garage in Japantown, people who want to visit the Japan Center will not shop because at least 400 spaces are taken by construction workers who are not conducting business or shopping in Japantown; and during construction, people cannot park on street either since there will be displaced vehicles that will encroach into the on-street parking spaces around Japantown. I think this will take away from the business from Japantown, a cultural center. I also think the same thing will occur at the other 2 addresses for the local merchants near them.
Also, if the construction workers are riding these shuttles, what measures will be taken to mitigate the potentially hazardous effects of construction debris or dust on the workers from being spread onto the shuttles and into the enclosed structured garages?

18-132 TR

18-133 PH

18-134 AQ

73. On Page 4.5-156, "Van Ness Avenue Tunnel Construction" is discussed. Since Post and Van Ness will also be affected during the tunnel construction, and if Post is turned into a 2-way street, Japantown may end up taking much of the traffic. There needs to be a mitigation measure for the Japantown street intersections between Geary and Pine. Even the analysis provided takes into consideration only the p.m. hours of a mid-day of the week. I think the analysis for the streets already studied should also be done for a whole week rather than just one day mid-week. The sample week should be a week without a holiday in it and the study should go for a whole week.

18-135 TR

74. Overall, I do not think that the "transportation and circulation" section, and consequently the "noise" and "air quality" sections are analyzed thoroughly enough in respect to "Alternative 3B" nor to the vehicular impact on Japantown streets that falls within both the ½-mi radii of the Cathedral Hill Project as well as the Pacific Campus Project.

18-136 ALT

75. Some Saturdays will also be work days for the CPMC construction. For the Pacific Campus, will there be renovation work on Saturdays near the Congregation Sherith Israel Synagogue (Page 4.1-12)? According to Page 2-5, the renovation of 2018 Webster Street will start in 2015 and last approximately 6 months. On Page 2-121, although the synagogue is not listed as a "sensitive receptor" for the Pacific Campus project in Table 4.6-36 on Page 4.6-95 because 2018 Webster is not a "demolition," I think that the synagogue is a sensitive receptor. Organizations in synagogues usually have Saturday as their religious day. Would the 2018 Webster renovation work not be done on religious service days at the synagogue?

18-137 NO

76. When the Cathedral Hill Hotel and the 1255 Post Street buildings are demolished, there will be physical noise and vibration impacts to the Hamilton Square Church (Franklin & Geary, northwest corner), the First Unitarian Universalist Church (Geary & Franklin, southwest corner), and the Church Office on Sutter Street and Van Ness, northwest corner (Page 4.1-2). And, when the demolition and construction phases are in full swing, will there be enough parking for the church members? Even though the churches have parking lots, some of them may have used street parking which will be eliminated during the CPMC project. Has this been taken into consideration? Will people from churches/synagogues from Cathedral Hill Hospital project area migrate to the north and take street spaces away from church-goers in the northern streets such as at the Buddhist Church of San Francisco bounded by Pine, Gough, Austin and Octavia (Page 4.1-11)?

18-138 NO

18-139 TR

77. On Page 4.7-50, Table 4.7-11, "Diesel Particulate Emissions from Emergency Generators – St. Luke's Campus" shows that after 3 new generator units are installed, compared to what exists today, there will be a net decrease by 15 "diesel particulate matter (DPM)" lb/yr. The problem with this argument is that the 2 old units combined put out less at -29 DPM lb/yr. It appears from the data that the old units were more efficient at -9 DPM lb/yr. and at -20 DPM lb/yr.
A new generator proposed to be installed in 2018, puts out 0.2 DPM lb/yr. 2 other generators combined will put out 13 DPM lb/yr. The result is a positive 13.2 DPM lb/yr.
The new generators put out more DPM lb/yr. than the old model generators which were 250 kW and 600 kW rated generators installed in 1969.
This argument of the BAAQMD trigger thresholds not being exceeded because the old generator emissions will cancel out the additional DPM lb/yr of the new generators does not make sense, especially because the old generators are going to be removed. Any emissions from the new generators will only be additive emissions. 18-140 AQ
78. As a general comment, in relation to the generators spoken of on Page 4.7-50 in Table 4.7-11, what are the greenhouse gas emissions produced by the new generators? What type of diesel fuel will be used? 18-141 GH
79. On Page 4.7-67, the Cathedral Hill Campus will have an excess cancer risk of 111 per million. I believe on Page 4.7-68, it states that the threshold is 10 per million for the "maximally exposed individual receptor (MEIR)" of a child. The Cathedral Hill Campus will also exceed the fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less ($PM_{2.5}$) of 0.4 microgram/m^2. 18-142 AQ
80. On Pages 4.8-31 – 4.8-32, a summary of the Greenhouse Gas Emissions for all CPMC campus projects except for the California Campus are explained. The DEIR states that the total greenhouse gas (GHG) emissions will be about 22,503 $MTCO_2e$/yr. The BAAQMD's threshold is 1,200 $MTCO_2e$/yr. This is almost 19 times the threshold allowed by BAAQMD. It was my assumption that CPMC, with adherence to the City and County of San Francisco's Green Building Ordinance which states that "buildings over 5,000 square feet, residential buildings over 75 feet in height, and renovations on buildings over 25,000 square feet to be subject to an unprecedented level of required Leadership in Energy and Environmental Design (LEED) Green Building Rating System certifications," per Page 4.8-11, does not make the new CPMC campuses spew out fewer $MTCO_2e$/yr. but rather more. 18-143 GH
81. This "Greenhouse Gas Emissions (GHG)" section also goes on to state on Page 4.8-32 that "several sustainability attributes would serve to reduce GHGs that were not accounted for because of the unavailability of sufficient methodologies to accurately account associated GHG emission reductions" such as those on Page 4.8-16 and on Page 4.8-47 as the following:
    - the proportion of total water consumption attributed to irrigation was not available to quantify the reduction in GHG emissions
    - the green roof would increase the site's carbon sequestration capacity relative to current conditions…insufficient data are available to quantify this
    - the volume of cooling tower water requiring treatment was not available to quantify the GHG impacts of this feature

18-144 GH

In addition, the DEIR states that allowances for the reduction of "embodied energy" by diverting "at least 75% (and up to 90%) of construction debris from the site of the proposed Cathedral Hill Hospital…the associated GHG reductions were not deducted from the development's operational emissions inventory." Finally, the DEIR mentions that due to the "reduction in use of steel building materials by 25%" and it not being "deducted from the development's operational emission inventory," that the total GHG emissions for the CPMC campuses could not be calculated. Then the DEIR is not adequate and cannot be adopted. 18-144 GH

82. It is surprising that a hospital does not know how much water is used in irrigation at its campuses. A green roof engineer should be able to provide the water and carbon sequestration data for current conditions. The cooling tower water volume could be calculated by a water treatment specialist who knows cooling tower loops. The chemicals used to treat the water can be estimated fairly accurately knowing the volume of the closed loop cooling system water. This should be a foreseeable impact that can be calculated. Perhaps a thorough analysis of the above missing data categories for this GHG emissions section was not done because the outcome would still be that the GHG threshold level will far exceed the BAAQMD's guidelines. If not, there should be an analysis done as an addendum to this DEIR or it is inadequate and cannot be adopted. 18-145 GH
83. Page 2-37 states that the lighting on Van Ness will be removed and replaced and new fixtures will be installed on Van Ness that are slated for the Van Ness BRT project. What happens to the historical vintage lighting (the ornamental ones that remind people of Europe) in the area? 18-146 PD
84. On Page 3-6 in the "Recreation and Open Space Element" section, reference is made to "Map 4 of the Recreation and Open Space Element." This should be "Map 2." 18-147 LU
85. On Page 3-24, under "3.2.12, Japantown Better Neighborhood Plan," the goals of the Plan were not accepted by the community and a new plan is being considered at the present time. Critical to the Japantown plan is the retention of historic and cultural character in the area. The Japantown plan will not apply to CPMC projects but the CPMC projects will impact the Japantown streets as far as traffic congestion, circulation and maybe even a business impact. As the DEIR states, "the plan area is in the vicinity of two CPMC campuses – one block west of the proposed Cathedral Hill Campus and directly south of the existing Pacific Campus." As such, and although the Cathedral Hill and the Pacific campus projects will not occur concurrently, they are expected to overlap in 2015 so there is a cumulative effect to the Japantown area. 18-148 LU
86. On Page 4.2-6, under the "Aesthetics" section, the DEIR states that "An additional row of trees and shrubs, contained in large planters, is located above street level, along the hotel's entrance drive off Geary Boulevard and elsewhere on-site." I think it is fine to put greenery for a pleasant visitor environment but I am concerned about planters that cause a visual block for vehicles and pedestrians because of their size or placement that may cause a safety issue. So while creating a pleasing look for the project, please consider the safety issues. 18-149 AE
87. On Page 4.2-108, the "types and species of trees proposed to replace the existing trees are detailed in Section 4.13, "Biological Resources." The specific section should be "Section 4.13-24" wherein the species for replacement plantings are London plane (Platanus x acerfifolia) on Geary and Brisband box (Tristania conferta) on Van Ness 18-150 BI

Avenue. It would be helpful to see the schematic of the project with these trees drawn in. In another section, reference was made to having broad-leafed trees such as maple planted. Where will those be located? 18-150 BI

88. On Page 4.2-130, the DEIR states that the following streets will have trees planted on them:
    - Van Ness Avenue, east side between Geary & Cedar
    - Van Ness Avenue, west side between Geary and Post
    - Van Ness Avenue median
    - Geary Blvd. between Van Ness & Franklin
    - Franklin between Geary & Post
    - Post between Franklin & Van Ness
    - Geary between Van Ness & the eastern edge of the campus (to where?)
    - Cedar Street between Van Ness & the eastern edge of the campus (to where?)

    I would like to know if the canopy coverage of the trees that will be removed will be equivalent to the canopy coverage of the trees that will be planted. And while the trees are young and do not have as large a canopy, perhaps there could be other greenery installed to make up for the loss of canopy until the trees mature. 18-151 BI

89. On Page 4.2-187, the DEIR states, "The Cathedral Hill Hospital and Cathedral Hill MOB would include lit signage, entry lighting, wayfinding lighting, roof terrace lighting, other accent lighting, street-level lighting, entry lighting, and parking entry lighting. Exterior lighting would include shielded fixtures to reduce light trespass or spillover." Perhaps add, except for areas that will be designed to have spillover, and name these areas. 18-152 AE

90. On Page 4.3-19 of the DEIR, it states that "…the net increase of approximately 1,280 new CPMC employees at the Cathedral Hill Campus would result in approximately 630 CPMC new workers that would choose to live in San Francisco. These workers would generate approximately 370 new city households and 830 new city residents…" I do not see how with a certainty that one can determine with such certainty that that is what people will do. And basing the development on such unguaranteed premises is speculative and will create a project with significant impacts that could have been avoided since it is not necessarily the case that these workers would live in San Francisco. 18-153 PH

91. On Page 4.3-31 in the "Population, Employment, and Housing" section, the following statistics for the year 2030 are given:
    - 5380 FTEs at Cathedral Hill Campus
    - 2060 FTEs at Pacific Campus
    - 1750 FTEs at Davies Campus
    - 1530 FTEs at St. Luke's Campus

    10,720 FTEs at above campuses… 18-154 TR

It states, "The total number of personnel at all CPMC campuses would grow to approximately 10,720 by 2030. This would be a net new growth of 4,170 FTE personnel for CPMC system-wide between 2006-2030 (See Table 4.3-10 on Page 4.3-16.). In 2006, there were 5,801 FTEs. For 2015, the FTE count is expected to be 8,350. For 2030, the projection is 10,730 FTEs. With a total of 3,890 parking spaces for all projects, parking will be severely inadequate for all the staff, patients' visitors, users of the medical facilities. That is again the reason CPMC has all the extra leases with several garages. (See Item 20.)

18-154 TR

Some garages used by the CPMC California Campus, e.g., like the 17th & Geary Garage, are causing a big problem with vehicles circling in the area and causing more vehicle/pedestrian conflicts. In addition, having streets in the Richmond District that allow free parking all day need to be metered if we are all going to the "Transit First" mode of operation; however, not while allowing favorable uses to a for-profit entity at the expense of the neighbors.

The total of the above equals 10,720 FTEs. The additional 10 FTEs to arrive at the 10,730 FTE figure are from the California Campus that is not described with the above bullet points under the "CPMC LRDP Projects at Full Build-out (2006-2030)" section; rather, they are on Page 4.3-29.

Attachment of Parking Spaces Chart:

CPMC Parking	**LRDP**	**ALT 1**	**ALT 3A-3B**			
		NO PROJECT	REDUCED PROJECT			
CATHEDRAL HILL						
New CH Hospital	513	275				
(14 van spaces excluded - Page 6-39)						
New CH MOB	542					
Existing 1375 Sutter	172	172				
Existing 1255 Post	demol'n	130				
TOTAL	**1227**	**577**	**1005**	existing = **405**	(Page 6-271)	
	(p.6-270)					
CALIFORNIA - Alt 3B						
New 100-ft 3698 Calif St.		PROPOSED				
	460 Cherry	290	existing			

18-155 TR

	3838 Calif	120	existing			
	3698 Calif	197	new - 100-ft bldg			
	SUB-TOTAL	**607**				
	3905 Calif	25	(Page 6-277)			
	TOTAL	**632**				
		EXISTING				
	3698 Calif	81				
	3700 Calif	7				
	460 Cherry	290				
	3838 Calif	120				
	3773 Sac'to	36				
	3905 Sac'to	25				
	TOTAL	**559**				
PACIFIC		**PROPOSED**				
	Web-Sacto Garage	248	new			
	No of Clay	440	new			
	2100 Webster	400				
	2333 Buchanan	27				
	???					
	TOTAL	**1115**	sh/b **1510**			
		EXISTING				
	2100 Webster	400				
	2333 Buch	11				
	2405 Clay	411				
	2200 Webster	25				
	SUB-TOTAL	**847**	structured	(NO PROJECT, Page 6-45)		
	2300 Calif	41				

18-155 TR

	ClaySt Tunn	10				
	2333 Buchanan	32				
	2329 Sac'to	9				
	SUB-TOTAL	**92**	surface			
	TOTAL	**939**				
		ALT 2				
	ACC N/S Twrs	728				
	Clay Web Garage	248				
	2405 Clay	411				
	TOTAL	**1387**	(Page 6-175)			
ST. LUKE'S		LRDP	1A - Page 6-62	1B - Page 6-63	3A - Page 6-281	3B - Page 6-287
	St. Luke's MOB	220				
	Duncan St. Garage	215				
	St. Luke's surface	15				
	TOTAL	450	329	541	702	541
	Additional 600 spaces					
	(Page 6-271)					
		EXISTING				
		329				
DAVIES	PROPOSED	EXISTING				
	626	496				
FULL LRDP BUILDOUT	3662	struc pkg				
	228	surf pkg				
	3890	**TOTAL**				

18-155 TR

	18	loading spaces				
	14	van spaces	not included in			
			count for CU			
PUBLIC PARKING GARAGES/LOTS	more public spaces used	neighborhoods	impacted			

18-155 TR

And the argument that because ABAG's population projections, the city's vacant housing supply of approximately 17,100 units and the capacity to build 34,100 new units according to the 2004 Housing Element will accommodate the 10,730 workers at CPMC is looking at the picture idealistically as well as assuming that the housing will be available to CPMC workers vs. other company workers and prospective housing unit buyers or renters. Each year, ABAG's numbers get larger so no matter how many units are built, just because it matches ABAG's numbers and the projected Housing Element numbers, one cannot say that such a population surge has "No Impact" or "Less than significant" impact per Page 4.3-32.

18-156 PH

92. In regards to trees on the campuses…under the "Biological Resources" section, on Page 4.13-8 (and in the "Aesthetics" section on Page 4.2-34), the DEIR states that for the Pacific Campus, 177 trees including a buckeye will be removed. Although none of the trees are considered significant when the survey was done in 2004, perhaps some have grown in the last 6 years to the point where they are now considered significant. Table 4.13-3 on Page 4.13-8 shows that 86 of the 177 trees will be removed. Is the buckeye one of them? The species listed for the Pacific Campus include the following but it is not clear which are being removed:

    - buckeye
    - incense cedar
    - pittosporum
    - California sycamore
    - New Zealand Christmas tree

18-157 BI

93. On Page 4.13-7, Table 4.13-2, the DEIR states that 77 trees exist at the Cathedral Hill Hospital site with 7 trees to be considered significant. Of these, all 77 trees including the significant trees will be removed.
In this same table, the Cathedral Hill MOB site has 7 trees of which 0 are significant. All 7 are to be removed.
Also, for the 1375 Sutter MOB site, 22 trees and 22 street trees exist, with none being surveyed as being "significant" and 0 to be removed. In total, there are 106 trees of which 7 are significant. Out of the 84 that will be removed, all 7 significant trees will be removed.
It would be helpful if the DEIR identified at least the species of trees of significant trees that will be removed from the Cathedral Hill projects in this DEIR rather than having to make a separate trip to the Planning Department to read the "Cathedral Hill Campus and MOB Tree Inventory" that was prepared by AECOM of Oakland, CA, in August of 2009. It appears that on Page 4.13-23 through Page 4.13-24, 7 significant trees "are all junipers on the east end of the proposed hospital and 5 in the median between Van Ness Avenue and the front drive of the existing hotel north of the

18-158 BI

parking lot entrance and the other 2 south of the parking lot entrance between the building and the sidewalk. The junipers range in height from approximately 15 feet to 30 feet."
It is hoped that the amount of pollution/carbon sequestration of the proposed trees will not be less than that taken out but sufficient to mitigate the air quality and other environmental impacts that are left unmitigated. Leaving it unmitigated should not be an option.

18-158 BI

94. On Page 4.13-8, Table 4.13-4 states that 248 trees exist at the California Campus and 0 are proposed to be removed. However, in Alternative 3B, if there were to be a 10-story building built on the east side of the campus, how many trees would be removed?

18-159 ALT

95. On the Davies Campus, out of the 287 trees, 42 of which are street trees and 81 of which are significant trees, 111 will be removed and 26 of these are significant trees that will be removed. What species will be removed?

18-160 BI

96. On Page 4.13-10, Table 4.13-6, shows that out of the 112 trees on the St. Luke's Campus, 9 are street trees, 37 are significant trees and 28 trees of which 14 significant trees will be removed. What are the species of trees slated for removal? It is not clear in the Administrative documents. Will the Moreton Bay fig tree, a landmark tree (Page 4.13-14), on St. Luke's campus be felled?
In the Administrative documents that accompany the CPMC DEIR, it was noted that the Moreton Bay Fig landmark tree at St. Luke's had a branch failure after a storm; the branch has been cabled.

18-161 BI

97. In the Administrative documents (Biology -- #5, CPMC Davies Campus) that accompany the CPMC DEIR, there was a note about manzanita (Arctostaphylos sp.) existing in the East Parking Lot of the Davies Campus. The manzanita is in "fair overall condition," its age is "semi-mature" and it is noted that its "relative abundance" is "rare" in the August 2006 report by by James Clark of HortScience. All the landscape vegetation will be eliminated in this East Parking Lot for the new Neuroscience building.
It is very troubling that CPMC would consider killing this "rare" species of manzanita rather than allowing it to be saved and having it contribute to the perpetuation of the genes of this species that used to grow in the area. It is not very large and should not take much to move it. The plants will add to the biodiversity of the San Francisco manzanita genotypes which are being found less and less as time goes on due to larger development projects.
In the whole scheme of things, it is slated to be destroyed anyway so why not save it for the sake of this native species and to educate future generations?

18-162 BI

98. The DEIR states that there will be "significant" issues with water runoff at the CPMC Cathedral Hill Hospital project. The mitigation is to use green roofs, cisterns, etc. to remedy the excess runoff. In the City's Greening Ordinance, there are guidelines for using permeable landscaping materials. What kinds of landscaping for open areas and sidewalks will be used?

18-163 PD

99. Are there automatic fire sprinkler fuel pumps used in the old Cathedral Hill Hotel? If so, for the demolition phase, will there be an environmental mitigation plan for it?

18-164 HZ

100. For the entire CPMC new construction projects, what environmental contingency plan will be in place to address surprise findings of hazardous waste?

18-165 HZ

101. Per the Planning Department, it was explained that the paleontological information was not available to the public under California State Public Disclosure Law. Although the DEIR states that whether or not any significant archaeological resources are encountered, the inspector will make a written report to the Environmental Review Officer (Bill Wycko?), if as was explained to me the disclosure of information on paleontological and archaeological findings is closed to the public, the public will never know for sure if this project had a significant impact on such resources and any real confidence that notification to appropriate people were made or if a report was generated. The DEIR states that the CPMC projects will have a "potentially significant" impact. It is very likely there will be Native American and other paleontological findings (e.g. in the Colma Formation) when the earthmoving activities start up.

18-166 CP

Thank you for your time and attention to these issues.

Rose Hillson
Member, Jordan Park Improvement Association

cc: Chelsea Fordham (via email)
Devyani Jain (via email)

Letter 19

Cathedral Hill Neighbors

S.F. Planning Commission Hearing

September 23rd, 2010

We represent the neighbors of Cathedral Hill and strongly object to the construction of the mammoth hospital project planned by CPMC on the proposed site.

19-1 OTH

The project proposed is NOT good for the city and not good for the residents of the Southeast section of the city. Reduction of services at St. Luke's would further overload those of San Francisco General.

19-2 HC

The current plan proposes to construct 2 separate parking garages one for the hospital and one for the medical office building. Combined they would represent +/- 1,000 spaces. 1,000 spaces equal 1,000 cars and approximately 10,000 **ADDITIONAL** vehicle trips per day to the already congested Van Ness corridor.

19-3 TR

Most residents understand the construction process, with certain mitigation issues adhered too, the project will start and commence to completion.

The problem is size, the reduction of local services, noise, traffic, emergency vehicles, spot zoning violations, disregard for the planning department /planning commission's established zoning restrictions and among other issues, interfering with the success of established small businesses currently in operation along the Van Ness corridor. The impact that this project will have on the, already overextended, Muni system.

19-4 ALT3A

We urge you to study the recommendation of the planning staff and act on adopting the environmentally sound and workable alternate 3A.

19-4
ALT3A

Thank you for your indulgence and understanding,

Jack Scott and The neighbors of Cathedral Hill.

Letter 20

La Voz Latina

48 Turk Street, San Francisco, CA 94102 • phone: 415.516.0361 • fax: 415.775.7170

September 23, 2010

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
CPMC - DEIR
JAIL

Planning Commission
1650 Mission Street, Suite 400
San Francisco, CA 94103-2479
Re: CPMC Sutter Health Proposed Hospital

Dear Commissioners:

La Voz Latina has spent the last five years working with Latino families in the Tenderloin. We engage in parent trainings; meetings; and parent leadership development in the neighborhood. Attached please find information on the demographic shifts in the neighborhood, via Urban Solutions, that indicate the large population of families residing near and around the proposed Sutter CPMC hospital. The area along Geary and O'Farrell are highly populated by families and Latino families at that.

20-1 INTRO

When we asked families, living a mere blocks from the site, if they had heard of the proposed hospital, only one person had confirmed that they heard about it (please note our membership includes tenant council members and PTA presidents). We are concerned about outreach to our community, which numbers in the thousands. As you know, the Tenderloin has the highest density of children in the city and county of San Francisco, with the least amount of services.

Upon hearing about the meeting, we decided to survey our members. These are the results of the survey that may explain what families are thinking:

Twenty-six La Voz families took the survey on September 17, 2010 at a general meeting. Twenty live in the Tenderloin (mostly along Geary, O'Farrell, and Eddy) while the others reside along Franklin street near the proposed project. 88% of the respondents have either medi-cal, healthy kids or a combination of both and most go to General Hospital. Only three members surveyed have gone to St. Luke's. Of our members surveyed, 39% have gone to community clinics, mostly St. Anthony's to meet their medical needs. Of the La Voz members surveyed, 61% would like to see a neighborhood hospital to predominantly serves the needs of children ;while 57% would like to see an emergency room; and 77% would like to see dental services available to adults.

20-2 HC

Latino families often walk around the neighborhood, often to drop their children to and from school or at after-school programs. The Tenderloin is one of the most dangerous neighborhoods for pedestrian safety and in our survey, 86% felt unsafe crossing the streets in the area. Upon hearing that the CPMC project would bring tens of thousands more cars to the neighborhood, these are some of the reactions: "this will make it more dangerous for us; we need more count-downs; this is not good to hear; this will bring more pollution; We deserve to feel safe with our children and they need to realize the affect this will have on us; where are they gonna put all these cars?; and this is a problem for the neighborhood."

20-3 TR

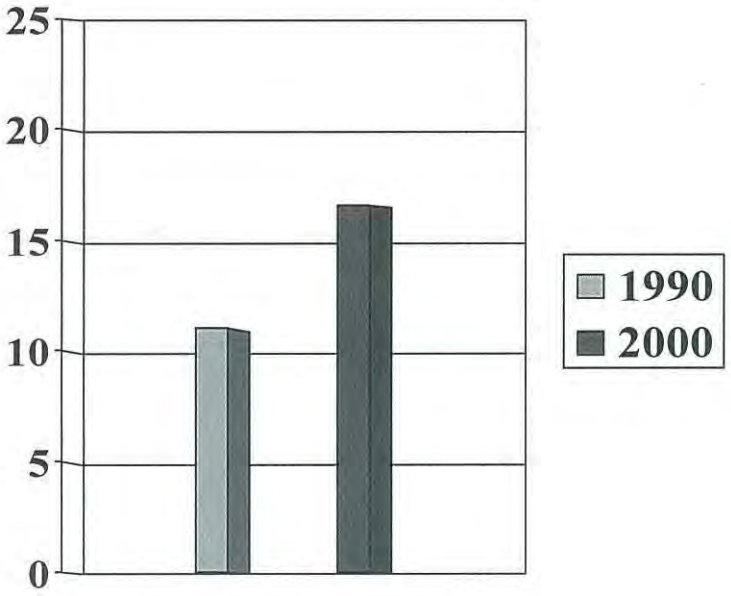
Families are concerned about the three following things; the lack of access to services by those that are on healthy kids or medi-cal, which is the majority of the neighborhood; the impact of traffic on public safety; and the contamination created by said traffic impacts. We ask that you postpone this project until such issues are resolved and we allow for a more meaningful community process.

20-4 HC

Sincerely,
Bobbi Lopez, Project Coordinator
La Voz Latina

Attachment to Letter 20

Latinization of the Tenderloin

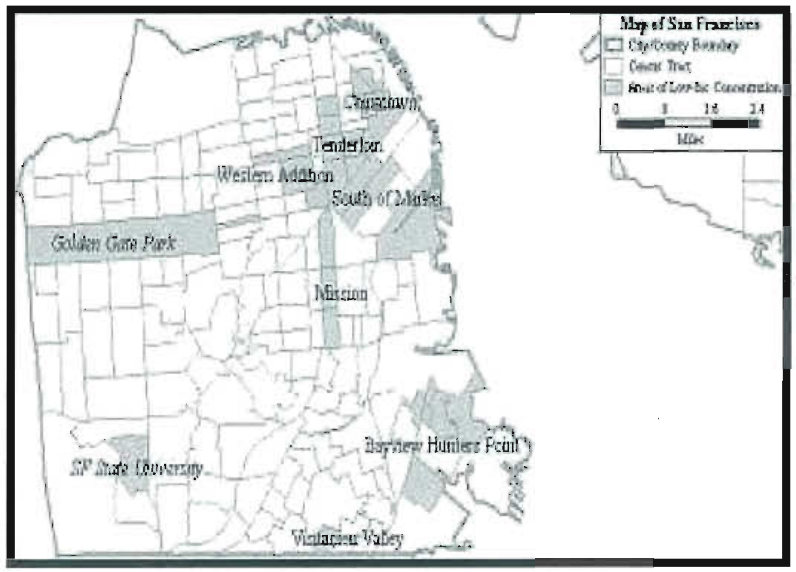


Latino population of the Tenderloin based on census tracts: 124 and 125.
(www.ncccsf.org/map/url/Tenderloin.htm)

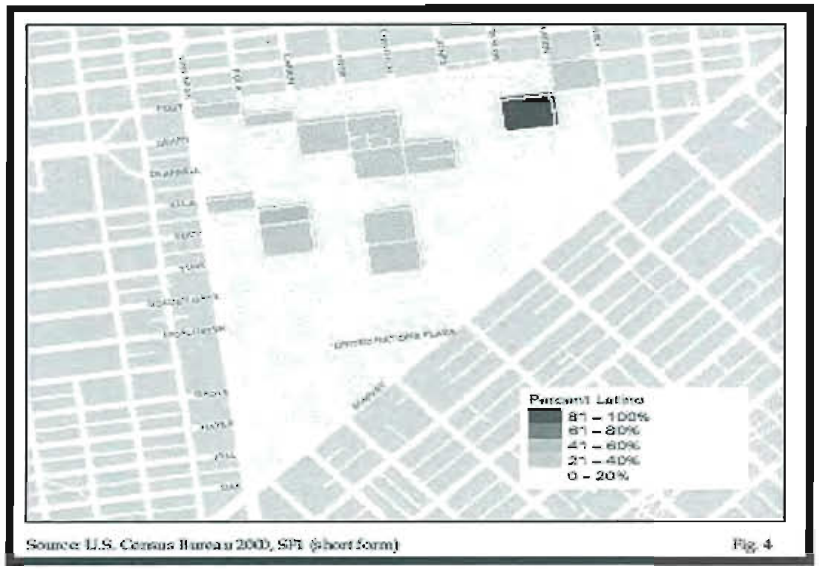
The Tenderloin neighborhood is the haven for thousands of Latinos, now totaling more than 16.6% of the TL's population according to the 2000 census.* Walk around the neighborhood and you can feel that the presence of Latinos has increased dramatically even over the past five years. While the Tenderloin has always been home to Latinos, such as the Transgender community, there is a current influx of new populations, specifically Latino/a indigenous immigrant nuclear families. If you visit the local catholic church, St. Boniface for Sunday Mass, you will find a packed house for Spanish Mass. Diversity and necessity have always been defining factors of the Tenderloin and the same can be said about the Latino community residing there.

*It should be noted that multiple studies, including from Northeastern University and the former Immigration and Naturalization Service, have greatly pointed out the under-counting of Latinos by the 2000 national census.

Areas of Low-Income Concentration in SF



Latino Population Distribution of Tenderloin 2000



WHY THE LATINIZATION?

According to the 2000 Census, the per capita income of Tenderloin residents is $19.822. Tenderloin has always been the home for many low and very low-income San Franciscans, and the heart of immigrant communities over time. The per capita income of Latino/as in San Francisco is $18,584, hence limiting their movement to particular neighborhoods with affordable rents. With soaring market prices for real-estate in historically Latino neighborhoods, many Latinos have sought refuge in other spaces such as the Bayview and Tenderloin. Talking with the members of our organization, we have discovered that for many people the Tenderloin has become a welcome alternative to the Mission, and that many first time immigrants prefer living in the Tenderloin and feel that this is their community. Many have also indicated that the Tenderloin is centrally located and near to the restaurants and hotels they work at.

SERVICES? Although the Latino presence is here is, there is a lack of coordinated organizations either serving or working specifically with the Latino Community in the Tenderloin. There are a multitude of groups that do amazing work providing for children and families, but they may not be culturally and linguistically prepared to work with Latino/a populations. Also many Latino/a organizations are located farther away in the Mission, and often with the funding requirements of the Department of Children, Youth, and Families, don't serve the 94102 zip code.

Attachment to Letter 20

Pregunta	Respuesta
Tienes hijos?	Si: 23 No: 1 No Respuesta: 2
Vives en la vecindad del Tenderloin?	Si: 20 No: 2 No Respuesta: 4
Por Geary/O'Farrell/Eddy/Post?	Si: 9 No: 1 No Respuesta: 16
Que Tipo de Plan de Salud tienes?	a. por tu trabajo: 3 b. Healthy Kids and Emergencia: 11 c. Medi-Cal: 12 d. Niguno: 3 e. Otro: 3
Otro?	Kaiser: 2 Healthy SF: 1 Prevencion: 1
Donde vas para servicios medicos?	a. General: 13 b. St. Luke's: 3 c. UCSF: 1 d.Clinicas Comunitarias: 6 e. Otro: 4 No Repuesta: 1
Clinicas Comunitarias?	Saint Anthony: 3
Otro?	Kaiser: 3 Valencia/Glide: 1
Como esta el Servicio en el hospital donde va?	malo: 1 maso o menos: 2 bien:4 muy bien: 2 muy caro: 1 muy atestado: 1 no repuesta: 15
Te hablan en tu idioma?	Si: 20 No: 4 No Respuesta: 2
Sientes Que es lejos Abeces?	Si: 12 No: 12 No Respuesta: 2
Que Tipo de Servicios Medicos Quieres Ver en La Vecindad?	a. servicios para ninos: 16 b. servicios para mujer/embarazo: 9 c. Emergencia: 15 d. Psychiatria: 8 e. Dentista: 20 f. ojos: 12 no respueta: 1
Otro?	informacion sobre enfermedades cronicas: 1
Crees que ser peaton es peligroso caminar por el Tenderloin?	Si: 22 No: 3 No Respuesta: 1

Que piensas de saber que 30,000 mas coches van a pasar por la area de Geary y Van Ness?	a. mas peligroso para los peatones: 8 b. mas acidentes de automobiles: 6 c. Las calles nesesitan mas senales: 1 d. no es agradable: 3 e. mas contaminacion: 3 f. mucho trafico: 4 g. no respuesta: 9
Que tipo de servicios necesitamos en la vecindad?	a. programas para ninos: 17 b. servicios para familias: 13 c. mas vivienda: 17 d. servicios legales: 9
Otro?	servicios para jovenes: 1 servicios para las drugas: 1 cuidado de ninos: 1
Que tipo de servivios necesitamos en la vecindad? Explica mas:	a. servicios para jovenes que andanen pandillas b. servicios para los drugas c. servicios para el sexo d. servicios para sus enfermendades e. census differente de la communidad f.servicios para las madres para ejeritarse g. areas recreativas para jovenes h. mas seguridad i. programas que veneficien a los ninos (?) j. no repuesta: 16

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Maria [redacted]

1. Tienes hijos? (Si) / No

2. Vives en la vecindad del Tenderloin? (Si)/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a.. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. (Medi-Cal)
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. (General)
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés: Si/(no)

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si) No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Pienso que deveramos tener mas Seguridad y tomar Conciencia en lo que esta pasando por el bienestar de nuestros hijos-

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    Entidad Creo que todos Son muy Importantes Pero mas que nada Servicios para Familia - es muy Importante que nos Sintamos Seguros en nuestra Comunidad-

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): SALUD

1. Tienes hijos? Si/No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: Valencia / Glide

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

para ninos
adultos
personas en la banqueta

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Donde los van a poner? No hay espacio en las calles
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Elena [redacted]

1. Tienes hijos? (Si) No

2. Vives en la vecindad del Tenderloin? (Si)/No Por Geary/O'Farrell/(Eddy)/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: Kaiser
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: Kaiser

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés: Si/(no)

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Emergencia
   d. Psychiatria
   e. Dentista
   f. Ojos
   e. Otro: _____

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si)/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? K Esta muy Peligroso
    Sobre todo Para los niños y ciclistas

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    c. Mas Vivienda
    d. Servicios Legales
    e. Otro: _____

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    Seguridad

Via Telephone

Si 33

Sept 22, 2010

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Carmen

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No — Fillmore → near project, Shuffle Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: Prevencion
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? Si.

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés? Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Mucho mas peligroso para el Peaton

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Via Telephone
11.14.

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Mayra

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: kaiser
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: kaiser e Geary

5. Como esta el Servicio en el hospital donde va? Medicina es caro.

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Dentista
   c. Emergencia
   d. Psychiatria
   f. Ojos
   e. Otro: _____

   3 Todo pero que sean para la commundad!

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Mas Contaminacion - asthma otros enfermedades

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    c. Mas Vivienda
    d. Servicios Legales
    e. Otro: _____

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): _____

1. Tienes hijos? (Si) No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   (a.) Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: Kaiser

5. Como esta el Servicio en el hospital donde va? Muy bien.

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés: (Si) no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Emergencia
   d. Psychiatria
   e. Dentista
   f. Ojos
   e. Otro: _____

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si) No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Mucha Contaminación
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    c. Mas Vivienda
    d. Servicios Legales
    e. Otro: _____

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): María [redacted]

1. Tienes hijos? (Si) No

2. Vives en la vecindad del Tenderloin? (Si)/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   (b) Healthy Kids Y Emergencia
   c. Otro: _____
   (c.) Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   (d) Clinicas Comunitarias: San Antoni
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? bien

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés (Si) (no)

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si) No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    Mas Seguridad
    No estamos tan seguros c/ las pandillas y gente q nomas anda bieндo q Roban.

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): _____

1. Tienes hijos? (Si) / No

2. Vives en la vecindad del Tenderloin? (Si) / No Por Geary/O'Farrell/Eddy/Post? (Si) / No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   (c.) Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   (a.) General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?
   mas o menos

6. Te hablan en tu idioma? (Si) / No pero algunos doctores no

7. Sientes Que es lejos Abecés: (Si) / no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   (a) Servicios para Niños
   (b) Servicos Para Mujer/Embarazo
   (e) Dentista
   e. Otro: _____
   (c) Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si) / No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? No pueden pasar tanta cantidad de coches ya que son unas calles que usualmente se acostumbra a caminar para lleva los niños a la escuela.

11. Que tipo de servicios necesitamos en la vecindad?
   (a.) Programas para Niños
   (b.) Servicios para Familias
   e. Otro: _____
   (c.) Mas Vivienda
   (d.) Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
   - areas recreativas para jovenes
   - así como tambien programas para jovenes.

Via Telephone
3.30 PM
Sep 22, 2016

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Maria

1. Tienes hijos? Si/No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? Sur-50.

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Muy malo. Ya hay mucho trafico.
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Angelina [redacted]

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Emergencia
   d. Psychiatria
   e. Dentista
   f. Ojos
   e. Otro: todos los Servicios

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Es mucho problema para todos los beanos

11. Que tipo de servicios necesitamos en la vecindad?
   a. Programas para Niños
   b. Servicios para Familias
   c. Mas Vivienda
   d. Servicios Legales
   e. Otro: _____

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
   ~~tipos~~ Diferentes tipos de Servicios para la Comunidad

Via Telephone
Sep 22-2010
11:09 AM

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Elon

1. Tienes hijos? Si/No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: Mis hijos - Medi-Cal
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? Malo. Nunca regrese. Mala enfermera. Tengo miedo de regresar

6. Te hablan en tu idioma? Si /No

7. Sientes Que es lejos Abecés: Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Dentista - Adulto
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Se va ser mas peligroso
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Si

1. Tienes hijos? (Si) / No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   (c.) Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   e. Otro: _____
   c. UCSF
   (d.) Clinicas Comunitarias: _____

5. Como esta el Servicio en el hospital donde va? Muy bien

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si) No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Mucho trafico mas Contaminacion
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): _____

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de ~~Servicios~~ Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____

11. Que ~~tipo de servicios neces~~itamos en la vecindad?
    a. Programas para Niños
    ~~b. Servicios~~ para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): María [redacted]

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: Sanantoni
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Emergencia
   d. Psychiatria
   e. Dentista
   f. Ojos
   e. Otro: _____

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    c. Mas Vivienda
    d. Servicios Legales
    e. Otro: _____

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Claudia [redacted]

1. Tienes hijos? (Si) No

2. Vives en la vecindad del Tenderloin? (Si)/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. (Medi-Cal)
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. (General)
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? buen servicio

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés: (Si) no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. (Servicios para Niños)
   b. Servicos Para Mujer/Embarazo
   e. (Dentista)
   e. Otro: _____
   c. (Emergencia)
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si) No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. (Programas para Niños)
    b. Servicios para Familias
    e. Otro: _____
    c. (Mas Vivienda)
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Adela [redacted]

1. Tienes hijos? (Si) / No

2. Vives en la vecindad del Tenderloin? (Si) / No Por Geary/O'Farrell/Eddy/Post? (Si) / No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   (b.) Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. (General)
   b. St. Luke's
   e. Otro: _____
   c. UCSF
   d. Clinicas Comunitarias: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés? (Si) / no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. (Dentista)
   e. Otro: _____
   c. (Emergencia)
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si) / No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. (Programas para Niños)
    b. Servicios para Familias
    e. Otro: _____
    c. (Mas Vivienda)
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Veronica

1. Tienes hijos? Si/No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? Good servicio

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   c. Emergencia
   d. Psychiatria
   e. Dentista
   f. Ojos
   e. Otro: _____

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? No es agradable
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    c. Mas Vivienda
    d. Servicios Legales
    e. Otro: _____

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Cesar [redacted]

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: St. Anthony
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? N/A -

6. Te hablan en tu idioma? Si / No N/A

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Mas senales, la pista esta bien marcado

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): _____

1. Tienes hijos? Si/No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si /No

7. Sientes Que es lejos Abecés: Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): _____

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:

Servicios Para las madres para ejercitarse

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica
Nombre (Si Quiere): Caby

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____ Diferentes tipo de Comidas de la
    _____ comunidad
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Esperanza [redacted]

1. Tienes hijos? (Si) No

2. Vives en la vecindad del Tenderloin? (Si) No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   (c.) Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   (a.) General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si (No)

7. Sientes Que es lejos Abecés: (Si) no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   (e) Dentista
   e. Otro: _____
   (c) Emergencia
   (d) Psychiatria
   (f) Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si (No)

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? Va hacer + peligroso para todas las personas por tanto tráfico

11. Que tipo de servicios necesitamos en la vecindad?
    (a.) Programas para Niños
    (b.) Servicios para Familias
    e. Otro: _____
    (c.) Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    que halla más Seguridad

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Safia [redacted]

1. Tienes hijos? Si/No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/No

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? _____
    _____
    _____

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: _____
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): Arely

1. Tienes hijos? Si/ No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va? Las Salas toman todo el día

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? ~~Es ver mas gente aqui pero si~~
    ~~Yo~~ No es mucho el problema

11. Que tipo de servicios necesitamos en la vecindad?
    a. Programas para Niños
    b. Servicios para Familias
    e. Otro: Cuidado de Niños
    c. Mas Vivienda
    d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
    _____
    _____
    _____

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): _____

1. Tienes hijos? (Si)/No

2. Vives en la vecindad del Tenderloin? (Si)/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: Healthy S.F.
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: San Antony
   e. Otro: Hospital General

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? (Si) / No

7. Sientes Que es lejos Abecés: Si/(no)

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   (a.) Servicios para Niños
   (b.) Servicos Para Mujer/Embarazo
   (e.) Dentista
   (c.) Emergencia
   (d.) Psychiatria
   (f.) Ojos
   e. Otro: informacion Sobre enfermedades cronicas

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? (Si)/No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? de que ay mas Peligro Para los Peatones y mas accidentes de automoviles

11. Que tipo de servicios necesitamos en la vecindad?
   (a.) Programas para Niños
   (b.) Servicios para Familias
   (c.) Mas Vivienda
   (d.) Servicios Legales
   e. Otro: Servicios Para Jovenes y Para las drogas

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
Servicios Para los Jovenes que andan en Pandillas y Para los de las drogas y Para el sexo y sus enfermedades

ENCUESTA SOBRE SALUD
Vecindad del Tenderloin
La Voz Latina
Septiembre 17, 2010

Ponga circulo en todo que aplica.
Nombre (Si Quiere): _____

1. Tienes hijos? Si/No

2. Vives en la vecindad del Tenderloin? Si/No Por Geary/O'Farrell/Eddy/Post? Si/No

3. Que tipo de Plan de Salud tienes:
   a. Por tu trabajo
   b. Healthy Kids Y Emergencia
   c. Otro: _____
   c. Medi-Cal
   d. Ninguno

4. Donde vas para Servicios médicos:
   a. General
   b. St. Luke's
   c. UCSF
   d. Clinicas Comunitarias: _____
   e. Otro: _____

5. Como esta el Servicio en el hospital donde va?

6. Te hablan en tu idioma? Si / No

7. Sientes Que es lejos Abecés: Si/ no

8. Que tipo de Servicios Médicos Quieres Ver en La Vecindad:
   a. Servicios para Niños
   b. Servicos Para Mujer/Embarazo
   e. Dentista
   e. Otro: _____
   c. Emergencia
   d. Psychiatria
   f. Ojos

9. Crees Que Ser Peatón Es Peligroso Caminar Por el Tenderloin? Si/ No

10. Que piensas de saber que 30,000 mas coches van a pasar por la área de Geary Y Van Ness? QUE BA HACER UN PELIGRO PARA LA JENTE DE ESTA CIUDAD. PORQUE HAY JENTE INCONSIENTE.

11. Que tipo de servicios necesitamos en la vecindad?
   a. Programas para Niños
   b. Servicios para Familias
   e. Otro: _____
   c. Mas Vivienda
   d. Servicios Legales

12. Que tipo de servicios necesitamos en la vecindad? Explica mas:
LOS PROGRAMAS QUE BENEFICIEN A LOS NIÑOS.

Question	Answer		
Do you have children?	Yes: 23	No: 1	No Answer: 2
Do you live in the Tenderloin neighborhood?	Yes: 20	No: 2	No Answer: 4
Near Geary/O'Farrell/Eddy/Post?	Yes: 9	No: 1	No Answer: 16
What type of health care plan do you have?	a. Health care through my job: 3 b. Healthy Kids and Emergency: 11 c. Medi-Cal: 12 d. None: 3 e. Other: 3		
Any other?	a. Kaiser: 2 b. Healthy SF: 1 c. Prevention: 1		
Where do you go to obtain medical care?	a. SF General: 13 b. St. Luke's: 3 c. UCSF: 1 d. Community Clinics: 6 e. Other: 4 f. No answer: 1		
Community Clinic?	Saint Anthony: 3		
Any other?	a. Kaiser: 3 b. Valencia/Glide: 1		
How would you rate the service available at the hospital you use?	a. Bad: 1 b. Fair: 2 c. Good: 4 d. Very Good: 2 e. Too Expensive: 1 f. Too crowded: 1 g. No answer: 15		
Do they speak in your language?	Yes: 20	No: 4	No Answer: 2
Do you think the hospital is far away?	Yes: 12	No: 4	No Answer: 2
What type of medical services would you like to see in your neighborhood?	a. Children's services: 16 b. Women's services/pre-natal: 9 c. Emergency: 15 d. Psychiatric: 8 e. Dental: 20 f. Optometry: 12 g. No answer: 1		
Any other?	Information about chronic illnesses		
Do you think it is dangerous to be a pedestrian in the Tenderloin?	Yes: 22	No: 3	No Answer: 1
What would be your reaction if 30,000 more automobiles were to pass through the intersection of Geary and Van Ness?	a. It would be more dangerous for pedestrians: 8 b. More car accidents: 6 c. More traffic signals needed: 1 d. It's not a good thing: 3 e. More pollution: 3 f. Too much traffic: 4 g. No answer: 9		

What types of services are needed in the neighborhood?	a. Children's services: 17 b. Family services: 13 c. More housing: 17 d. Legal services: 9
Any other?	a. Youth services: 1 b. Drug rehabilitation: 1 c. Child care: 1
What types of services are needed in the neighborhood? Explain in more detail.	a. Youth gang related services: b. Drug rehabilitation: c. Sexuality: d. Services for my illnesses: e. Different community census f. Parenting services g. Youth recreation areas h. More security i. Children's services j. No answer: 16

Health Survey

Tenderloin Neighborhood

La Voz Latina

September 17, 2010

Circle all that apply.

Name (Optional): Maria

1. Do you have children? (Yes) No

2. Do you live in the Tenderloin neighborhood? (Yes) No Near Geary/O'Farrell/Eddy/Post? Yes No

3. What type of health plan do you have?

a. Health care through my job	b. (Medi-Cal)
c. Healthy Kids and Emergency	d. None
e. Other: _____	

4. Where do you go to obtain medical services?

a. (SF General)	b. UCSF
c. St. Luke's	d. Community Clinics: _____
e. Other: _____	

5. How would you rate the service available at the hospital you use?

6. Do they speak to you in your language? (Yes) No

7. Do you think the hospital is far away? Yes No

8. What type of medical services would you like to see in your neighborhood?

a. (Children's services)	b. Emergency
c. Women's services/pre-natal	d. Psychiatric
e. Dental	f. Optometry
g. Other: _____	

9. Do you think it is dangerous to be a pedestrian in the Tenderloin? (Yes) No

10. What would be your reaction if 30,000 more automobiles were to pass through the intersection of Geary and Van Ness? "I think we should have better security and take account for what is happening with our children's well being."_____

11. What types of services are needed in the neighborhood?

a. Children's programs	b. More Housing
c. Family Services	d. Legal Services
e. Other: _____	

12. What types of services are needed in the neighborhood? Explain in more detail. "In truth, I feel they are all important, but more than anything, family services. It's very important that we feel safe in our community." _____

Letter 21

Operation Access
Bridging the Healthcare Gap

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Laurence F. Yee, MD, FACS
Assistant Chair of Surgery
California Pacific Medical Center

Benjamin Aune, MA, MAR
President & CEO
Operation Access

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San Francisco, CA 94104
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F: 415.733.0019
www.operationaccess.org

September 23, 2010

San Francisco Planning Commission
1650 Mission Street, Suite 400
San Francisco, CA 94103

Dear Commissioners:

Operation Access (OA) mobilizes a network of medical volunteers, hospitals and referring clinics to provide low-income, uninsured people with access to outpatient surgeries and specialty care that improves their health, ability to work and quality of life. In 2010, our goal is to serve 1,200 patients within our six-county service area. OA patients are uninsured and cannot qualify for publicly funded insurance, such as Medi-Cal. Their family incomes are less than 250% of the Federal Poverty Level, and many work in the service sector.

21-1 HC

We are fortunate to have a partner in California Pacific Medical Center. CPMC has participated in the Operation Access program since 2001 and in the past nine years has donated almost 500 surgical services to uninsured OA patients. CPMC has provided more than $700,000 in donated care, at cost value. The care that OA patients receive is 100% donated and entirely free to patients. In addition to a full write-off from the medical center and professional volunteers, OA arranges for other ancillary medical groups to match the hospital's donation.

CPMC is a unique partner for OA, in that patients often travel from as far away as Santa Rosa or Livermore to obtain care at CPMC. If OA did not have the capacity to serve these Bay Area patients through its partnership with CPMC, many would be forced to wait an additional several months for a specialist consultation or surgery.

21-2 HC

We hope that others will see the great community benefit that CPMC provides on a very regular basis by serving the community's most vulnerable individuals. Furthermore, we believe that California Pacific Medical Center plays an important role in San Francisco's healthcare infrastructure. CPMC is vital to our city's healthcare delivery and overall economy, and its long range plan will upgrade our city's health facilities to ensure that all San Franciscans have access to the best possible medical care.

21-3 HC

Sincerely,

Benjamin Aune
President and CEO
Operation Access
phone: 415-733-0051
fax: 415-733-0019
ben@operationaccess.org
www.operationaccess.org

Letter 22

PRESIDENT MIGUEL & MEMBERS OF THE PLANNING COMMISSION.

THANK YOU FOR THE OPPORTUNITY TO SPEAK THIS AFTERNOON. MY NAME IS Dr. CHRIS REMPLE A PROUD 17 YEAR RESIDENT OF S.F..

I AM ALSO A PRACTICING NEONATAL INTENSIVE CARE PHYSICIAN AND FORMER DIRECTOR OF NEONATAL & PEDIATRIC TRANSPORT FOR CALIFORNIA PACIFIC MEDICAL CENTER.

I TRAINED @ UCSF IN PEDS/ICU AND AM A CURRENT MEMBER OF THE ST LUKES MEDICAL STAFF IN PEDIATRICS. I FEEL MY BACKGROUND GIVES ME UNIQUE PERSPECTIVE ON PEDIATRIC SYSTEMS AND DELIVERY OF CRITICAL CARE IN SAN FRANCISCO.

22-1 HC

I WANT THE DEVELOPMENT OF THE UCSF/BENIOFF CHILDRENS HOSPITAL AND THE S.F GENERAL HOSPITAL INPATIENT PEDIATRIC SERVICES, I FIND THE RECENT DISCUSSION OF ~~SEISMIC~~ MOVEMENT OF PEDIATRIC INPATIENT CARE TO THE ST. LUKES CAMPUS PROBLEMATIC FOR SEVERAL REASONS:

1) TIMING IS EVERYTHING IN PEDIATRIC EMERGENCIES. MINUTES FOR MEANING & CHILDREN CAN QUITE LITERALLY MEAN LIFE OR DEATH. NOT HAVING A ~~CLOSE~~ LOCATED FACILITY THAT IS EASILY ACCESSED AND PROVIDE CRITICAL CARE WITHIN IN THE CURRENT ~~DISCUSSIONS~~ THERE WOULD BE 3 CHILDRENS INPATIENT FACILITIES WEST OF 280 AND 2 MORE BABIES LEAVE OUT LARGE SECTIONS OF S.F. AND MAKE IT DIFFICULT TO GET CRITICAL PEDIATRIC SERVICES IN A TIMELY FASHION. ABSENCE ANY CHILDREN'S

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JANE

2) THAT CENTRALIZED OF CITYWIDE'S SERVICES PUTS THE CITY AT GREAT RISK IN THE EVENT OF A DISASTER → EARTHQUAKE, FIRE, BIOLOGIC ATTACK ALL WOULD STRESS THE WHOLE SYSTEM. BY HAVING ALL OF THESE FACILITIES IN CLOSE PROXIMITY WOULD

22-1 HC

① LOWER ACCESS RATES FOR EMS, ~~AND~~ AS THE ~~FOCUS OF RESPONSE~~ WOULD BE ~~PATIENTS~~. ② OVERTURN A SINGLE NEGOTIATED ~~SITE~~ OF THE CITY AND PUT THE ~~THE~~ RESOURCES FOR @ RISK

3) LASTLY HAVE A CENTRAL LOCATION ON MAJOR STREETS BUS ROUTES WITH FRANCHISE & CITY ALLOW FOR BETTER CITY WIDE ACCESS FOR ~~OF THE CITY~~ → THE ENTIRE CITY. THIS IS ESPECIALLY IMPORTANT GIVEN THE RECENT COMMUNITY WORKSHOPS AND REPORT CARD SITUATION INCREASED MEDICAL NEEDS FOR THE TENDERLOIN / CHINATOWN / CIVIC CENTER COMMUNITY

THANK YOU.

Letter 23

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Thank you president Miguel and Members of the planning commission.

My name is Joe Kim.

I have a small Japanese restaurant on 1233 Van Ness Ave.

Since most of all the businesses in America have slowed down, Circuit City has bankrupted.

Theater has closed down as well as hotel has closed down in this area.

Since then, not only me but also all small businesses slowed down in this area. We are suffering from this economy slowing down and it is very painful.

23-1 PH

You can ask any of small business owners in this area and you will find out how much we are looking forward to this hospital coming to this area.

If the hospital is built in this area, there are 2 kinds of people getting benefit from the hospital, in my simple opinion.

A. For real property owners, they will have direct benefits because the price of properties will go up so

they can build up equity. Also, vacancies will be disappeared.

B. For people who don't have properties like myself, will have indirect benefits because when the hospital comes into this area, it will create lots of jobs such as maintenance on painting, roofing, electricity and pluming that needs to be fixed or renovated. Meantime, the money that those workers made can be spent for going out for dining, shopping for their kids in school such as clothes, shoes, and school supplies. So, this movement of money will enhance the economy. I am sure it will not only make all of us in this area happy, but also the mayor of San Francisco and Washington D.C. Obama san happy.

Therefore, I support this hospital project.

Thank you

23-1 SO-EC

Letter 24

SF Planning Commission

Chairman Miguel

Intro
Fung Lam, MD
-Delivered babies in San Francisco for 25 years.

There is nothing as joyous as the birth of a baby, nor as devastating as the death of a mother. While the majority of deliveries occur without event, severe complications can arise quickly, unexpectedly and can have severe consequences for both the mother and baby.

For many years we have successfully and dramatically reduced the rate of maternal mortality. However, in the last ten years California maternal mortality rates have tripled from 5.6/100,000 to 16.9/100.000. Indeed, our Obstetrics Chair, Dr. Elliot Main could not be with us today because he is in Washington D.C. heading a task force trying to reverse the national trend of increasing maternal complications. These efforts have clearly identified the need for consolidation of acute care services for pregnant women. Whether it be intensive care services, surgical support, laboratory and blood product access or availability of interventional radiology…. The access to and ready response of all of these ancillary services are critical in ensuring the safety and well-being of mother and child.

Our pregnant patients have increasing high risk factors; they are older with more underlying medical conditions. There are higher rates of multiple gestations.

24-1 HC

It is unacceptable and unsafe to transfer these patients across town for emergency or critical care services.

Let me be clear that I am in full support of community-based medicine. For many years we struggled to maintain a separate OB unit at Chinese Hospital.

But it became clear that the Chinese Hospital unit could not provide all the necessary services, it couldn't keep up with the technology and it could not maintain the staffing for 24/7/365 care.

Our Chinese patients are now cared for at our California Campus unit where providers like me have the resources, tools, and support to maintain their health and safety… sometimes in life and death situations. And will continue to do so at the new facility.

Thank you,

Fung Lam, MD
415-831-2170

Letter 25

Comments submitted regarding CPMC's Draft EIR

Good afternoon Commissioners, my name is Jimmy Nguyen and I am a youth leader from the Chinese Progressive Association (CPA). I am here to urge you to send CPMC's Draft EIR back to the Planning Department, because it overlooks some negative impacts on the community.

Healthcare should be accessible for anyone who needs it. As a child, I had healthcare. I was able to visit a doctor; I was able to get preventative shots; I was able to get perscription medicine. All this, and I never worried about bills. Many in the Southeast who use St. Luke's Hospital, too, see doctors, get shots, and get medicine. And many receive charity care, so bills aren't their number one concern; St. Luke's spends more than 300% of its tax breaks on charity care. But this reality might end. CPMC plans to reallocate services from multiple campuses, St. Luke's included, and transfer them to their new Cathedral Hill project. As part of the plan, St. Luke's will be downsized and given only 80 hospital beds.

25-1 HC

80 beds. This is simply *not* enough to maintain the quality of service at St. Luke's. For people don't just receive healthcare; they *rely* on it. People need healthcare so they can live their life, and not worry about bills if they get hurt.

For healthcare is about helping the sick, the injured, the dibilitated—insured or uninsured. CPMC's EIR must be revised. We, the community, cannot stand as the vital services we need are cut. **Healthcare is a human right, so it's only right that as humans we all have healthcare.**

Jimmy Nguyen 9/23/10

Jimmy Nguyen

CPA Youth Leader
(Chinese Progressive Association)

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JAIN

Letter 26

EMERIC-GOODMAN ASSOCIATES

1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: P.O.B. 2210, San Francisco, CA 94126
On-site manager: 415.776.0776 Office: 415.512.7242 Fax: 415.512.0130
East Bay Office: 510.666.1150 Fax: 510. 482.3677
e-mail: emgoodman@mindspring.com & editeur@earthlink.net

September 20, 2010

President and Members of the San Francisco Planning Commission
Commission Chambers - Room 400
City Hall, 1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

c/o Commission Secretary: Linda D. Avery - linda.avery@sfgov.org

Re: 2005.0555E California Pacific Medical Center (CPMC) Long Range Development Plan – Cathedral Hill Campus – Hearing of Sept. 23, 2010

Dear President and Commission Members,

My firm owns and manages the Emeric-Goodman Building, possibly the oldest wood frame building in the City, parts of which date from 1869. It is designated as Official City Landmark, No. 71 and is listed on the National Register of Historic Places. Between 1983-1985 we renovated the building to comply with the requirements of the U.S. Department of the Interior and the City's Landmarks Board. It contains 31 residential units and 5 commercial storefronts and is right across the street from the proposed automobile entrance of the project which is the subject of this DEIR hearing.

The DEIR discusses the many negative environmental impacts which the proposed project will cause but comes up short on proposing realistic and sensible mitigation measures. The DEIR takes almost a fatalistic approach with this passive statement: 26-1 OTH

Therefore, the Cathedral Hill Campus cumulative construction impacts would be significant and unavoidable. 4.5-247

The DEIR misses the mark in dealing with the negative environmental impacts on the neighborhood by failing to propose meaningful mitigation measures, notably compensation to the victims of the project.

Following are examples of the absence of mitigation measures from 3 of the chapters and my proposals to include real mitigation measures in the Final EIR: 26-2 TR

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DEIR
4.5 TRANSPORTATION AND CIRCULATION

Construction Workers by Shift—During construction of the Cathedral Hill Campus the maximum worker population would range between 80 (during demolition) and 735 workers (during interior finishing). A majority of these workers (about 80 percent) would be working on the Cathedral Hill Hospital. Work shifts would occur 7 a.m. to 4 p.m. and 4 p.m. to midnight on weekdays, and between 7 a.m. and 5 p.m. on Saturdays. 4.5-147

The proposed Cathedral Hill Hospital and Cathedral Hill MOB would be constructed over approximately 54 months. Construction activities would take place generally between 7 a.m. and midnight on weekdays and between 7 a.m. and 5 p.m. on Saturdays, depending on the phase of construction, and whether after-hour construction permits, when required for work after 8 p.m., are approved by the City. 4.5-147

Construction Truck Delivery Schedule—Table 4.5-30, "Cathedral Hill Campus—Average Trucks per Day and per Shift by Construction Phase" (page 4.5-151), summarizes the average number of trucks needed to haul excavated materials and for equipment and materials deliveries to the Cathedral Hill Campus during construction. Trucks would only arrive at the campus during construction shifts. As indicated in Table 4.5-30, between 100 and 320 trucks would travel to the Cathedral Hill site per day, with the greatest number of trucks arriving during the excavation and foundation phases. 4.5-148

26-2 TR

Approximately 185 trucks per shift [= 370 per day] would arrive at the construction site during the excavation phase, and assuming that 15 percent of these trucks would arrive during the peak hours, a total of 28 trucks would arrive during the peak a.m. and p.m. peak hours. Since a significant portion of the construction vehicle trips would be via large and heavy vehicles, the number of vehicles added to the intersection analysis was adjusted to reflect the impact of larger trucks on roadway capacity. 4.5-151

Because of the number of temporary closures of sidewalks adjacent to the project sites necessitating pedestrian detours, the proposed project would result in a significant impact on pedestrians during construction. 4.5-155

DISCUSSION

The massive impacts of the proposed project are well summarized in Section 4.5.

The DEIR adduces the following statistics during construction:

1. Up to 735 workers.
2. Construction between 7 AM and midnight weekdays (17 hours per day) and 7 AM to 5 PM on Saturday during 54 months of construction.
3. Up to 370 truck arrivals and departures between 7 AM and Midnight, or more than one truck every 3 minutes for 17 hours per day.

The DEIR does not analyze the environmental and health impacts on the residents and businesses in our building as a result of these overwhelming statistics. It is likely that many will be unwilling to live or work in the building during the 54 months of construction and the DEIR should have proposed a method to

26-3 HZ

compensate the property owner for lost income due to the impacts of the project and/or to have compensated tenants who are willing to remain in the building during the construction period.

26-3 HZ

DEIR
4.6 NOISE

Mitigation Measure for Cathedral Hill Campus (with or without project variants)
M-NO-N1a CPMC shall minimize the impacts of construction noise where feasible by implementing the measures listed below in accordance with the San Francisco Noise Control Ordinance. . . .

M-NO-N1b A community liaison shall be designated by CPMC. The community liaison shall be available to manage and respond to noise complaints from nearby sensitive receptors. 4.6-47

26-4 NO

DISCUSSION

There is no specificity to these goals. There is no discussion of any of the "receptors" and our building, right across the street from the proposed project, is not even mentioned in the DEIR. It makes no sense to wait until construction begins to develop a plan to minimize noise and to identify "receptors."

The DEIR should have identified the buildings and occupants that will be impacted by noise during construction and developed a plan to minimize the noise and/or to compensate the owners for lost income and the tenants for damages due to the noise.

DEIR
4.9 WIND AND SHADOW

This section describes wind and shadow conditions in San Francisco in general and on the various existing and proposed CPMC campuses in particular. It evaluates potential wind and shadow impacts that could result from implementation of the CPMC Long Range Development Plan (LRDP) and considers cumulative impacts of both wind and shadow. 4.9-1

26-5 WS

DISCUSSION

There is no reference in this section to our building which is directly across the street from the proposed 3.85-acre Cathedral Hill Campus, indicated by no. 43 on the neighborhood plan (Figure 4.9-1).
The EIR does not discuss the impact of wind and shadows on the Emeric-Goodman Building nor does it propose any mitigation measures.

DEIR
6.9.2 CONCLUSION

Pursuant to the State CEQA Guidelines, Alternative 3A would be the environmentally superior alternative other than the No Project Alternative (Alternative 1A or 1B). Alternative 3A would reduce some of the significant and unavoidable impacts on transportation and circulation identified for the Cathedral Hill Campus under the proposed LRDP, but would still result in significant and unavoidable impacts related to transportation, noise, and air quality. Alternative 3A would meet some core project objectives, but not all of the project objectives and its development program at the CPMC campuses would be similar to that of the LRDP. However, Alternative 3A would reduce significant and unavoidable transportation and circulation impacts compared to the proposed LRDP, and would not result in additional impacts at the California Campus. 6-403

26-6 ALT3A

DISCUSSION

I am in agreement with the major thesis of the conclusion, namely that Alternative 3A is superior to the massive building and construction project that would result from the proposed LRDP. However there is no need for this fatalistic conclusion: *but* [3A] *would still result in significant and unavoidable impacts related to transportation, noise, and air quality.*

The *significant and unavoidable impacts* are costs that are imposed on others by the owner and developer of the project. The Planning Commission and the EIR should be able to quantify those costs and require the developer of the project to compensate the victims of the impacts. In the case of the Emeric-Goodman Building, the developer should be required to rent any vacant residential or commercial units as a result of the negative impacts from the project and/or to compensate the tenants for the impacts during the construction process. The rationale for the compensation of costs imposed by the project on others is analogous to the compensation being paid by BP to the victims of the Gulf oil spill.

26-7 PH

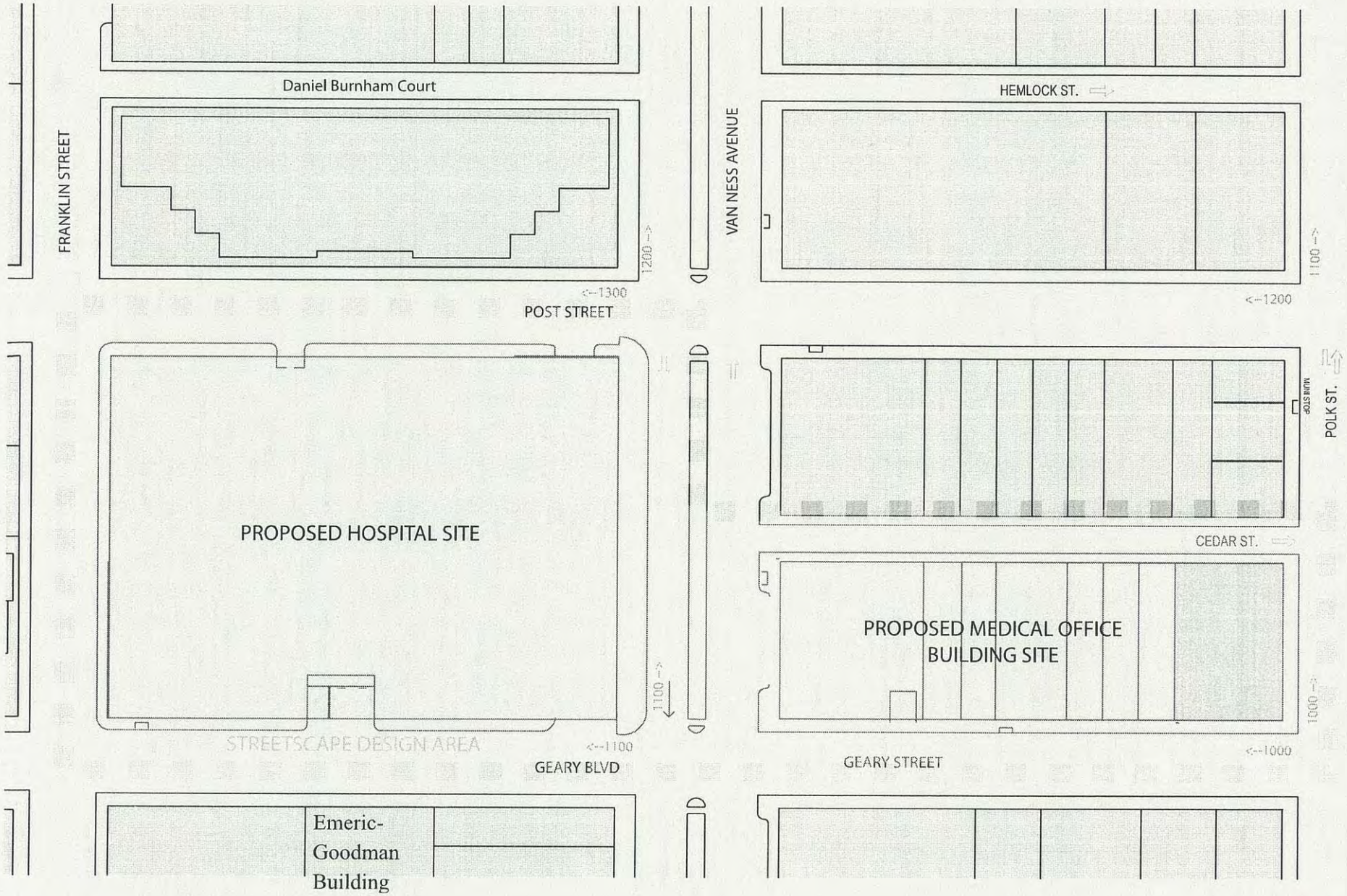
Yours,

Alan Wofsy
CEO

Attachment – location map

Attachment to Letter 26

PROPOSED VAN NESS/GEARY CAMPUS SITE



Letter 27

9/23/10

My name is Jonica Brooks. I have been a registered nurse at the bedside at CPMC's California Campus hospital based Skilled Nursing Floor (or S.N.F.), aka Post Acute Services, for over 15 years. CPMC has three SNF units, one on each of the California, Davis and St Lukes Campuses. Our combined census or occupied beds on the California and St Lukes Campus SNFs is about 66. We are all hospital based SNFs and we serve Medi-cal/Medicare/uninsured/ poorly insured, mostly elderly and disabled persons suffering from chronic and/or acute conditions requiring multiple IV's, complex dressings and intensive nursing and medical care from a few days to up to 6 weeks or longer.

I am concerned over CPMC's draft EIR plans for the elderly and disabled. CPMC has committed to keeping only the 38 beds of the Davies Campus SNF open and has excluded the California and St Lukes campus SNFs from the draft EIR.
CPMC has only verbally committed to provide 62 community or campus-based beds open.

There is a difference in community based and hospital based SNF's. I have provided the commissioners an outline of those differences. From this you can see better that our patients are ill and inappropriate for community based free standing SNFs. What you don't see is that CPMC has tried in the past with pilot programs to place our patients in free standing SNF's only to see increased re-hospitalizations and even, unfortunately, death. No one wants that.

CPMC has stated the two SNFs are not in the EIR draft because they are working to develop a transitional care model for home-based care after hospital discharge. But this program is meant to provide San Francisco seniors and adults with disabilities with transitional care services to bridge the gap between hospital discharge and successful recovery at home. While good, this still only speaks to those people going home. What about the growing elderly population and the chronic SNF bed shortage in San Francisco that is estimated to be 30% over the next decade? What will happen if these vulnerable people are sent home too early or have to go outside of San Francisco for care?

27-1 HC

It is well known in our facility that CPMC wants to close our unit and has wanted to for some time. From a business prospective, we serve a patient population that is income loosing rather than bottom line gaining. We actually would be closed now as documented in CPMCs prior plans and we have only remained open because community outrage that Sutter/CPMC would cut these services has caused CPMC to pause in these plans.

We are not asking CPMC to shoulder the whole responsibility of caring for the elderly and disabled of San Francisco. We are only asking that they not exacerbate the problem further. We do not want CPMC to quietly unburden themselves with as many SNF beds as possible and **this will happen if the existing SNF beds we have are not included in the final environmental impact report plans**.

I stand before you as a registered nurse with concerns over Citywide health care for the elderly and disabled. These people should not be thrown under the bus in leu of a new state of the art high rise hospital. I urge the Commissioners to hold CPMC to continue with their studies over successful recovery at home but to not eliminate any Skilled Nursing beds in their Final Environmental Report.
Thanks you.

JONICA BROOKS, R.N.
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3804-23rd St
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JAIN

Comparisons of three Distinct Skilled Nursing Facilities Settings

Below are examples of three distinct skilled nursing facility settings here in San Francisco. This matrix demonstrates the varying capacity of each setting in terms of their services offered *On Site* in order to accommodate resident's immediate medical needs.

There are currently **2,801** licensed skilled nursing beds (Groups B and C) in 19 facilities located in San Francisco serving residents with both long and short term needs and **378** post acute licensed beds (Group A) (attached to acute care hospitals) serving residents with more unstable medical needs. The largest SNF settings are located at Laguna Honda Hospital and the Jewish Home, which comprised 79% of the beds that serves residents with both rehab focused short-term needs and long-term care needs from Group B. Over the course of the next 2 to 3 years, Laguna Honda Hospital will be reducing their overall SNF beds from over 1,000 to 780. The decrease in both long and short-term beds will greatly decrease San Francisco's capacity to provide SNF services to seniors and disabled adults as their bed capacity is significantly decreased. Many of the stand alone skilled nursing facilities are much smaller with 8 out of 14 facilities serving 50 residents or less. Many of these facilities tend to be more neighborhoods based and one third is private pay and do not accept Medicare or MediCal.

Group A: Post Acute SNF Settings: This type of skilled nursing facility is housed within an acute care hospital. Because these units are located in an acute care hospital, they have much greater *ON Site* capacity for providing much greater capacity to residents who require intravenous options, assorted therapies, lab and pharmacy services and more comprehensive medical services. Residents in these settings tend to have many medical needs than in other SNF settings and tend to need many more medical interventions than in traditional rehab focused or custodial SNF setting. There are currently **5** post acute units providing **378** SNF beds in San Francisco.

Group B: Stand Alone Rehab Focused Skilled Nursing Facility: This is a skilled nursing facility that has a distinct focus on post hospitalization rehabilitation for those recovering form a variety of ailments such as hip fractures or strokes. This is usually a short-term stay following treatment or surgery in an acute care hospital setting. Many of these facilities offer a mix of long term, short-term rehab focused care, and one of these facilities is part of a CCRC (continuing care retirement community). There are currently **5** rehab-focused facilities in San Francisco providing **1,801** beds. Of these 1,801 beds, Laguna Honda has 1,050 beds while the Jewish Home has 478 beds.

Group C: Stand Alone Skilled Nursing Facility without a rehab focus: Typically, these tend to be small "stand alone" skilled nursing facilities that serve residents with long term "custodial" skilled needs that require 24 hour care. They provide skilled services to residents with less emergent medical needs, labs, hospice care and therapies are usually provided on a as needed basis without on site facilities or on a contracted basis. Residents in this setting tend to require 24 hour care but are more medically stable than in higher levels of care(Groups A and B). There are currently **14** facilities in this group that provide **970** long-term beds in San Francisco.

The greatest immediate need for SNF beds are among groups A and B, as these two settings have the most sophisticated service delivery systems thus have a much greater capacity serve residents with complex medical issues. SNF Beds in both of these groups is on the decline especially with the SNF bed reductions at Laguna Honda Hospital over the next two to three years and proposed changes to the CPMC post acute units. Currently, there is poor capacity to serve individuals in all three settings especially in terms of the need for short-term rehab focused and post acute settings in San Francisco

Group	Group A	Group B	Group C
Type of Setting	Post Acute	Stand Alone	Stand Alone

	Services as part of a Acute Care Hospital	Rehab Focused Skilled Nursing Facility	Skilled Nursing Facility without rehab focus
Setting provides:	Post Acute Care	Short Term and Long Term Care	Long Term Care Only
Number of facilities per category	5	5	14
Total number of licensed beds	378	1,801	970
Example of a SNF site in SF	i.e. CPMC California Campus	i.e. Tunnel Center	i.e. California Convalescent
On Site Physical, Occupational, Respiratory, Speech Therapies on site Monday - Sunday and Holidays	Yes	Yes	no
RN Patient Ratios, day shift, 1:6	Yes	No	no
On Site Hospitalist, 24/7	Yes	No	No
On Site hospice care	Yes	Yes-?	No
On Site Pharmacy 24/7	Yes	?	No
Blood sugar checks 4 x per day	Yes	Yes	No
PICC line care & insertion	Yes	No	No
CAPD (Continuous Ambulatory Dialysis)	Yes	?	No
Wound-vacuum and complex wound care	Yes	No	No
TPN and lipids infusions	Yes	No	No
Tracheotomy Care	Yes	Yes	No
Patient-controlled analgesics	Yes	No	No
On Site multiple daily blood-draws, routine and STAT	Yes	No	No
On Site Septic Workups and Blood cultures	Yes	No	No
Daily transfers from Post-Acute to an acute hospital for chemotherapy, radiation, MRI, CT, X-ray, emergency room or critical care when needed.	Yes	No	No
Patient education including diabetic, wound and ostomy care	Yes	Yes	No
IV Antibiotic Therapy and IV push medications including analgesics, anti-emetics and diuretics	Yes	Limited	No
On Site staple removal	Yes	Yes	No
IV infusions of Iron, Amph. B, and DHPG and STAT Antibiotics	Yes	No	No
On Site blood transfusions both routine and STAT	Yes	No	No
IV cannulation	Yes	Yes	No
Patient restraints for extreme behavioral issues	Yes	Yes	No

27-2 HC

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Letter 28

San Francisco Gray Panthers
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San Francisco Gray Panthers is extremely concerned about California Pacific Medical Center's plan to eliminate 180 Skilled Nursing Facility (SNF) beds as part of its Master Plan for radically changing its healthcare facilities in San Francisco.

San Francisco has a severe shortage of (SNF) beds that accept Medi-Cal. A 1998 SF Department of Public Health study predicted that the City will have 92,000 more residents over age 65 in 2020 than in 2000, and that the City would have a shortage of 2,380 SNF beds, assuming no existing SNF beds were lost. (Options For Laguna Honda Hospital White Paper) But since that time, 732 SNF beds have been lost. The City's own Laguna Honda Hospital, soon to re-open, stopped taking SNF patients in January 2008. (Fog City Journal, 7-7-2009). California Pacific Medical Center's planned closing of its Skilled Nursing Facility, with 180 beds, would raise the total of closed beds to 912, a 24% drop since 1997. (SF Examiner, 8-4-2010) The Lewin Group projects San Francisco would face a 30% shortage of SNF beds overall over the next decade.

These SNF beds are almost entirely used by poor elderly or disabled patients on both Medicare and Medi-Cal, and are necessary for treating patients with strokes, heart and circulatory disease, hip fractures, cancer, respiratory diseases, and severe kidney diseases. (CPMC website) Without sufficient SNF beds in San Francisco, these patients will have to be placed in out-of-county facilities, away from the support of family and friends. In addition, the care at stand-alone contracted-out facilities is often inferior to care in SNFs close by hospitals where more skilled medical expertise is close at hand. In short, closing already-scarce SNF beds in San Francisco will hasten deaths for low-income San Franciscans. 28-1 HC

Both the San Francisco Health Commission, and a Lewin Group report on CPMC's Master Plan raised questions about provision of SNF care, as well as sub-acute care and inpatient psychiatric beds. (CPMC news release.)

It is our understanding that CPMC has said it plans to replace the 180 SNF beds it plans to close, but that specific plans are lacking beyond 38 beds at Davies and a commitment to establishing and additional 62 beds somehow, somewhere. (Health Commission Task Force on CPMC IMP, 3-2-2010) This promise, if fulfilled, would still only replace 55% of our badly needed SNF beds.

San Francisco Gray Panthers stands behind the California Nurses Association, community advocates, and elder advocates in demanding that CPMC issue specific, irrevocable plans for replacing all of the closed SNF beds, that new SNF beds be located in close proximity to acute care facilities, and that SNF patients in free-standing facilities not be displaced by CPMC's SNF patients. We also demand that the City of San Francisco not approve CPMC's overall plan until these demands on SNF beds are met, as well as community concerns over the future of St. Luke's Hospital, and the impact of CPMC's planned main hospital on the Cathedral Hill neighborhood. 28-2 HC

Michael Lyon, Co-Convener

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Letter 29

ST. LUKE'S HOSPITAL

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
CPMC - DPIR
JAIN

October 10, 2001

Via Facsimile and U.S. Mail:
(415) 673-1510

Patrick E. Fry
Chief Operating Officer and
Executive Vice-President
Sutter Health
One California St., Suite 1550
San Francisco, CA 94111-5416

Re: Affiliation Agreement - St. Luke's Services

Dear Pat:

During the affiliation process, you and I spoke at length about the scope of the services offered by St. Luke's Hospital at the time of the affiliation.

You will recall that your letter to me of October 26, 2000 memorializing the agreement to affiliate provided, in pertinent part:

> "St. Luke's Hospital, with Sutter Health's support shall remain a separately incorporated and separately licensed acute care hospital, at its current location and in the context of its current mission, *providing the same services for which it is licensed as of the date hereof.* "(emphasis added)

29-1 HC

We prepared as an Exhibit to the Affiliation Agreement an actual list of the services provided as of the date of the letter of intent to affiliate; you requested that we not include such a detailed list in the Affiliation Agreement, but that instead, we make broad reference to the license issued to St. Luke's Hospital by the Department of Health Services. I agreed, at the time, that the hospital's services were certainly broadly identified on the license, but I believed we should make a record as to the extent of the actual services, since I understood your letter to

support the actual services themselves, not just the maintenance of the license.

You and I agreed that I would write to you a side letter to the Affiliation Agreement identifying those services so that we could all acknowledge, in making future decisions about services, the substance and extent of the various services St. Luke's was providing as of October 26, 2000.

Accordingly, I have attached to this letter the list of current services prepared by Mary Coulton, our Chief Operating Officer, at my request.

29-1 HC

Very truly yours,

Philip L. Pillsbury, Jr.
Chairman of the Board
St. Luke's Hospital

PLP:alr
Enclosure

cc: Jack Fries - (415) 641-6899
Maureen Corcoran - (415) 983-1200

Attachment to Letter 29

ST. LUKE'S HOSPITAL

St. Luke's Hospital
Current Services

Asthma Education Program
One-on-one individualized counseling; programs for local schools.

Audiology
Evaluation, treatment, counseling and industrial testing.

Bio-Medical Department
On-site repairs and preventative maintenance programs.

Breastfeeding Center
Support, education, breastfeeding supplies and equipment rental. Telephone consultations, one-on-one support and classes.

Cardio/Neuro Laboratory
Full range of non-invasive diagnostic testing for both inpatients and outpatients. We offer all modalities of stress testing including Stress Echoes and Radionuclide treadmills. Holter monitors, Cardiac ultrasound, EEGs, EKGs, EMGs, etc.

Case Management Services
Case Managers can assist in:
1) *Coordinating care during a patient's in-hospital stay. Serve as primary contact for physicians.*
2) *Plan and facilitate transfers to other health care facilities.*
3) *Plan and facilitate discharge including placements in nursing homes, board and care, and provision of ambulance, home health, and durable medical equipment.*
4) *Assist in DRG assignment for optimal reimbursement for services. (ICD-9 coding). Assist with obtaining MediCal and insurance authorizations.*

Cast Room
Full range of orthopedic services for inpatients and outpatients.

Catheter and IV Insertion Services
Placement of midline and PICC catheters on newborns, infants, children, and adults on an inpatient or outpatient basis. A interventional radiology physician is available for difficult insertions requiring fluoroscopy or ultrasound.

Central Services and Sterile Processing
On-site preparation and distribution of supplies and sterilization of surgical instruments.

Chaplaincy Department
Multi-faith spiritual support for patients, family members, and St. Luke's Hospital staff, including liturgical and ritual rites as needed.

St. Luke's Hospital Current Services
Page 2

Community Lectures & Education
Speaking opportunities to community groups in both English and Spanish.

Critical Care Services
Fifteen-bed Intensive Care Unit.

Diabetes Center
Offers a multidisciplinary, bilingual team approach for the care of your patients with Diabetes.

Dialysis Services
Provides peritoneal and hemodialysis and plasma phoresis.

Emergency Department Services
Levell II Basic Emergency Department, open 24 hours per day. EDAP (approved for Pediatrics) – 24/7 Pediatrician on the premises.

Employee Health Services
Responds to employee injuries, workplace ergonomics, employee infection control issues, OSHA compliance issues.

Endoscopy Services
Two treatment rooms are equipped to provide diagnostic and therapeutic interventions.

Foundation - St. Luke's Hospital
Philanthropic agent of the Hospital, the Health Care Center, and any other similar St. Luke's organizations or projects.

Hospitalist Service
Skilled physicians who attend hospitalized patients only and remain on duty in the hospital 24 hours a day. Hospitalists are available to consult on all Critical Care patients and attend to admissions of adult Internal Medicine patients and all pediatric patients.

Infection Control
Infection Control offers the following services about communicable/infectious diseases:

1) *Referrals to experts at Centers for Disease Control, epidemiologists and infectious disease specialists at State Dept. of Health Services, San Francisco Public Health Dept. and Universities.*
2) *Information on isolation, communicability, transmission, prevention and treatment of infectious and communicable diseases.*
3) *Recommendations, guidelines, standards, position papers, and statutes, as applicable, from professional, accrediting, regulatory, advisory and enforcement associations and agencies.*

Laboratory Services
Offers a full range of pathology, cytology, and laboratory services both in-house and in multiple off-campus draw stations.

St. Luke's Hospital Current Services
Page 3

Magnetic Resonance Imaging (MRI)
St. Luke's operates a General Electric 1.5 Tesla Signa MRI system that is available on-campus for patient scanning on a full-time basis. The system has the latest software and coils, as well as the ability to perform four modes of MR angiography.

Maternity Education
Classes in English or Spanish include: Childbirth Preparation, Early Parenting, Breastfeeding and Infant/Child CPR, etc.

Medical Day Service
Short-term inpatient evaluation and/or treatment. This includes, but is not limited to, blood transfusions, chemotherapy, IV hydration, dressing changes, limited IV antibiotic therapy, minor surgical complications and short term observation.

Medical Staff Office and Services
Provides full support for the St. Luke's Hospital Medical Staff and manages both the written and internet Medical Library services.

Medical/Surgical Services
Acute inpatient adult medical and surgical nursing units.

M.O.M. - Millennium Occupational Medicine Program
All work related injuries and illness, evaluation and treatment of signs and symptoms of repetitive motion injuries (RMIs), post-offer, annual and DOT physical examinations, drug and alcohol screening, audiology, ergonomics, vision testing and pulmonary function testing.

Nuclear Medicine
Offers a full range of non-invasive diagnostic procedures.

Nutrition Services
Registered dieticians available to provide nutrition screening and assessment to all patients. Outpatient consultation available. Full meal service for patients, staff and visitors.

Obstetrical Services
Three Labor Delivery Recovery Rooms (LDRs) and three traditional labor rooms, a three-chair antenatal test room and two Operating Rooms/Delivery Rooms. In addition to a well-baby nursery, St. Luke's offers an intermediate level Neonatal Intensive Care Unit with 8 licensed beds.

Occupational and Hand Therapy Outpatient
(Hand Clinic)
Comprehensive care to acute hand and upper extremity injuries as well as repetitive motion injuries, cumulative trauma and post CVA's.

Occupational Therapy Department-Inpatient Services
Treatment to maximize independence, prevent further disability and maintain health.

St. Luke's Hospital Current Services
Page 4

Pediatric Services
Seven-bed pediatric service offering community level pediatric acute care.

Pediatric Developmental Service
Services for 0-3 year olds; physical therapy, occupational therapy, and speech/language pathologists. For children with: Developmental Delay, Cerebral Palsy, Head Injury, Juvenile Rheumatoid Arthritis, Congenital or Acquired Orthopedic Conditions, Feeding Deficits among others.

Pharmacy Department
Clinical pharmacists are available in patient care areas to provide assistance in drug therapy selection and monitoring, and to provide unbiased pharmacoeconomic, pharmacokinetic, and clinically relevant drug information.

Outpatient Pharmacy – Monteagle Pharmacy
Retail pharmacy services for the general public as well as employee prescription services and physician office supply services.

Physical Therapy Department-Inpatient Services
Comprehensive assessments and treatment plans, delivery and documentation of care; consultation, re-evaluation and discharge planning. In addition to the Pediatric Developmental Physical Therapy Service.

Physical Therapy Department-Outpatient Services (WorkWright)
Treating of acute and chronic neck and back problems, joint pain and injuries such as: knees, shoulders, hips and post surgical and CVA rehabilitation for strengthening and mobility

Physician Services
St. Luke's Medical Staff includes practitioners in the following specialties: Anesthesia, Emergency Medicine, Pediatrics, Family Practice, Occupational Medicine, Cardiovascular Disease, Dermatology, Gastroenterology, Geriatric Medicine, Hematology, Infectious Disease, Internal Medicine, Nephrology, Neurology, Oncology, Physical Medicine and Rehabilitation Physiatry, Psychiatry, Pulmonary Medicine, Gynecologic Oncology, Obstetrics and Gynecology, Anatomical Pathology, Allergy and Immunology, Neonatology, Perinatology, Diagnostic Radiology, Neurosurgery, Ophthalmology, Oral/Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Plastic and Reconstructive Surgery, Podiatry, General Surgery, Thoracic Surgery, Urology and Vascular Surgery.

Psychiatric Inpatient Services-Acute
31-bed unit. Psychiatrists are on-call 24 hours a day and are available for consultation. Twenty-four hours a day/seven days a week Intake Referral services.

St. Luke's Hospital Current Services
Page 5

Psychiatric Services – Outpatient
Individual, group and treatment for patients aged 13 or older in English, Spanish, Russian and Cantonese.

Radiology Department
Provides Basic Diagnostic Imaging, Ultrasound (OB/GYN, Abdominal and Vascular), CT Scans, Mammography, as well as Fluoroscopic and Interventional Radiology. Services are available at the hospital and at several community locations.

Recreational Therapy
Psychosocial activities, social activities, pet therapy, patient excursions, etc.

Respiratory Care Services
Provides a full range of respiratory care services and pulmonary function testing.

Skilled Nursing Services
Nineteen bed skilled nursing facility.

Social Services
Identifies the basic needs of patients, their families and significant others and focuses upon any psychosocial factors that may impair full benefit from medical and rehabilitative services. Psychosocial assessments are performed as needed and interventions are guided by participation in team meetings and discharge planning.

Speech Therapy Services-In/Outpatient
Diagnosis and treatment of communication, cognition and swallowing disorders

Stonestown Imaging
Provides general radiological procedures, Bone Densitometry Screening, Mammography, Fluoroscopic and Ultrasound services.

SubAcute Care Program
Sixty bed service provides highly skilled medical, nursing and rehabilitative care in a non-acute care setting for patients with complex medical needs which include: ventilator management/weaning, and tracheostomy care as a partial list of services.

Surgical Services - Inpatient
The Main Operating Room consists of six operating rooms and a cystoscopy room. The unit can be staffed to operate four general anesthesia rooms and one local anesthesia room. The operating room is equipped to provide surgical diagnostic intervention in the following areas: Orthopedics, Vascular, Ophthalmology, Genital-Urinary, Neurology, ENT, Gynecology, Plastic and General surgery.

Surgical Services/SOMA Surgicenter
Outpatient Surgery Center with three operating rooms and state-of-the-art medical equipment. Common surgical procedures include: Arthroscopy, Breast Biopsy, Bunionectomy, Cataract Extraction, Cosmetic Surgery, Dental Extractions, Hemiorrhaphy, Maxillofacial Surgery, Laparoscopy, Liposuction, SMR/Rhinoplasty, Tubal Ligation and Tympanoplasty.

Surgical Testing and Registration/STAR Unit
A preoperative testing and screening service for elective surgery patients.

Telemetry Unit
Twenty bed step down unit with telemetry monitoring capability for 18 beds.

Transport Team
Twenty-four hours a day/seven days a week assistance with patient transfers and transportation.

Wound Treatment Center
Inpatient and outpatient consultation and treatment service for extensive and/or chronic wound and skin problems.

September 23, 2010

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2005.0555E
CPMC - DEIR
JAIN

Letter 30

Bill Wycko, ERO
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

via email to addressee, email & hardcopy to Planning Commission Secretary

Subject: **Comments and Questions on California Pacific Medical Center (CPMC) Long Range Development Plan -- Case No. 2005.0555E (Clearinghouse No. 2006062157) Draft Environmental Impact Report (DEIR)**

Dear Mr. Wycko:

Thank you for this opportunity to respond to the CPMC DEIR. Below are my comments and questions on the CPMC Draft Environmental Impact Report (DEIR):

1. It is my understanding that this DEIR covers the California Pacific Medical Center (CPMC) "Long Range Development Plan (LRDP)" and is both a program-level environmental impact report (EIR) pursuant to Section 15168 of the State CEQA Guidelines (Page S-2) as well as a project-level EIR pursuant to Section 15161 of the State CEQA Guidelines (Page S-2) where near-term projects (Cathedral Hill Campus, Davies Campus and St. Luke's Campus) and are analyzed at the project level (more detailed than program-level, per Page 1-13) based on situations that can be reasonably forecasted. And long-term projects would be analyzed at a programmatic level where impacts of these projects can be reasonably forecasted. But that long-term projects (Pacific Campus and Davies Campus) would be subject to further environmental review. In the following points, I address a few issues I believe have been overlooked in this DEIR on both of these programmatic and project levels. In addition, there are also, for example, CEQA violations, violations of the City's "General Plan" and the soon-to-be-adopted "Better Streets Plan." As a note, I also cover issues with the California Campus should a remodel rather than a demolition be the chosen alternative within the existing building envelopes.

30-1 LU

2. On Page 2-7 of the DEIR, one of the "Core Medical Services Objectives" is stated as "Meet the existing and future projected acute-care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay area, and, in some cases, Northern California." The existing acute-care needs of all campuses of CPMC for the year 2010 totaled 849 beds. The new Cathedral Hill Hospital will have 750 beds for acute care, a decrease of 99 beds or a decrease from the year 2010

30-2 HC

by about 12% at full build-out. Skilled nursing at St. Luke's in 2010 has 79 beds and none will be for skilled nursing under the LRDP but 80 beds will exist for acute-care only. The total number of beds decreases from the 2010 level of 1,032 beds to 854 beds in the overall LRDP. That is an overall decrease from the 2010 level by a little over 17% although an increase in total bedcount from existing levels. If it is to meet the projected needs, somehow I see this as going the wrong way. The number of staffed beds (e.g. skilled nursing) vs. licensed beds is not clear in this DEIR and how many skilled nursing positions will be really needed at this hospital upon completion. Licensed beds, I understand, could be used for other purposes like storage. After the Lewin Group did their review on June 26, 2009 in their "CPMC Institutional Master Plan Review" prepared for the San Francisco Department of Public Health, what is the number of staffed beds that will be provided (e.g. skilled nursing beds) and how many licensed beds will there be at each campus? I am still unclear on these numbers and knowing this may also affect the total number of FTEs proposed at CPMC in total.

30-2 HC

3. Apologies for jumping around in my comments…In regards to the equipment that will be used to put the generators and chillers on the roofs of the proposed new buildings... It seems that only cranes will be used. However, the only other commonly used method used to put generators and HVAC equipment on the roof is a helicopter. I think if a helicopter is used, it should to be added in the "Air Quality" and "Noise" sections because the "typical" construction equipment only lists cranes in "Table 4.6-21, "Noise Levels of Typical Construction Equipment," on Page 4.6-42 so I assumed only a crane will be used.

30-3 PD

If a helicopter were used, how long will it take to maneuver the rooftop generators and chillers into place with the equipment to put them in place running? What are the additional ROG, NO_x, PM_{10} and $PM_{2.5}$ emissions that will be generated from this crane? or from a helicopter should one be used? In conjunction with the already calculated amounts that will impact air quality in the CPMC project area, what is the additional amount of fuel/energy expended for this task?

30-4 PD

30-5 AQ

Also, what are the transportation congestion impacts when the generators and chillers are put into place by crane or helicopter (e.g. traffic congestion during the operation of placing the large equipment atop the roof). Also, when the 2 tower cranes are used for the installation of structural steel (per Administrative document for "Biology, #7"), would the lanes that will be closed be in addition to the following during the Hospital construction?

- Geary Boulevard parking lane 400 ft. x 19 ft.
- Post Street parking lane 400 ft. x 18 ft.- 4 in.
- Franklin Street one lane 300 ft. x 10 ft.
- Van Ness Avenue one lane 300 ft. x 10 ft.

  (2 lanes when installing the fuel tank…per this document, emergency generator fuel storage tanks are "proposed to be beneath the Geary Boulevard parking lane…22 ft. (on west end towards Franklin St) to 17 ft. deep (on east end towards Geary/Van Ness Avenue) by 15 ft. wide (edge of hospital property line))

30-6 TR

From the Administrative documents to the DEIR, only the above lanes will be closed. How many existing on-street parking spaces from Post Street will be eliminated for the 400 ft. closure? How many existing on-street parking spaces

30-7 TR

from Geary Blvd. will be eliminated for the 400 ft. closure? The reason for these questions is that vehicles that used to park in these spaces will be shifted elsewhere, possibly to Larkin, Polk, Japantown streets. 30-7 TR

The 2 tower cranes for the Cathedral Hill Hospital project make an average of 88 dbA at 50 feet. Will these be used for the rooftop equipment installation as well? Would the use of a helicopter lessen the traffic lane and parking lanes closure impacts for a shorter period of time than the use of these cranes? 30-8 PD

How much noise would the helicopter generate? Would it be less than the cranes at 88 dbA? 30-9 NO

4. Speaking of helicopters, will you be running a hospital transport service with helicopters? 30-10 PD
5. And overall, on a programmatic level, there appears to be a significant impact with transportation and circulation in and about the new Cathedral Hill proposed development of the new 15-story, up to 265-ft. tall (excluding 16-ft. tall exhaust stacks on roof, 269 ft. to top of mechanical screens per Page 2-27), 555-bed hospital and 9-story above grade (excluding mechanical roof level), 130-ft. tall medical office building (MOB) as well as for the other campuses. 30-11 TR

I think there needs to be a better traffic study not only in the limited area shown in the DEIR, e.g. for Cathedral Hill Campus, on Pages 4.5-96 and 4.5-97, but also in the area to the west towards Japantown which will be impacted by diverted traffic when the Loading Dock deliveries are made and traffic tries to go around them onto a street that will continue northbound or when there are problems on the Post St. entrance or on Geary. Comments on this issue will also appear later on in this document.

If the study areas as represented on these pages go 5 blocks to the east as denoted by the dashed blue lines, there should be at least a study of 5 blocks to the west as well. Geary runs westward so people will try to find a street on the westward side through Japantown. A current traffic count of vehicles in Japantown on Octavia St., Laguna St., Buchanan St., Webster St., Post St., Sutter St., Bush St. and Pine St. (the "Japantown streets" I refer to later) needs to be initiated to see the impact on the residents and businesses in and around Japantown. Then the same projections need to be run on these streets with the Cathedral Hill Project/MOB Project and the Pacific Campus Project for both the 2015 and 2030 scenarios for A.M. Peak Hour and P.M. Peak Hour. What are the "peak hours"? Would not some streets have different peak hours than others and differ depending on the day of the week? How much data has been gathered, e.g., during school season, off-season, during Japantown festival days such as when the Cherry Blossom Festival Parade crosses Van Ness or even Saturdays and Sundays? 30-12 TR 30-13 TR

The Pacific Campus project and the Cathedral Hill/MOB projects, although they will not run concurrently, will run consecutively and will cumulatively impact the Japantown area as well the streets to the east within the blue dashed lines. On Page 4.5-218, the traffic impact on the intersections for the year 2030 is shown as deteriorated and therefore the Japantown streets will also have to be looked at as well as at least the 5 blocks east of Van Ness such as Larkin St., Hyde St., Leavenworth St. and Jones St. Although I concern myself mainly with the Cathedral Hill and Pacific campuses and although the California Campus proposal does not have a detailed analysis because it may be sold off, I believe after briefly reading the Davies and St. Luke's campus proposals that the same problems will occur for the new Davies and St. Luke's Campuses in regards to traffic congestion, diversion and parking; and should the California Campus proposal for remodeling be done by CPMC due to construction workers parking issues and related congestion, 30-14 TR 30-15 TR

there will be similar traffic congestion and parking issues for those trying to shop at the Laurel Village Shopping Center near the California Campus.

As a general comment, to state, e.g., as on Page 4.5-179 for the California Campus, Impact TR-67, that "Implementation of the CPMC LRDP would not cause the level of service at California Campus study intersections to deteriorate from LOS D or better to LOS E or LOS F, or from LOS E to LOS F, and therefore, the project would not result in a significant traffic impact (Less than Significant)," to say that the intersections are already at a low LOS so implementing a project that exacerbates the problematic issues so that the traffic impact is deteriorated not only on the nearby adjacent streets but out farther into streets even ½-mile away is rather an illogical manner of handling problems with circulation…any more additions of vehicles into the area makes it worse so a solution needs to be developed to bring the LOS at these intersections such as at Gough/Post, Franklin/Geary, Van Ness/Geary, Polk/Post, etc. as on Page 4.5-100, to a more efficient LOS prior to starting the Cathedral Hill Project. And for the DEIR to put the onus on surrounding projects that contribute to the "poor operating conditions at these study intersections" and that are "due to background traffic volume increases associated with other developments" in the area of the proposed Cathedral Hill Campus Project as on Page 4.5-99 should not be used as the basis to allow approval of the project without seriously fixing the intersections to better LOSs first. I do not believe this should be in the "Less Than Significant" category but rather should be in the "Significant" category. I am also not sure it is "Unavoidable." Since the DEIR states the problem of transit impacts in the Cathedral Hill project as "less than significant," CPMC is then not required to give a mitigation measure. I think there needs to be a mitigation measure because saying that they are constructing in an area of bad traffic circulation so building a structure that will make a LOS F area a worse LOS F area is not solving the traffic and circulation problem. Making a bad situation worse is not being a good neighbor to the citizens of San Francisco.

30-15 TR

30-16 TR

6. On Page S-4, are the 17 parking spaces on Level 1/P1 (connects to southeast corner of Geary & Van Ness) for hospital support uses or just the 14 van spaces?
7. What other parking spaces are reserved for hospital staff out of the 513 parking spaces at Cathedral Hill Hospital who will be working at this hospital?
8. On Page S-6, with the MOB having seven levels of parking with 542 parking spaces, how many of these are reserved for staff?
9. On Page S-6, the 1375 Sutter St. building currently has 172 parking spaces which will be kept and any additional parking needs of the 1375 Sutter MOB will be provided at the Cathedral Hill Hospital garage. How many staff people from 1375 Sutter MOB will use the parking spaces at the Cathedral Hill Hospital?
10. On Page S-10, the proposed Webster St./Sacramento St. Garage on the Pacific Campus, to be completed in 2018 will have 248 parking spaces. How many of these parking spaces will be used by staff on the Pacific Campus? How many of these parking spaces will be used by staff from the other campuses?
11. On Page S-11, the DEIR states that the North-of-Clay Above-ground Parking Garage will be 85 feet tall with 6 stories and will have 715 parking spaces (Webster/Sacramento + North-of-Clay = 688 plus 27 spaces on Buchanan St.

30-17 TR

30-18 TR

surface lot – also Page 2-117). With 248 parking spaces at the Webster/Sacramento and 440 spaces at the North-of-Clay structure, there still will not be enough parking spaces to accommodate the number of visitors that use the facility. 30-18 TR

12. On Page S-11, it mentions that the parking spaces at Pacific Campus will total 1,587 spaces by 2020, "648 parking more (sic) spaces than under existing conditions." Typo error -- please switch the words "spaces" and "more" in the sentence. How many of the 1,587 spaces will be used by staff at Pacific Campus? And by staff from other campuses? 30-19 TR
Why would the staff need to use their vehicles and require parking if they live in the City, considering that this is a "Transit First" City. I think there is an assumption being made that the CPMC staff people will choose to live in the City for this project at all levels to work. I think with the salary being paid the nurses, etc. at CPMC, they can afford to live in San Francisco but nobody can force them to stay in a City if they have family for which the "Transit First" policy is family unfriendly. 30-20 TR
13. On Pages S-13-14, the Davies Campus surface parking lot of 206 spaces at Noe and Duboce will be demolished and a Neuroscience Institute Building erected in its place. Then on Page S-15, a MOB with 490 parking spaces will be built for the Davies Campus. How many of these spaces will be used by staff at Davies? How many of these spaces will be reserved for staff from other campuses? 30-21 TR
14. Pages S-17-18, in the new 5-story, 100-ft. tall St. Luke's MOB/Expansion Building, there will be 220 parking spaces on 4 below-ground parking levels. Of these, what is the number of spaces that will be used by St. Luke's staff? How many will be used by staff from the other campuses?
15. Page S-18, how many parking spaces of the 215 parking spaces at the Duncan Street Parking Garage will be used by St. Luke's staff?
16. Page S-18, 15 parking spaces will be available in surface parking elsewhere on the St. Luke's Campus. How many of these will be for staff at St. Luke's and how many for staff from other campuses? 30-22 TR
17. Page S-18 states that there will be a total of 450 parking spaces at St. Luke's. The old count for St. Luke's parking capacity was 239. So with the new 5-story St. Luke's MOB/Expansion Building, having an addition of 121 spaces will be insufficient for staff and visitors at this place. In fact, on Page S-27, Planning Code requires 559 spaces.
Who from CPMC uses the Japantown Garage? Is it the staff at St. Luke's? at Davies? at Pacific? at California? or at all of the above? 30-23 TR
The DEIR mentions the leasing of these 400 spaces at the Japantown Garage on Page 5-14. Currently, CPMC only pays 50% of the going rate for the spaces it does lease at the Japantown Garage. This discounted parking offering is not an incentive for staff, visitors or construction workers to take public transit or to use the CPMC shuttles. If Japantown will be impacted by the Cathedral Hill Hospital project at all levels (i.e. Hospital, MOB and Tunnel construction), perhaps the Japantown Garage could charge CPMC market rate for its spaces. Even if CPMC were to not use this garage or the other possible garages for its workers, it appears that parking will be at a shortage not only because offsite parking at Japantown will occur but also considering issues such as the 1375 Sutter Street personnel who will be using 107 spaces for parking at the Cathedral Hill Hospital parking garage. With all the personnel parking spaces being shared amongst the campus parking areas, there will still be a shortage that will impact the residential and merchant areas surrounding these campuses and this shows that people will not abandon their vehicles to take 30-24 TR

public transit. If 80% -90% of the people who worked at CPMC actually lived in the City, perhaps more of them would all take public transit once it is made super efficient; however, I have taken Muni and it is no wonder people will not abandon their vehicles, especially if they are from out of town. The CPMC workers' salaries are such that these workers can afford to live in the City but as it was shown in some recent news articles, some well-paid workers do not choose to live in San Francisco even if they work here. 30-24 TR

The counting of parking spaces is rather puzzling and vague in certain areas. If one looks at the drawings of the available parking spaces in the DEIR, e.g. 257 spaces on Level P3 (Page 2-69) at Cathedral Hill Hospital, one must deduct 24 spaces to net only 233 spaces for the regular general public and staff use because the 24 spaces are for disabled parking only. On Level P2 shows 239 spaces but 22 are disabled spaces. On Level 1/P1, the DEIR shows 31 spaces but 14 are for vans/loading spaces, 4 spaces for motorcycles, and 2 spaces for disabled parking. So on Level 1/P1, there will be only 11 parking spaces for regular vehicle parking. In fact, the 14 van parking spaces are NOT included in the CU authorization for parking in addition to that allowed under Planning Code Section 157 for accessory parking (Page S-24). The CPMC project asks ONLY for 513 spaces under CU and it <u>should be</u> 527 spaces which will then include the spaces for their 14 vans.

See Cathedral Hill Hospital parking summary in the chart below:

Level	Total Parking	Disabled	Vans	Motorbikes
P3	257	24		
P2	239	22		
1/P1	31	2	14	4
TOTAL	**527**	**48**	**14**	**4**

Total = 527-14 van spaces = 513 spaces per Page 2-28 for Cathedral Hill Hospital parking.

Of the 513 spaces, 4 are motorcycles so 509 vehicle spaces left

Of the 509 spaces, 48 are disabled spaces so 461 spaces are left for regular parking.

TOTAL regular vehicle parking is **461** spaces.

30-25 TR

The "Project Description" for the Cathedral Hill MOB parking states that there will be 542 parking spaces on seven levels (Page 2-31). Are the 2 loading spaces be included in these parking spaces? Also, on Page 2-95, there is a diagram (Figure 2-31) which gives a "typical parking level (G5)" for the MOB. This DEIR does not provide diagrams of all the parking levels in the Cathedral Hill MOB -- how many disabled spots, how many motorcycle spots, how many van slots and how many slots for regular vehicles? 30-26 TR

Per Page 2-217, Figure 2-69, St. Luke's replacement hospital has 4 levels of parking. The DEIR shows only 2 levels of parking, Level P1 and Level 1 on Page 2-219 (Figure 2-70) and on Page 2-220 (Figure 2-71), respectively. Figure 2-70 shows 43 regular parking spaces and 10 disabled spaces. Figure 2-71 shows 8 disabled parking spaces.
I do not see that the total available structured and surface parking spaces required by staff and visitors to the Cathedral Hill Hospital will be adequate.
With info from the Administrative documents for the CPMC DEIR, more thoughts as below in Items 71 & 72 below in this document.

30-26 TR

18. On various pages in this DEIR, the number of parking spaces is stated for the existing and proposed CPMC campuses. Page 2-14, Table 2-3, "Required Project Approvals" states that a "conditional use" authorization will be required for 513 Cathedral Hill Hospital parking spaces (again, per Item 17 above, I believe this should be 527 on conditional use) and 542 parking spaces at the Cathedral Hill MOB. On Page 2-16, St. Luke's Replacement Hospital and its MOB/Expansion Building together will provide 450 parking spaces. The Planning Code requires 559 spaces. On Page 2-21, 1375 Sutter Street Medical Building will retain its 172 parking spaces after conversion.
The Cathedral Hill project on all levels (Hospital, MOB, 1375 Sutter) will have a total of 1,227 parking spaces. The Cathedral Hill MOB will have 542 parking spaces per Page 2-31 but it is not broken down as to how many besides the 2 loading/service spaces are for disabled, motorcycle, van or regular spaces. Although on Page 2-95 and 2-96, there are drawings of the parking for the MOB, the DEIR gives only a diagram for "Level G1" (Page 2-96) and "Typical Parking Level (G5)" on Page 2-95. I do not see any disabled parking spaces marked out and all the spaces appear to be for vehicles vs. motorcycles. The Cathedral Hill project will have no spaces available as surface parking.

30-27 TR

The existing parking spaces at the Pacific Campus totals 847 spaces (411 at 2405 Clay St. and 400 at 2100 Webster St.) with 92 surface parking spaces (32 at 2333 Buchanan Hospital, 41 at 2300 California St., 9 at 2329 Sacramento St., and 10 for the Clay St. Tunnel). This total of 92 spaces will be lessened to 77 spaces of surface parking at the Pacific Campus. I would request a clarification of the distribution of these surface spaces across buildings at the proposed Pacific Campus. There will be 4 loading spaces all at the Pacific Campus ACC per Page 2-105. The total proposed structured parking spaces at Pacific Campus is 1,510 spaces per Page 2-109 of which 248 spaces will be at the newly built Webster/Sacramento Underground Parking (mentioned again on Page 2-116), and 440 spaces at the North-of-Clay Parking Garage and 822 spaces to be retained in structured parking (on Page 2-109, Table 2-7b). On Page 2-113, the DEIR breaks down the several parking lots that CPMC owns on the Pacific Campus:

30-28 TR

- 32 parking spaces in the lot north of 2333 Buchanan St.
- How many parking spaces in the former Clay Street Hill parking lot (not shown in Fig. 2-39?
- 41 parking spaces at 2300 California Street parking lot
- 11 parking spaces at the 2315 Sacramento St. Residential Building

As noted, and although not part of the Pacific Campus, as listed on Page 2-114, CPMC also has:

- 400 parking spaces at the Japan Center Garage leased at 1610 Geary Blvd., 1/2-mile south of the Pacific Campus

Where are the locations of the 822 spaces to be retained? It is not clear to me. Please explain.

Also, on Page 2-114, the DEIR states that there are currently 930 off-street parking spaces around the Pacific Campus. How many will be left after the loading zones, bicycle racks, street trees, curb cuts, etc. are put in place? 30-28 TR

For the California Campus, per Page 2-127, the following parking spaces exist currently:

- 7 structured parking spaces at 3700 Calif. St. Hospital
- 290 structured parking spaces at 460 Cherry St.
- 120 structured parking spaces at 3838 Calif. St. MOB
- 36 structured parking spaces at 3773 Sacramento St.
- 81 surface parking spaces at 3698 Calif. St. (Marshall Hale)
- 25 surface parking spaces at 3905 Sacramento St.
- 1 loading space at 3801 Sacramento St. Outpatient Research Building (OPR)
- 2 loading spaces at 3698 California St. (Marshall Hale)

30-29 TR

This results in a total of 453 structured parking spaces and 106 surface parking spaces and 3 loading spaces for the Pacific Campus.

On Page 2-132, the DEIR states that the parking garages at 3773 Sacramento and 460 Cherry will be kept. That means 36 structured parking spaces (3773 Sacramento St.) plus 290 structured parking spaces (460 Cherry St.) to equal 326 structured parking spaces to be retained at the California Campus.

On Page 2-139, Per Table 2-11, "Davies Campus: Project Summary Table," the campus has 290 structured parking spaces (Castro St./14th St. Parking Garage) and will have 490 structured parking spaces at the proposed new Castro St./14th St. MOB. The Davies Campus also has 206 surface parking spots at the North and South Towers of which 136 will be retained. Davies Campus currently has 3 loading spaces and 1 new loading space will be provided at the new Neuroscience Institute building. 30-30 TR

Page S-22 states that one of the "Project Objectives" for "Site Planning" and "Site Selection" is to "ensure that all hospital facilities are located so that they have the capacity to be supported with medical office space, parking facilities, and other supportive functions." I think the site selection and proposed builds lack the capacity to support the parking needs of visitors, staff and delivery personnel. In fact the following statistics will show that the total proposed maximum parking at the campuses themselves at 3,890 spaces will not support the 2008 figures as follows:

- 31,000 acute discharges (33% of SF total)
- 7,300 births (50% of SF)
- 74,300 Emergency Department visits (32% of SF)
- 541,200 Outpatient visits
- 1,200 medical staff (largest in SF)

30-31 TR

This came from www.rebuildcpmc.org/assets/CPMC_CommunityForum.pdf . CPMC thus must rely on City-owned garages and private garages to address parking for their people.

The parking facilities fall way short of the projected number of people who will work, visit and use this facility. This is what will cause the visitors/patients who arrive in vehicles (many of them because they are ill and cannot take public

transportation) to keep circling the campuses and cause congestion when the garages/parking structures are full. That is why this CPMC project requires a Conditional Use (CU) authorization for excess parking at the Cathedral Hill Hospital as noted on Page S-25; however the excess parking request is still not enough. Again, this is evidenced by the need to still lease out garage space at some other off-site locations. And when these lots are transformed from a parking use to some other use, CPMC will lose those parking spots and get into a worse situation with parking to such a large hospital that is planned in a very busy area of town.

30-31 TR

19. Page S-42, Impact TR-1: Implementation of the Cathedral Hill Campus project would result in a significant impact at one of the nearby intersections -- Van Ness/Market. The DEIR states that no mitigation measure is available for this impact. I think that Van Ness/Market can be reconfigured by SFMTA to improve circulation before the start of this CPMC project. What about a traffic circle?

30-32 TR

20. The DEIR refers to Appendix G of CEQA. For the layperson, it would be helpful to have "Appendix G, Environmental Checklist Form" which can be found at the following link: http://ceres.ca.gov/ceqa/guidelines/Appendix_G.html on one page without having it scattered in the Impacts and Mitigation Measures Table S-2.

30-33 INTRO

At any rate, in the CEQA checklist under the section entitled "XV- TRANSPORTATION /TRAFFIC," would the project:

a) Cause an increase in traffic which is substantial in relation to the existing traffic load and capacity of the street system (i.e., result in a substantial increase in either the number of vehicle trips, the volume to capacity ratio on roads, or congestion at intersections)?

b) Exceed, either individually or cumulatively, a level of service standard established by the county congestion management agency for designated roads or highways?

c) Result in a change in air traffic patterns, including either an increase in traffic levels or a change in location that result in substantial safety risks?

d) Substantially increase hazards due to a design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment)?

e) Result in inadequate emergency access?

f) Result in inadequate parking capacity?

g) Conflict with adopted policies, plans, or programs supporting alternative transportation (e.g., bus turnouts, bicycle racks)?

30-34 TR

I believe the answer to all of the above questions, save for possibly "c," unless a helicopter is used in the construction, would be "yes." For CEQA XV-a, when traffic is forced onto neighborhood residential streets that should not take that kind of increased capacity, it is in violation. CPMC projects will do just that. For CEQA XV-b, Highway 101 will be impacted during and after CPMC projects are completed. And there is no mitigation solution for Van Ness/Market. I suppose we can say that San Francisco is a "Transit First" city, but not everybody will leave their vehicles, including the physicians who primarily drive to and from work alone to the hospital sites per CPMC's own surveys. Until a world-class transit system is in place with the proper infrastructure to accommodate, there will be congestion problems at not only Van Ness/Market but also at Polk/Geary as mentioned below. In fact, we are a "Transit First" city that will have a transit impact during the construction of and at full build-out of this project. This project will impact the most heavily

used transit line in the City, the 38/38L-Geary line. The more transit is impacted, the less people will rely on it. If the plan is to get SFMTA to run more buses on the impacted lines without fixing the traffic throughput, that will mean there will be more buses sitting in the traffic jam. Congestion will be a big issue and will get worse as indicated by the DEIR 2030 projection. Congestion causes air quality to decline and is therefore going to affect many sensitive receptors when this project gets underway. 30-34 TR 30-35 AQ

In addition, other transportation impacts to Van Ness/Market are TR-6 (Two-way Post St. Variant with "significant impact" with no mitigation measure, TR-12 (MOB Access Variant), TR-20 (Cathedral Hill Campus project implementation + Van Ness & Geary BRTs), TR-23 (Two-way Post St. Variant + Van Ness & Geary BRTs), TR-26 (MOB Access Variant with Cathedral Hill Project implementation + Van Ness & Geary BRTs), TR-99 (Implementation of Cathedral Hill Campus project), TR-105 (Cathedral Hill Campus project +Two-way Post St. Variant), TR-111 (Cathedral Hill Campus project MOB Access Variant), TR-118 (Cathedral Hill project + Van Ness & Geary BRTs cumulative and significant impact), TR-121 (Two-way Post St. Variant + Van Ness & Geary BRTs + Cathedral Hill Campus project) and TR-124 (MOB Access Variant, Van Ness & Geary BRTs + Cathedral Hill Campus project).

In addition there are transit impacts at Polk/Geary including 2-way Post St. option, MOB access option (see Pages S-43-59,TR-2, TR-7, TR-13, TR-17 (MOB access option possible traffic hazard on Geary St.), TR-19 (Cathedral Hill Campus project implementation + Van Ness & Geary BRTs), TR-22 (Geary and Van Ness BRT projects commencing at same times), TR-25, TR-101 (Cathedral Hill Campus project implementation cumulative impacts), TR-108 (Cathedral Hill Campus project with Two-way Post St. Variant), TR-113 (MOB Access Variant), TR-117 (cumulative impacts from combined Van Ness and Geary BRT projects), TR-120 (two-way Post St. + combined cumulative Van Ness and Geary BRT projects) and TR-123 (MOB Access Variant + Van Ness and Geary BRT projects). 30-36 TR

With all these transit impacts, it would be helpful to commence traffic calming measures in the areas of all 5 campuses – Cathedral Hill, Davies, California, St. Luke's and Pacific on the residential streets and especially on streets with schools for sensitive receptors such as elementary children.

A few areas not considered at all by the DEIR are the impacts of traffic and congestion and shuttle system impact to the areas outside of the CPMC project sites such as the Western Addition neighborhood, and specifically Japantown; the Richmond District (specifically mid-Richmond Geary merchant area, Jordan Park, Laurel Heights), Presidio Heights and Pacific Heights. CPMC shuttles will be running frequently through Japantown, mid-Richmond, Jordan Park, Laurel Heights, Presidio Heights and Pacific Heights on neighborhood streets to get to outlying parking structures such as the Japan Center Garage on Post Street and the use of the Kabuki Hotel area at 1625 Post Street for convenient pickups and dropoffs. Japantown is a heritage cultural center. It should not be used as a transportation mitigation measure for CPMC. In the Richmond District, the shuttles drop off and pick up people at the Geary & 16th Avenue Garage so the workers take up parking from people who want to shop the Geary Street merchants and cannot because the mid-Richmond is one of the hardest places to find parking nowadays. The shuttles running to the California Campus where workers already use the parking structures mentioned in Item 18 above (Cherry St., etc.) from the Pacific Campus will cause parking and congestion issues in Laurel Heights, Jordan Park, Presidio Heights and Pacific Heights. The DEIR has not addressed the greater issue of the moving impacts of CPMC's vehicular use and leasing of spaces in various 30-37 TR

neighborhoods throughout San Francisco. This traffic study has not been done for the CPMC users and its impact on the residents and shoppers who cannot use the parking spaces because CPMC has them reserved. CPMC cannot create new parking at the new site sufficient for its proposed plan so it will be taking up more spaces in the neighborhoods? 30-37 TR

What I believe is occurring is that CPMC has created its own "bus service" instead of having its workers use Muni. It has taken over the neighborhood streets with all of its shuttles that do not even stick to fixed routes on streets that are transit use streets. They have created their own van/shuttle/bus service and is probably also impacting the SFMTA Muni revenue stream. Why would the City cater to a private for-profit entity and allow the neighborhoods to be overtaken basically by a transit service that does not put in to the City's coffers? The least they can do is to be good neighbors and stick to the streets that Muni presently runs on vs. zigzagging all over town even down strictly residentially-zoned streets. They should especially stay off of streets with schools for young children.

MITIGATION MEASURE: I think all the shuttles should be staged outside of the City at the BART stations so that the workers will be forced to take public transit (BART, Muni) if coming in from out of town. They can get off at the Van Ness Station or the Civic Center Station to get to work on the Cathedral Hill projects. All those who live in the City should take Muni. CPMC should learn from UCSF which has shuttles on routes that stick as much as possible to the large streets that already carry Muni bus traffic. UCSF has a good neighbor policy in place that allows a transportation manager to get input on rogue shuttles going off course without any transit blockage on their regular fixed route. And this is also necessary for the CPMC shuttles which do not always travel on the large main streets or those on which Muni already runs. 30-38 TR

Granted, CPMC is not the only one running its own "bus service" as so is Genentech, Google, etc. However, there must be a trade-off to the community for increased greenhouse gases, congestion, noise and vibration and the negative impacts to sensitive receptors for these institutions that use their own transportation services. Perhaps an ordinance is required to curb institutions and "bus service" on neighborhood primarily residential streets unless they have a pickup or drop-off of disabled patients on the particular streets. Otherwise, these shuttles and vans become all day cut-through traffic to the neighbors. 30-39 TR

If CPMC does not wish to relinquish all the parking spaces they take up from City lots that could be used by people who actually shop and live in the City and keep the businesses viable, the prices of the parking spaces should not be increased because of the currently artificial demand that is created by CPMC for the local public. (See Item 64 below.) In addition, with the number of projected FTEs to CPMC being 10,720 (See Item 91), more CPMC personnel will use the parking facilities to squeeze out those who wish to conduct business at the associated shopping center garages but cannot and cause the residential streets to become congested and overburdened with traffic. 30-40 TR

Please reference the following CPMC shuttle information and use of public garages for their 8 shuttle lines:

C-Line: California Campus - Pacific Campus
- Every 15 minutes 6:30 am - 6:15 pm
- Courtesy stops on California St.: Walnut, Locust, East Campus
- Courtesy stops all day: Maple and Sacramento

D-Line: Davies Campus - Pacific Campus
- Every 15 minutes 6:15 am - 6:15 pm
- Services Japan Center parking lot 6:25 am - 8:55 am
- Courtesy stops: Post and Pierce (before 9:00 am); Sutter and Scott (after 9:00 am)
- Courtesy stops all day on Scott St: O'Farrell, McAllister, Hayes, Haight

F-Line: Pacific Campus - Folsom building
- Every 30 minutes 7:15 am - 5:30 pm
- Pick up and drop off will be in the white zone at 633 Folsom, except after 3:30 pm, when pick up and drop off will take place on Hawthorne.

JC-Express: Japan Center - Pacific Campus
- Every 10 minutes 5:05 am - 10:55 am
and 2:40 pm - 8:50 pm

GMG Line: Geary Mall garage at 16th Ave - California Campus
- Every 15 minutes 6:15 am - 9:30 am
- Every 15 minutes 3:15 pm - 6:15 pm

BV-Line: Civic Center BART Station - Pacific Campus
- Every 15 minutes** 5:35 am - 7:05 pm
**Every 10 minutes 6:30 am - 9:30 am
and 3:30 pm - 5:30 pm

St Luke's Shuttle: Davies Campus - St. Luke's Campus
- Every 30 minutes 8:30 am - 3:45 pm (no service from 12:15 to 1:15 pm)
- Davies first service at 8:30 am and last Davies service at 3:30 pm
- St. Luke's first service at 8:45 am and last St. Luke's service at 3:45 pm

K Line: Pacific Campus To - Hotel Kabuki (1625 Post) To - Cathedral Hill Office Building (1255 Post) To - 1825 Sacramento To - 1700 California Street
- Every 20 minutes from each location between the hours of 6:30 am to 6:20 pm
- Departures occur at the same time each hour from each location: Pacific at :10, :30, :50; Kabuki at :13, :33, :53; Cathedral Hill at :15, :35, :55; 1825 Sacramento at :00, :20, :40; and 1700 California at :05, :25, :45.

Source: http://www.cpmc.org/visiting/shuttle.html (as of Sept. 21, 2010)

30-40 TR

21. The "Better Streets Plan" to be adopted by the City with a "Mitigated Negative Declaration" discusses the creation of safe and non-conflicting spaces for pedestrians and vehicles. It will be an adopted plan of the City of San Francisco; and this CPMC DEIR will be in violation on certain portions of it. I think that TR-17 with the pedestrians on the sidewalk coming and going and having the traffic come from in back of the pedestrians is going to cause not only a traffic jam on Geary but possible injuries of pedestrians. Traffic should not be allowed to cross the sidewalk there unless there is a

30-41 TR

separate lane or island made for pedestrians only. Under CEQA, the situation with TR-17 will be violating "g" in that it will be in conflict with a City-adopted plan. I think more study and alternatives need to be considered prior to having this approved. On Page S-44, per MM-TR-17, flashing yellow lights for pedestrians to cross will not be enough nor will an audible signal for those who are both deaf and blind. An additional vibrating device may need to be installed for the blind and deaf. When traffic starts to extend into adjacent intersections, the mitigation measure will not be working. The situation here will become as bad as that already seen at Geary and Divisadero with the Kaiser vans and westbound Geary traffic coming to a standstill because people will double-park next to the vans and drop off passengers since they cannot get into the garage because the queue is backed out to the street or there are no more spaces to park on the street because the parking spaces in the structured garages are all taken. Then one sees the vans double-parked next to other vans. Geary at that spot turns into a one-lane (only open lane is the leftmost lane) from a three-lane thoroughfare. I think it will be worse on the narrower section of Geary at the CPMC site.

30-41 TR

22. For the same reason, there could be pedestrian and vehicle conflict at the Loading Dock on Franklin St. On Page S-47, Impact TR-44 (Implementation of the Cathedral Hill Campus project and subsequent operation of the Cathedral Hill Hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street.). The mitigation measure, MM-TR-44 (Loading Dock Restrictions and Attendant) that places restrictions on trucks longer than 46 feet to use the Loading Dock only between 10 p.m. and 5 a.m. and for CPMC to monitor and document truck deliveries between 10 p.m. and midnight for 6 months after full building occupancy and to have an attendant present to stop on-coming traffic for delivery trucks to maneuver into the Loading Dock will cause all three lanes of northbound Franklin St. to come to be blocked and people will start cutting through the neighborhood to get around. Traffic may flow down Laguna St. next to the Japantown Peace Plaza, the first northbound street west of Franklin and continue north on Laguna or a right turn made at Post Street eastbound back to Van Ness to bypass the "loading dock gridlock." It is not likely that the traffic will divert east since Geary only goes westbound at that location. Westbound Geary traffic may also start to pile up if vehicles do not go around to Laguna St. Laguna will start to back up into the Geary/Laguna intersection until the drivers start cutting through the other streets in Japantown I think this mitigation measure will impact Japantown businesses and residents along Laguna St. and Post St. and does not take into account that due to the one-way (in the wrong direction) nature of the streets adjacent to Franklin, people will go west towards Japantown when the Loading Dock blocks traffic on Franklin. The mitigation measures do not address how the traffic will be resolved going into Japantown.

30-42 TR

In addition, when pedestrians are walking along Franklin, what safety measures will be in place when the vehicles are going across the sidewalk into the Hospital? People walking northbound on Franklin will have their backs to traffic. With 3 curb cuts on Franklin St., the measures taken to protect pedestrians must be more than just blinking lights and audible signals. The proposed plan to use a fulltime attendant to watch and guide pedestrians in an area that could have a high incidence of pedestrian and vehicular conflict may or may not work. Having the ambulances drive to the Emergency Department on Franklin also poses a threat to pedestrians and to possible stacking up of ambulances in the emergency zone that may cause blockage of the easternmost traffic lane of Franklin.

30-43 TR

30-44 TR

According to Page S2-77, the Loading Dock is in the southwest corner of the proposed hospital building at Geary St./Franklin St. The loading dock door is also located at the most southerly portion of the Loading Dock, closest to the Geary/Franklin corner. I think having this loading dock door at the very southwest location closest to the Geary/Franklin corner is worse than having the loading dock door farther north on Franklin because vehicles that want to make a right turn off of westbound Geary will be blocked by the truck getting into or out of the Loading Dock and cause Geary to get congested as well as Franklin at the same time. Moreover, if the Geary BRT is running westbound in the lane closest to the Hospital, it can be blocked by a truck maneuvering into or out of the Loading Dock. An unsafe situation is probable where the vehicular traffic flows around the stuck BRT or those who want to make a right off of Geary onto northbound Franklin. 30-45 TR

There are 4 building posts/piers within the Loading Dock parking area for the large trucks. Per Page 2-21, the DEIR states that there are going to be 6 spaces for the loading dock at the proposed Cathedral Hill Hospital in addition to the 14 spaces for vans and 2 loading spaces for the MOB. If all 6 spaces at the loading dock were to be occupied for deliveries, and another truck shows up at the Hospital, how will the traffic jam on Franklin St. be resolved? Will the trucks double-park on the nearby residential areas waiting for their turn to get into the loading dock?

In addition, both the Two-way Post St. Variant and the MOB Access Variant of the Cathedral Hill Project will cause a "significant" and "potentially hazardous" condition on Franklin St. as described in Impact TR-46 and Impact TR-48. Both of these impacts are also suggested to be mitigated by hiring an attendant and having him/her direct the oncoming traffic when trucks are in the service loading area. The mitigation measure is also to possibly modify the deliveries of trucks longer than 46 feet in length (MM-TR-44, Page S-47).

23. Impact TR-75 on Page S-52 states that there will be a "significant impact" at the intersection of Church/Market/14th Street that would operate at LOS F under the 2020Modified Baseline No Project conditions. LOS (level of service) "F" is the worst case with bad congestion, and there is no mitigation measure associated with this impact. What transportation changes have been studied that would change the LOS to a better grade with the "2020 Modified Baseline No Project" conditions? Traffic circles? Other? 30-46 TR

    In addition, TR-127 (Davies Campus implementation will have significant impact at Church/Market/14th Street under both the 2030 Cumulative No Project and 2030 Cumulative Plus Project conditions to a LOS F. No mitigation measure for this either. 30-47 TR

    What are some of the assumptions made to conclude that this intersection will operate at this poor level?

24. Page S-43, Impact TR-8 (Cathedral Hill Campus implementation with Two-way Post Street Variant will have a "significant impact" at the Franklin/Bush intersection. Bush is a major commute street that runs in the west-to-east direction. There is no mitigation measure for this issue. When one lane of Post Street is blocked off between Franklin and Van Ness, drivers who cannot avoid congestion at Geary/Franklin and Van Ness will turn north on Laguna to Bush eastbound. If you make Post a two-way street and close one lane (one side of the street), you end up with one lane in only one direction. So what is the point of making Post a two-way street when the trucks will be taking up the parking lane (and probably one lane of traffic for safety reasons) for almost 6.4 years (332 weeks) per the Administrative documents that accompany the CPMC DEIR by Herrero-Boldt? 30-48 TR

25. Page S-54, Impact TR-100 (Cathedral Hill Campus project implementation results in significant and cumulative impacts to Van Ness/Pine intersection). There not being a mitigation measure from this will result in the commuter traffic to eke out onto the adjacent smaller streets. 30-49 TR
26. On Page S-54, Impact TR-107 states that the Two-way Post St. Variant will result in significant project and cumulative impacts at Van Ness/Pine. Again, no mitigation measure is in place. 30-50 TR
27. Earlier in my comments, I mentioned the "Transit First" policy that the Planning Department believes will be the way most everyone will get around the City. I think that it is very "family unfriendly" for the Planning Department to promote "family-sized housing" and presume that these same families will take transit all over the City instead of driving. Not only does the Planning Department promote such development but it also allows them to be built without realizing that more families will leave after building these so-called "family sized units" with no parking. 30-51 TR
    If one really wants to eliminate vehicles in the City to get people to take Muni, a taxicab or shared rides, perhaps street parking should be prohibited after 11p.m., for example, just as is done in Golden Gate Park.
    One caveat is that people who are seniors and disabled may not be able to take public transit so these people may be given an exception.
    With all the long loading zones for the CPMC projects, parking spots that used to exist for nearby merchant visitors or for residents near Polk Street, Cedar and Sutter Street, e.g., will be eliminated. How are these merchants supposed to attract customers during and after the CPMC construction project? By the time the Cathedral Hill Hospital, MOB and Tunnel are built, most of the customers would be gone as the merchant may not have been able to remain in business during the demolition and building of the CPMC campus. 30-52 PH
    If the transit lines will be impacted as stated in the DEIR, not many people will be relying on the buses to get places – not the families, not the workers. This City will only become more congested and fewer families will stay in the City.
    The recourse for the transit delays caused by the CPMC projects is to solve it through financial payouts to the SFMTA. This is what seems to be stated in Mitigation Measure MM-TR-29 as stated on Page S-45. This mitigation measure only allows for a "financial contribution" between CPMC and the SFMTA to resolve the increase in travel times on the Muni bus routes. 30-53 TR
    Any amount of money paid to SFMTA to get more buses to run on already clogged streets only adds more buses being stuck in traffic. Will Muni be running shuttles around the project areas? What other mitigation measure will be used to ensure that transit will not be impacted?
28. Page S-46, Impact TR-30 states how the 38/38 L-Geary lines will be impacted with increased travel times. Again, only a "financial contribution" mitigation measure is mentioned with a "Transit Mitigation Agreement" to be entered into to bring the level of service to a proposed level as stated in Mitigation Measure MM-TR-29, Page S-45. What proposed level would that be? What are these financial contributions supposed to pay for? Will more buses be run? Where will they go? Will they be allowed to go off route? If so, on what streets? If no additional buses will be run, will there be alternate solutions that this "financial contribution" will pay for? If so, what would these be? Impacting the City's most-used 38/38-L Geary bus line is a bad idea that will get worse. Will people be routed over to streets that parallel Geary 30-54 TR

and be shuttled in the north-south direction in some loop route? That will minimize having to run extra buses (conserve fuel) and only have to run short loop services.

The 38/38L-Geary line will also be impacted by the Two-way Post St. Variant because it will increase ridership along Geary per Impact TR-33. 30-54 TR

The 38/38L-Geary line will also be impacted by the MOB Access Variant adding to the congestion and travel times as per Impact TR-36.

This same page says the same impact to the 19-Polk line. This is a major line for people from the southeast portion of the City to the northeast portion of the City. With all the impacts to the bus lines being resolved with the "financial contribution" mitigation measure mentioned earlier, perhaps there could be an outline of a foreseeable new transit re-routing/addition of buses or shuttles to mitigate the lengthened travel time people will be experiencing. 30-55 TR

The Two-way Post St. Variant would also cause a problem on Polk St. adding to the 19-Polk line travel time as per Impact TR-34 on Page S-46.

29. Per Impact TR-133, Page S-57, the impact on the 49-Van Ness Muni line will be "significant" and "unavoidable" (SU) but will be addressed again by MM-TR-29 as mentioned earlier.
30. Per Impacts TR-134 through TR-147 (Pages S-57 through S-59), bus lines 47-Van Ness, 38/38L-Geary, 19-Polk, 3-Jackson, and 49-Van Ness will all be "significantly and unavoidably" (SU) impacted with all the mitigation measures for each of these the same as MM-TR-29 which involves the financial "Transit Mitigation Agreement" between CPMC and SFMTA. Each of the mitigation measure numbers assigned to the impact may be different but it is all the same solution by way of this financial arrangement. Also, if the 3-Jackson is impacted, so would the 2-Clement line. The 2-Clement has not been written up as being impacted in the executive summary. Perhaps I missed it. 30-56 TR
31. For the 4 variants of the Cathedral Hill Project mentioned -- Impact TR-55 on Page S-48 and Impacts TR-56 through TR-58 on Page S-50 – there will be a "significant and unavoidable" (SU) impact due to "construction vehicle traffic and construction activities that would affect the transportation network." In order to bring this impact to a "less-than-significant" impact, the DEIR states that Mitigation Measure TR-55 will be implemented. This calls for a "Construction Transportation Management Plan (TMP) which will "disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation…pedestrian, transit, and bicycle…program would supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by Caltrans, SFMTA, DPW, or other City departments and agencies." 30-57 TR
It goes on to say that the remedy would include, "identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands," "identifying best practices for accommodating pedestrians, such as temporary pedestrian way-finding signage or temporary walkways," "identifying ways to accommodate transit stops located at sidewalks slated for closure during construction," "identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility," and "identifying best practices for managing traffic flows on Van Ness Avenue during the nighttime hours for the period when tunnel construction would involve surface construction activities."

On Page 4.5-150, Table 4.5-29 states average (37) and maximum (72) number of workers per shift with 3 shifts stated for the Cathedral Hospital work (weekdays 7 a.m.-4 p.m., 4 p.m.- 12 a.m. (midnight), 7 a.m.- 5 p.m. on Saturdays); and with 2 shifts for the Cathedral MOB work (weekdays 7 a.m.- 5 p.m. and 7 a.m. - 5 p.m. on Saturdays) with an average of 9 workers per shift and a maximum of 11 workers per shift. The Administrative documents that accompany the CPMC DEIR indicate in the "Biology Section, #7, "CPMC Cathedral Hill Campus EIR – Construction Data" that there will be a maximum of 35 workers from October 2011 through August 2012, with an average of about 25 people from July 2013 through Feb 2014 according to the chart. Have the number of workers that will be working the tunnel portion of the project changed since this publication? 30-58 PD

In these same Administrative documents that supplement the CPMC DEIR, the table mentioned in this "Biology Section, #7, shows that there will be a maximum of about 680 workers from July/August 2012 through October 2014 with an average of about 550 workers from July 2012 through October 2014 to build the Cathedral Hill Campus Hospital; and for the MOB the "maximum number of workers on site per day" is 158 from May 2013 through August 2014 with an average of about 100 workers from October 2011 through August 2014. Will they park other than at 1375 Sutter, 855 Geary, 1600 Geary and CH MOB? If so, how many more parking spaces will be leased as part of this "transportation demand management program"? 30-59 TR

What is not stated in this section appears on Page 2-40. It states that tunnel construction workers will be working from 7 p.m. – 5 a.m. during the week and on Saturdays. This time slot is selected because the traffic volume on Van Ness Avenue is low (Page 2-43). How many more workers for these 7 p.m. – 5 a.m. shifts for the tunnel construction? 30-60 PD

For the Cathedral Hill Hospital project, with 55 trucks per day during demolition, 220 trucks per day during excavation, 152 trucks for the foundation work, 110 trucks per day for the building of the structure, and 25 trucks each per day for the exterior and interior work, there will be a problem with trucks queuing up at the site. These trucks need to be told in advance of approaching the work site that no more trucks can get into the area until a truck has left or the gridlock in the area will be exacerbated. In fact, adding the Cathedral Hill MOB project at the same time, for each of the above categories (e.g. demolition, excavation, etc.), there will be a total of 95 trucks per day for demolition, 320 trucks for excavation, 312 trucks for foundation work, 240 trucks to build the structure, 50 trucks for exterior work and 40 trucks for interior work per Page 4.5-151. 30-61 TR

With the sheer number of trucks coming and going, and with just the one statement on Page 4.5-152 -- "if trucks begin to stack, other trucks would be advised to return to their construction yard by the contractor's logistics superintendent" – it did not seem like a good plan was in place. However, after reading the Administrative document by Herrero-Boldt dated May 27, 2009, "CPMC Cathedral Hill Hospital EIR – Construction Data Version 2.x," it appears that a better explanation was given to allay any issues with the smooth operation of the arrivals and departures of the construction trucks that will be at this site. Per this document, the "Logistics Superintendent will be in constant radio contact with the jobsite to coordinate deliveries continuously during all hours of operation." It explains that "there is planned room for a total of 8 trucks at the site while only 3 are planned to be offloaded at a time. This will allow for 3 trucks to be off-loaded while 5 are queued. If a truck cannot reach the site in a reasonable amount of time or not at all, the truck will return to the construction yard by the most plausible alternate route based on the current circumstances. The use of

technology (GPS, traffic reports, police scanners) and constant communication between construction yard, drivers, and construction site will help to reduce difficulties in trucking."
In addition, this document states that "schedules for the cranes and hoists will be coordinated with the delivery schedule in order to make the most efficient use of the equipment." When, according to this document, the construction yard locations will be at:

- 550 Townsend
- 450 Toland
- 2020 Cesar Chavez
- 2065 Oakdale Avenue
- 955 Cesar Chavez

And the materials will be trucked in from warehouses in:

- Mission Bay
- Central Waterfront
- Bayview District

In order not to pollute these areas as well as the construction yard areas due to a wasted truck run or to trucks idling to wait for their green light to deliver to the Cathedral Hill project, such a system of keeping in constant contact via this Logistics Superintendent is an excellent idea to minimize the impact on air quality and sensitive receptors in these areas.
As part of the effort to assist pedestrians during construction, way-finding signage may be OK for the sighted, but how will the blind and deaf be guided in this area? I suggest any way-finding signs to be posted at a good distance away from the construction site so that people do not end up walking unnecessarily only to find that the sidewalk is closed or that they have to walk out into traffic.
How many more trucks for the tunnel excavation portion of the Cathedral Hill Project?
On Page S-50, there is mention of "consultation with other Agencies, including Muni/SFMTA and property owners on Cedar Street, to assist coordination of construction traffic management strategies as they relate to bus-only lanes and service delivery on Cedar Street. CPMC should proactively coordinate with these groups prior to developing their Plan to ensure the needs of the other users on the islands addressed within the construction TMP for the project." What islands?

32. Gough/Geary will be impacted by the Two-way Post St. Variant with no mitigation measure available. Some of the traffic may go southbound or northbound along Laguna St. when Gough at Geary gets clogged up. During the evening and morning commutes, this will impact Japantown.
33. The intersection of Franklin/Bush will be affected with the Two-way Post Street Variant per Impact TR-106 on Page S-54. Again, Laguna Street may get cut-through traffic which may need to be mitigated for the Japantown area.
34. Van Ness/Pine will result in significant and cumulative impacts with the implementation of the Cathedral Hill Campus project MOB Access Variant as per Impact TR-112 on Page S-55.

30-61 TR
30-62 AQ
30-63 TR
30-64 PD
30-65 TR
30-66 TR

In general, for some of these impacts, there is the assumption in this DEIR that if there were the Van Ness and Geary BRTs already running, the various alternatives to the CPMC campus build-outs will be "less than significant." For example, on Page S-55, Impact TR-119 states that the five intersections around the Cathedral Hill project (Franklin/Geary, Franklin/Pine, Van Ness/Bush, Van Ness/Pine, and Polk/Sutter) are at LOS "D" and are "less than significant impact" and five intersections (Gough/Geary, Franklin/O'Farrell, Van Ness/Fell, Van Ness/Hayes, and Van Ness/Broadway) will be at LOS "E" or "F" with the Two-way Post St. Variant. I think the five intersections at LOS "E" and "F" should have separate "Impact TR-xxx" items in the "Table S-2, Summary of CPMC LRDP Impacts and Mitigation Measures." These 5 intersections for each of the variants should say "significant" impact or "significant and unavoidable" but there could be a mitigation measure that would not make it "unavoidable." These need to be added to Table S-2. See also Pages 4.5-229 – 4.5-230 for details on TR-119 where the intersections are mentioned. The impacts from the BRTs also have to be looked at from intersections farther away from just the project sites because traffic congestion will move into streets at least a half-mile or even up to a mile away. This also will occur when the CPMC project tasks coincide with BRT construction work.

30-67 TR

35. Page S-47, Impact TR-42 states the implementation of the Cathedral Hill Campus project MOB Access Variant would result in a pedestrian hazard impact at the MOB's driveway on Geary St. Again, as per Page S-41, the mitigation measure is MM-TR-17, which, as I mentioned earlier, involves a flashing light and an audible signal to warn drivers and pedestrians of the pedestrian-vehicle conflict at this location. This is in violation of the "Better Streets Plan" to make streets safe for pedestrians. The dangerous condition that will be set up may be better mitigated with either an underground tunnel for pedestrians or a pedestrian bridge. How often will the audible signal and flashing lights be triggered in a given day? I think the pedestrian traffic between the MOB and the Cathedral Hill Hospital will be almost constant so Geary will face considerable congestion. All construction projects should not impact the City transportation system to this degree. One of the "Priority Policies" of the City's "General Plan" is that "commuter traffic not impede Muni transit services or overburden our streets or neighborhood parking." The 38/38L-Geary Muni line travel times will be increased if one lane on Geary is blocked due to pedestrians crossing.

30-68 TR

36. On Page S-59, Impact NO-1 is "potentially significant" and states that "short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels." Mitigation Measure M-NO-N1a for Cathedral Hill, St. Luke's, Davies and Pacific campuses long-term, contains statements about maintenance of construction equipment, minimization of operation of equipment and construction of barriers with blankets and wood panels. Also Mitigation Measure M-NO-N1b states that a community liaison will be assigned for noise complaints. Mitigation Measure M-NO-N1c states that nighttime noise from construction will be evaluation in a "construction noise management plan" and measurements will be taken. For residences, educational buildings, churches and other sensitive noise receptors, would there be a working number that these people can call 24/7 for noise complaints relating to the construction project? Have all the sensitive noise receptors – "schools, preschools, hospitals, convalescent facilities, hotels, motels, churches, libraries, and other uses where low interior noise levels are essential" – as defined on Page 4.6-10 been determined? If so,

30-69 NO

could there be a list provided for those in the Cathedral Hill project area? Is the list of 10 buildings in Table 4.6-35 on Page 4.6-92 is the all-inclusive list of these receptors? 30-69 NO

37. On Page 4.6-35, Table 4.6-19, it appears that the Cathedral Hill project will be contrary to the "City and County of San Francisco Land Use Compatibility Chart for Community Noise." For "residential, all dwellings," any noise exposure over 65dB means that new construction or development should be discouraged. And for "schools, churches, libraries, hospitals and nursing homes," any project over 65dB should generally not be undertaken. From all appearances, this Cathedral Hill project will be very noisy and leave the neighbors experiencing a high level of annoyance based on the projected dB level exposures. 30-70 NO
38. For the HVAC air handlers, chillers and generators, how many dB above the ambient noise levels will they be operating at the noisiest? 30-71 NO
39. Per an earlier statement in this comments and questions document, please add helicopter to Table 4.6-21 if one will be used on this project or any of the other CPMC projects. 30-72 PD
40. On Page 4.6-66, how often will the generators be run for scheduled testing for the "typical 30 minutes" of testing? 30-73 NO
41. On Page 4.6-68, all noises (e.g. door closures, conversations, vehicle startups, etc.) from patient drop-offs from vehicles and shuttles are expected to not exceed 45dB in the interior of adjacent buildings. Would the audible backup alarms on the shuttles and other delivery vehicles increase the dB measurement higher than 45dB. If so, by how much? 30-74 NO
42. Page S-61, Impact NO-3 states that "operation of stationary noise sources associated with the CPMC LRDP could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels." This impact is shown as "significant." And various mitigation measures are outlined such as not delivering oxygen tanks during church service hours for Hamilton Square Baptist Church. Perhaps other noisy deliveries could be postponed during service hours as well. 30-75 NO
43. On Page S-61, M-NO-N3c, what is an "Aduromed" operation? 30-76 NO
44. On Page S-62, Impact NO-4 describes "future traffic-related interior noise levels could exceed applicable land use compatibility standards." This is shown to be a "significant" issue and the mitigation, M-NO-N4 for Cathedral Hill campus is to reduce the interior noise level to 45db with insulation, etc. However, no mention is made of reducing the noise level of adjacent properties or those of the sensitive noise receptor category. Even though the interior of the hospital is quieter and shielded from the future traffic noise, the other buildings are not. Do they get upgrades, too? 30-77 NO
45. Page S-62, "Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds." For this "significant and unavoidable" impact, the mitigation measure, M-NO-N5, is to make available a community liaison to resolve vibration complaints. It also states that "the pre-existing condition of all buildings within a 50-foot radius and historical buildings within the immediate vicinity of proposed construction activities shall be recorded in the form of a preconstruction survey. The preconstruction survey shall determine conditions that exist before construction begins and shall be used to evaluate damage caused by construction activities. Fixtures and finishes within a 50-foot radius of construction activities susceptible to damage shall be documented (photographically and in writing) before 30-78 NO 30-79 NO

construction. All buildings damaged shall be repaired to their pre-existing conditions." Assuming the construction of the Cathedral Hill campus includes the hospital, the MOB and the conversion of the Pacific Plaza Medical Office Building at 1375 Sutter Street, there are very few buildings that could potentially fall within this 50-foot radius of the construction sites at Cathedral Hill.

30-79 NO

The following are official sidewalk and widths of streets surrounding the Cathedral Hill project:

STREET NAME	BETWEEN WHAT TWO STREETS?	WHOLE STREET INCLUDING SIDEWALK	SIDEWALK WIDTH	CURB-TO-CURB WIDTH
Geary	Van Ness & Franklin	68.75	10.00	48.75
Post	Van Ness & Franklin	68.75	10.00	48.75
Daniel Burnham Ct.	Van Ness & Franklin	35.00	7.00	21.00
Sutter St.	Van Ness & Franklin	68.75	12.00	44.75
Franklin	Geary & Sutter	68.75	9.00	50.75
Van Ness	Geary & Sutter	125.00	16.00	93.00
Cedar St.	Van Ness & Polk	35.00	7.00	21.00

(Source: DPW-BSM-Subdivisions & Mapping)

30-80 NO

If the distance of 50 feet were measured from a spot on the perimeter of the Cathedral Hill project closest to a particular building, it seems there will only be about 12 properties that could fall under the statements of having construction-

related damage fixed if one uses only the "curb-to-curb" width measurements. If not, what number of buildings would be affected and what are their addresses? It should be noted, however, that the Hamilton Square Baptist church falls outside the "50-ft. radius of potential repair" because Franklin Street is 50.75' wide curb-to-curb. Including the sidewalks on both sides of the street, Franklin would be 68.75 feet away from the closest perimeter point from which a 50-ft. radius could be mapped. The church will not fit into this potential repair category. However, if the Hamilton Square Baptist Church on the southwest corner of Franklin and Geary is historic or an older building, it is recommended by Caltrans that there be a limit or threshold for damage to structures of "0.25 in/sec PPV (peak particle velocity in in/sec) for older or historically significant buildings" per CA Dept of Transportation, 2004, "Transportation and Construction-Induced Vibration Guidance Manual," Sacramento, CA, Table 19, Page 27. And, since, as stated on Page 4.6-10, the "more stringent vibration damage thresholds are recommended for these ("historical or lightweight") building types," I would think that some careful surveying and recordation of the structural and cosmetic condition of this old church is required prior to the Cathedral Hill construction job. On Page 4.6-44, the DEIR calculates the source of noise at a point much farther since in Table 4.6-22, for the Hamilton Square Baptist Church, the distance stated is 80 feet. Would you please clarify where the source of the noise on each of the construction sites is calculated for this "50-foot repair radius." Perhaps I missed an explanation of it.

46. The impact of noise and vibration is considered "significant" in that the noise and vibration are annoyances as it relates to the FTA's standard for human response as stated on Page 4.6-91, and as shown in Table 4.6-35 on Page 4.6-92. The remedy proposed in the DEIR is to take a survey and implement the previously mentioned "50-ft. radius repair zone." I think the survey should include all the buildings that have equaled or exceeded the threshold of "human annoyance" for noise and vibration. Specifically, the following buildings:

    (a) Hamilton Square Baptist Church
    (b) Concordia Club (1142 Van Ness Ave.)
    (c) Episcopal Services (1001 Polk St.)

    On Page 4.6-38, it states in Table 4.6-20 that for any ambient noise level >60dB, if there is an increase of 3dB or greater, then that increase is considered "significant."
    For the church listed in (a) above, the increase in dB over the ambient noise level of 70dB is 11dB. This is a 367% increase over the amount of the 3dB change considered to be significant.
    For the Concordia Club, (b), the change in dB over the ambient noise level of 70dB is 17dB. This is a 567% increase over the amount of the 3dB change considered to be significant.
    For the Episcopal Services, (c), the change in dB over the ambient noise level of 66dB is 17dB. This is also a 567% increase over the amount of the 3dB change considered to be significant.
    I do not think that due to the increase in the dB measurements during construction that these people will be able to function without added aggravation in noise and vibrations.

30-80 NO

Getting back to the two streets that may meet the "50-ft. repair radius," if one included the sidewalk widths as part of the street, only the buildings on Cedar St. and Daniel Burnham Ct. would meet the criteria to potentially have any

30-81 NO

construction damage fixed by CPMC if needed. What are the addresses of the buildings that fall within these parameters suggested by CPMC?
I referred to the drawing on Page 2-53 for the Cathedral Hill Campus – Proposed Plan for the three buildings and the surrounding streets but it is unclear.

30-81 NO

47. Page 4.6-91 states that for the Cathedral Hill Campus, the vibration levels would be "from 69 VdB (vibration decibels) to 88 VdB, and up to 0.104 in/sec PPV (peak particle velocity)" and would indicate that it would not exceed Caltrans' threshold of 0.25 in/sec PPV at 25 feet but that it could be a noise annoyance under Federal Transit Administration. Would some of the surfaces of the proposed Cathedral Hill Hospital be made so that the glass would not reflect the noise so much? Use other sound deadening materials for the neighbors.

30-82 NO

I have not analyzed St. Luke's proposed campus street widths, Pacific Campus street widths, or the Davies campus street widths to determine if the same 50-foot radius construction damage zone is being offered to the adjacent building owners of the Cathedral Hill Hospital project by CPMC.

30-83 NO

48. Page S-65, Impact AQ-2 states "Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants (1999 BAAWMD Guidelines)" and indicates that there will be "significant and unavoidable" impact at the Cathedral Hill Campus projects. The mitigation measure, M-AQ-N2 states that "emission control devices on construction equipment" by "making every reasonable effort to ensure that all construction equipment used at these campuses would use equipment that meets the DPA Tier 4 engine standards for particulate matter and NOx control (or equivalent) throughout the entire duration of construction activities, to the extent that equipment meeting the DPA Tier 4 engine standards is available to the contractor at the time construction activities requiring the use of such equipment occur."

30-84 AQ

On Page 4.7-34, it states that the toxic air contaminants (TACs) from the construction phase of the Cathedral Hill Campus will have a cancer risk of 17 in one million which is 7 over the allowable 10 in one million risk level as determined by BAAQMD's 1999 Guidelines. When new modeling is done beyond the screening level, when would those be available? Will periodic testing be done to protect the most likely person affected – a resident off-site child?
On Page 4.7-35, Table 4.7-5, for the Cathedral Hill Campus cancer risk at the "maximum exposed individual risk (MEIR)" for adults is 9 parts per million. So both the adult and child rates will be in violation of the BAAQMD's 1999 Guidelines. How will some of these toxic air contaminants be cleaned off buildings, vehicles, objects that are within 300 feet of the area? Would the wash water be going into the sewer system?

30-85 AQ

As a note, please define "MEIR" in the Glossary as it is not there but in the small print of the table described above.

30-86 INTRO

49. On Page S-65, Impact AQ-3 states "operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full build-out (1999 BAAQMD Guidelines). Per Page 4.7-41, the PM_{10} emissions will be 7 tons over the 15 tons (i.e. 22 tons) allowed by BAAQMD for all four campus projects and the Cathedral Hill Campus will have 19 tons out of the total 22 tons projected – 86.4% of the PM_{10} emissions will come from the Cathedral Hill project and there will be no mitigation measures. PM_{10} particulates are those that are "respirable with an aerodynamic diameter of 10 micrometers or less" per the Glossary in the DEIR. I think that the workers should all be issued respirator masks and any nearby residents

30-87 AQ

adjacent to the building project should also be issued these masks, starting with those with lung ailments and pregnant women. In addition, filters for HVAC systems in immediately adjacent buildings may need to be changed out more frequently due to the project. 30-87 AQ

50. Some of the equipment used today may not be the equipment used when the actual construction takes place. So for Impact AQ-10 on Page 4.7-65 which states, "construction activities associated with the LRDP would result in short-term increases in emissions of diesel particulate matter that exceed the recently adopted (June 2, 2010) BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$ (Significance Criteria 7b and 7d)." When more is known about the actual equipment that will be used, a revised analysis of the cancer risk would be helpful for the public. And until such determination, there is no impact mitigation besides the M-AQ-N10a of installing accelerated "emission control devices on construction equipment" per Page 4.7-68. 30-88 AQ
51. Page S-67, Impact GH-3, states "direct and indirect LRDP-generated GHG emissions would have a significant impact on the environment or conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions (Recently adopted BAAQMD Guidelines)". This is a "significant and unavoidable" impact for all 4 projects and does not have any mitigation measure associated with it. Per Page 4.8-31, the BAAQMD's efficiency criterion is 4.6 $MTCO_2e/SP/yr$. and on this page, it refers to Table 4.8-2 on Page 4.8-20 that there will be a "net increase in GHG emissions resulting from Proposed LRDP (year 2030)" of 22,503 $MT/yr\ CO_2e$. On Page 4.8-32, the DEIR goes on to state that "several sustainability attributes would serve to reduce GHGs that were not accounted for because of the unavailability of sufficient methodologies to accurately account associated GHG emission reductions." What are these "sustainability attributes"? 30-89 GH
52. Page S-69, Impact BI-1 states, "tree and shrub removal and vegetation clearing required at most of the CPMC campus sites during project construction may potentially disturb nesting birds and could result in destruction of bird nests, a potential violation of the California Fish and Game Code or the Migratory Bird Treaty Act," and mitigates this with mitigation measure M-BI-N1 which describes the nesting season as "January 15 through August 15." In another DEIR I read, the nesting season for San Francisco was different. Why these dates for this DEIR? On Page 4.13-16 in the "Biological Resources" section, the DEIR states that across all 5 CPMC sites, bird nests have been found and field surveys included rock dove (Columba livia), American crow (Corvus rachyrhynchos), American robin (Turdus migratorius), white-crowned sparrow (Zonotrichia leucophrys), Anna's hummingbird (Calypte anna), and house sparrow (Passer domesticus). As well, the DEIR states that "birds may use the secluded ornamental grounds and vegetation on the sites." 30-90 BI

Wildlife does not necessarily return to an area that has been severely changed and for which there is not enough mature trees or appropriate landscaping for them. It took ten years for any mourning doves to return to a site adjacent to a residential demolition job which clearly was not as massive a job as this CPMC job will be. A project as big as the 4 campuses for CPMC may likely keep many wildlife away for years subsequent as well and may have an impact on their breeding cycles if they cannot find appropriate breeding grounds. From what I have seen, in birds, living in mature trees is not the same as living in the small plantings on the rooftops of buildings because humans are too close to them. Birds tend to not nest in greenery that are close to humans or if they do because there is no other available mature tree 30-91 BI

around, they will attack the humans. Some birds such as California quail live in the underbrush and these birds will not roost in highrises. 30-91 BI

In relation to this biological impact, what about the wild parrots of Telegraph Hill? They are very frequently seen on the tall buildings in close proximity to the Cathedral Hill Hospital/MOB area. Parrots are very intelligent birds and usually will not nest in areas that appear to be hazardous; however, if they have already found trees for nesting, I am not so sure they will take to re-nesting elsewhere if disturbed and especially if there are not enough days left in the breeding season when disturbed. If a tree with a parrot's nest is taken away, the parrot will have to find another tree. They use the tree trunk itself as a nest and they do not build flimsy nests like other birds. They do not nest in any kind of tree either. The cherry-headed conures have a nesting season around the first day of summer and the little ones may not fledge until September, perhaps around the autumnal equinox, so the CPMC "nesting period" that ends on August 15 would be problematic for these avian ambassadors of San Francisco. 30-92 BI

In addition, Page 2-27 states "The hospital's exterior design would be primarily composed of metal and glass. Various glass materials at the hospital façade along Van Ness Avenue and Post Street would be used to create a composition intended to be intriguing both during the day and at night." Also, on Page 4.2-188, the DEIR states, "…exterior building materials, such as low-reflection metals and glass, would be used in construction of the new buildings at the Cathedral Hill Campus site. When installed properly, these types of exterior building materials are not considered reflective." Although not reflective, perhaps birds are attracted to them, and although, as stated on Page 4.2-188, "mirrored, highly reflective, or densely tinted glass except as an architectural or decorative element" is allowed, perhaps it should be determined where to place them so there will be no bird-strikes. 30-93 BI

The parrots of Telegraph Hill have crashed into glass and become stunned so my concern is about the safety of the glass used for these and other wildlife and as well the lighting of the glass at night that may be problematic for some of the higher altitude wildlife. Sure, the parrots are not "endangered species" or "migratory birds" but they do migrate across the length and breadth of the City to forage for food and to find nesting sites. So that is a concern I would like to see mitigated/resolved. The purpose here is not to provide nesting sites. The point is that when trees that are known to be used by certain birds are destroyed and similar species are not reintroduced in the same area, these birds will have to go elsewhere and they may not breed so that will lead to fewer of them being able to survive in this city. Although it is the standard practice for the San Francisco Planning Department's Major Environmental Review Section to only concern itself with the California Department of Fish and Game's stated breeding timeframes, I think people will think that in this City some consideration should be given to these special birds that are a huge tourist draw. 30-94 BI

As far as the species of trees on the campuses, what is the inventory of trees at each of the CPMC construction sites? The Administrative documents that supplement this CPMC DEIR showed a diagram of the trees (round circles on a map) but I could not find what trees exactly were on the campuses. I could not find a list for each campus. Is it available? 30-95 BI

53. Volume 3, Section 4.5: TRANSPORTATION AND CIRCULATION:
Page 4.5-1 indicates that 81 intersections over the 4 proposed project locations were studied for transportation impacts. On Page 4.5-2, Figure 4.5-1 entitled "Cathedral Hill Campus – Study Area and Project Location" shows a ½-mile radius around the campus but the parking study area only extends from Eddy to Pine between Laguna and Hyde. 30-96 TR
The parking study needs to include the intersections that fall within the ½-mile radius so that Webster and Buchanan as well as Leavenworth and Jones between Washington and Fulton are included for cut-through traffic which may occur during construction and after full build-out.
It should be noted that transportation and circulation will be impacted on the Japantown streets due to the one-way configuration of the streets around the Cathedral Hill project which also includes the MOB project and the pedestrian tunnel.
Another important note is that the Japantown streets will be impacted twice because of the Pacific Campus construction that is part of the long-term project list. I believe that because Japantown is within the ½-mile radius of both projects and sits within both areas of the project radii, that Japantown will be cumulatively impacted. I thought cumulative impacts were a CEQA item and needed to be mitigated. 30-97 TR
When the Pacific Campus project is done sequentially to the Cathedral Hill project, Japantown streets are impacted for a longer duration. The Cathedral Hill project (all levels) is estimated to go from 2011 through mid-2015 per Page 2.5, Table 2-1. Then the Pacific Campus project starts with renovations from the beginning of 2015 through 2019. In effect, the Japantown streets will be impacted to varying degrees from 2011 through 2019, a total of 9 years straight or possibly even up to 10 years per Page 4.7-29, "Near-Term Projects – Cathedral Hill, Davies, and St. Luke's Campuses." When the smaller residential streets in Japantown get clogged, such as Laguna, traffic will try to find alternate routes to avoid the congestion that was discussed earlier to be at a very bad level of service for transit and for congestion.
Furthermore, with the Van Ness BRT construction anticipated to be running by 2014 (Page 4.5-67), the construction of that project would impact the streets of Japantown. Consecutively to the Van Ness BRT, SFMTA will begin the Geary BRT construction and it is anticipated to be running by 2015-2016 (Page 4.5-67). The Geary BRT project occurring simultaneously with the Cathedral Hill Campus and Pacific Campus projects will further impact negatively the streets of Japantown. With the Van Ness BRT project coinciding with the CPMC project at Cathedral Hill and the Geary BRT following the Van Ness BRT project and also coinciding with the CPMC Cathedral Hill project, Japantown and the streets even a mile away from the construction sites will have very bad congestion problems. This will hurt the Japan Center area as well as traffic circling in surrounding streets. So there needs to be a study of the transportation and circulation impacts on the Japantown streets and how they are impacted from not only Cathedral Hill but also the Pacific campus and both the Van Ness and Geary BRT projects as that analysis is not in this DEIR. 30-98 TR
54. In regards to the California Campus Study Area that is shown in Figure 4.5-3, Page 4.5-4, the DEIR shows only the transportation impact intersections between Arguello Blvd. and Laurel St. between Euclid Ave. and Pacific Ave. Only 12 intersections were studied with the farthest intersection studied to be only one block away. Intersections farther out from any proposed project on the California Campus need to be analyzed as well, up through the ½-mi. project radius. 30-99 TR

The current California CPMC campus traffic impact goes well beyond these parameters out at least through the ½-mile radius shown for the project. The transportation analysis needs to go as far as well. This is particularly important when there are big vehicle trip generating services being provided in the area such as the United States Post Office on Geary and Parker and the University of San Francisco which has lessened its on-campus parking spots so more of their students are parking on the street in the Jordan Park and Laurel Heights areas. There are also at least 4 schools catering to the pre-kindergarten through 8th grade levels among them with many parents showing up with vehicles to drop off and pick up their children on neighborhood streets that have a high capacity utilization of rather limited street parking. The current California Campus as it is today adds many vehicles that cannot be accommodated by the limited number of parking spots in the Jordan Park, Presidio Heights and Laurel Heights neighborhoods.

30-99 TR

55. Both "Alternative 3B" and "Alternative 2" which would demolish 3-, 4-, and 6-story buildings at 3905 Sacramento Street MOB, 3901 Sacramento Street residential building, and 460 Cherry Street parking garage (Page 6-177) and increase some of the building services at the California Campus and retain other services and increase the size of the existing buildings to the extent they desire will add too much congestion to the streets around Jordan Park and Laurel Heights. The automobile trips generated will overwhelm these nearby residential streets that are not meant for the volume of traffic generated from more capacity at the California Campus. Increasing the California Campus services from the level provided today would be a bad situation for the neighborhood and ruin the character of a primarily residential area. If CPMC implemented "Alternative 3B" and build a 6-story, 100-foot tall, 420,000-sq. ft. building for a Women's and Children's Center at the east side of the California Campus that will attract an even greater number of visitors and without the parking garage structure in place for them (356 parking spaces at the Cherry Street MOB/parking garage (Page 6-177) will not be sufficient for this neighborhood if this alternative were carried out, especially without the "world class" public transportation system in place. The residents in the area will suffer even more aggravation and potential health impacts from vehicle congestion and cut-through traffic on these streets. This "Alternative 3B," as described on Page 6-273 should not be seriously considered. CPMC will need to cut back on this alternative should it decide to carry it out. The same goes with "Alternative 2." The Jordan Park area cannot take on additional traffic and congestion on its smaller residential streets with the accompanying degradation in air quality for many sensitive receptors in the area especially near schools. In addition, Laurel Heights and Presidio Heights will be impacted negatively with the proposed scale of the build at 3698 California Street.

30-100 ALT

30-101 ALT

If or when a new buyer comes in for the California Campus, the transportation and congestion needs to be addressed not only on the 12 intersections in this DEIR but also farther out as stated earlier. Even with current CPMC operations at the California Campus, the hospital staff persons are running out to move their vehicles in hospital scrubs. Visitors are constantly blocking residential driveways or double-parking in the area. And, there is not a lot of enforcement on these adjacent streets. Jordan Park is made of many single-family homes or duplexes and its streets were not meant to play the role of transit corridor vehicular arterials that they are being forced to become as unintended consequences of a transportation study that did not encompass a great enough distance from the proposed construction site and from expanded services at the California Campus.

30-102 TR

30-103 TR

I also do not believe that traffic enforcement of parking regulations will be the solution to mitigating congestion when a project sponsor builds something in a primarily residential area and cannot accommodate the vehicular trips generated from its business.

The traffic that is forced down these residential streets is going against the San Francisco General Plan which includes provisions that traffic should be on the main corridors, not on the residential streets adjacent to them.

And, if the building will continue to be used for women's and children's health services, most of the visitors will arrive by private vehicles rather than on public transit. The area of Jordan Park and Laurel Heights, along with other development projects in the pipeline such as 3657 Sacramento Street and its 18 new residential condominiums planned as a mixed-use building and with the construction of 2 new condominiums at 331 Arguello Boulevard, the level of traffic congestion circulation will fall to an "F" level of service with all the vehicle trips generated. 30-104 TR

Not only that, but the Jordan Park area also has a very high number of children as well as schools for little children up to middle school age. Having too much traffic congestion and cut-through traffic will endanger their lives. We have already had to resort to traffic calming measures which are being circumvented in this area. 30-105 TR

Furthermore, "Alternative 3B" wants to build a structure at 3698 California/Parker Avenue that is at least 100 feet tall which is against building code of Height/Bulk District "80-E" per Page 2-125. Again, "Alternative 3B" and "Alternative 2" are not viable propositions for the Jordan Park area. 30-106 ALT

56. The other reasons for not attempting the rehabilitation of the California Campus is the high cost of retrofitting as well as the hazards that are still at this campus per the Administrative documents accompanying this CPMC DEIR. Per Treadwell & Rollo's "Phase I/II Environmental Site Assessment Marshall Hale Hospital 3698 California Street," there exists the following potentially hazardous issue:
    - 550-gallon underground storage tank removed in 1989 that release petroleum hydrocarbons to the soil and SFDPH considers this an active investigation case
    - Transformers in the basement and the doctors' parking lot may contain dielectric fluid with PCBs, although this is considered unlikely. The composition of the fluids in these transformers should be determined prior to demolition during the development of the site (Page 10 of 12, "Table 1: Summary of Phase I ESA Information, Marshall Hale Hospital, 3698 California Street") 30-107 HZ

    And 3698 California Street is also the problem of demolishing a potential historic resource. 30-108 CP

    Further, at 3700 California Street, there are the following issues:
    - 15,000 gallon active, double-wall underground storage tank containing diesel fuel located in the planter near the intersection of California and Maple Streets…100 feet west and equal to the lowest elevation of the site
    - 4,000 gallon single wall underground storage tank…previously contained diesel fuel…120 feet west of the site beneath the walkway of the cafeteria near the intersection of California and Maple…closed in place in the 1990s
    - 1,000 gallon single-wall underground storage tank…previously contained diesel fuel…150 feet west…equal or higher in elevation relative to the 3698 California Street site…closed in place in the 1990s. 30-109 HZ

    As the report states the existence of "possible presence of petroleum hydrocarbon contamination in ground water, and possibly adjacent soil, in the four identified groundwater monitoring wells" and the "possible groundwater contamination

that may be associated with possible contaminant migration from the off-site dry cleaner on Sacramento Street,…environmental contingency plan should be prepared to be followed during excavation if unknown environmental issues are encountered," it appears that demolition and rebuilding on a potentially problematic hazardous substances containing site should be foregone. At most, there could be a less impactful remodeling of the interior and exterior for seismic compliance.

30-109 HZ

57. Page 4.5-31 speaks of the existing CPMC shuttle service. It states that the shuttles run from 5 a.m. to 9 p.m. about every 20 minutes per day. I believe this has changed from that to start around 6 a.m. and run until about 6 p.m. or 7 p.m. and only once every 30 minutes instead of 20 minutes. On Page 4.5-32, Table 4.5-8 shows the shuttle service daily capacity utilization for the Japan Center Garage to have 381 riders daily. The California Campus has 414 riders daily with a daily capacity utilization of 62%. The Civic Center BART and Van Ness/Market shuttle has 503 daily riders with a capacity utilization of 56%. How many of these riders will still have to rely on the shuttles for their daily commute when the new campuses are completed? How many of the 381 riders from the Japan Center Garage will have to still use the Japan Center Garage after CPMC completes its projects? How many riders out of the 82 that use the Geary Mall Garage will need to use that garage after the completion of the CPMC projects?

30-110 TR

58. On Page 4.5-80, Table 4.5-13 ("Parking Demand by Campus") shows that for the Cathedral Hill Campus for all 3 projects (hospital, MOB and 1375 Sutter), there will be a net demand of 1,389 spaces assuming the California Campus does not have any new demand. The Pacific Campus is shown to have less demand by 229 spaces, the Davies Campus shows new demand of 264 spaces and the St. Luke's Campus shows net new demand of 240 spaces. In total, there will be a demand of 1,664 parking spaces (1,389+264+240-229). Will there be sufficient parking spaces for the physicians and the other staff and visitors at all the campuses?

30-111 TR

59. Page 4.5-81 speaks of service vehicles and truck loading and unloading demand. It states in Item 3 that "some service deliveries would be eliminated due to operational changes at the campuses." Yes, where the campus would be closed or operations moved to Cathedral Hill, e.g., that is true. But when the operations get moved to Cathedral Hill, would the number of trucks be more? Would there be larger service trucks to accommodate larger deliveries since there will be a heavier concentration of departments in one building?

30-112 TR

60. How often will trash be picked up between 4AM and 5AM at Cathedral Hill (Page 4.5-82)? What is the difference between "trash pickup" and "trash haulers" who would be scheduled before 7a.m. or after 7 p.m. (Page 4.5-82)?

30-113 TR

61. On what days will the streets be mechanically swept around Cathedral Hill? Will neighbors hear more noise on days other than their garbage and street-sweeping days? Will the schedule be such that every day of the week there will be some maintenance noise from either the garbage collection or the street sweeping or loading and unloading of service trucks?

30-114 NO

62. On Page 4.5-84, Table 4.5-15 ("Peak Hour Passenger Loading/Unloading Zone Demand by Campus"), it shows that the peak-hour demand in the AM would be 60 linear feet and the loading demand is 75 feet. If the vehicles arrive on the Geary side, the vehicles may start to queue up in the hospital "drop-off" zone depending on the activity going on in the drop-off zone. Sometimes a disabled person is dropped off and these people require more time than others so the "drop-off" zone itself appears to be a total of about 200 feet for both sides of the island (Page 2-75). How long is it?

30-115 TR

This area needs to be very well-lit, have pedestrian-triggered lights and sound and a vibrating pole or other device for people who are both deaf and blind.
Are there disabled ramps in this "passenger drop-off" zone (Page 2-75)?
In addition, a vehicle may block the proposed Geary BRT lane which is located closest to the hospital if it queues into the lane. The BRT will have to wait for the vehicle to get out of the BRT lane before proceeding so there could be a transit impact. If the BRT is blocking the entrance to the hospital "drop off" zone, the vehicles will start to double up next to a 38/38L-Geary bus until it passes. This will cause the traffic in the lane the vehicle is in to come to standstill because it will become a double-parked vehicle for the time it takes for the bus to clear. For these instances, the 3 lanes of Geary will turn into 1 lane and cause traffic to back up across the intersection of Geary and Van Ness. One must also account for the right turning vehicles off of Van Ness onto Geary who want to go to the hospital. They will also be affected in that they will not be able to turn so the backup grows on Van Ness down to Post St. and possibly farther north to Hemlock St. and Sutter St. This is similar to the commuter traffic at Laguna and Geary where there is a "no right turn" sign so the traffic southbound on Laguna and the traffic turning from Post St onto southbound Laguna gets backed up. I think this hospital traffic scenario will be even worse than that on Laguna. The other example of how this will not work occurs today at Kaiser Permanente Hospital at Geary and Divisadero. The drop-off lanes are filled with parked vehicles so that the shuttles cannot use them and nobody enforces the white zone. So the shuttles double-park on Geary Boulevard westbound and the 38/38L-Geary has to maneuver around the double-parking and swerve almost to the Number 1 (closest to the median) lane and back to the Number 3 lane (closest to the curb). Vehicles are jockeying for position to get around the traffic congestion simultaneously.

30-115 TR

30-116 TR

63. Pages 4.5-84 and 4.5-85 indicate that CPMC will have 14-passenger shuttles running with 8 routes over the 6 routes in existence today. It also indicates that at least 15 shuttles will be required to service the estimated ridership. What is still not determined are the "non-CPMC private shuttle services" that "would be provided by a private garage operator as demand for off-campus parking increases." On Page 4.5-214, there is mention of the "12th Street Garage Shuttle," as a private operated shuttle. The daily passenger demand for this shuttle is 750 riders assuming that a total of 375 staff from St. Luke's and from Davies park in other off-site garages. Which garages would those be?

30-117 TR

64. On Page 4.5-86, Table 4.5-16 ("Daily CPMC Shuttle Demand") shows that the existing demand of the "Cathedral Hill-Pacific/Japantown/BART" shuttle of 172 daily riders will balloon to 1,756 - 2,004 riders daily. And the overall shuttle ridership will go from 2,005 riders daily to 7,542 - 8,001 riders daily. When it is discovered more shuttles need to be procured to accommodate the increase of ridership, is CPMC going to procure more shuttles? If so, where will they be parked without impacting the parking being taken away from the public? And how will these shuttles which could be running almost 24/7 be kept on the main commercial transit corridors without cutting through residentially zoned areas? The DEIR shows that all 14 shuttles will be parked at the Cathedral Hill Hospital when not in service but I think these shuttles should not be parked at the Hospital. Instead, they should lease spaces at other underutilized parking structures throughout the City so that these 14 spaces are made available to the paying public. Overall, if CPMC has to have this many shuttles for this LRDP, the size of all the proposed garages is not sufficient for the workers, visitors and patients that this project is going to attract. It is also telling that this many shuttles are necessary because the

30-118 TR

transit in the areas will not accommodate these visitors in a timely fashion or be able to support the sheer number of people who will be accessing these campuses. 30-118 TR

Also, when the shuttles select a garage such as the Japantown Garage, it is not only the taking up of the spaces for merchant and Japantown users but also a problem because all the shuttles will be frequently circling to and from Cathedral Hill and the BART station. The Japantown garage, a City-owned garage, should not be assisting a private company (CPMC) with running its business at the detriment of the private businesses at Japantown who have been able to sustain business despite past development impacts. Some other garages and lots owned by the City such as those listed below should be considered that are underutilized:

- Yerba Buena Gardens Garage – maybe 50% utilized
- Ellis-O'Farrell Garage
- Sutter-Stockton Garage
- Union Square Garage
- Other City-owned surface parking lots
- Port properties
- City public school parking lots (when not being used)

30-119 TR

If the City wants to assist CPMC in their project, it would only be fair that the City provide parking in places that do not impact the financial viability of the merchants in the nearby areas of the projects.

Also, in the Administrative documents that accompany this CPMC DEIR, the consultant, Herrero-Boldt, indicates that 70-75% of the construction workers on the Cathedral Hill Hospital and MOB projects are lone drivers. And these drivers will be parking in one of the 400 parking spaces at Japantown and the merchants cannot get customers who arrive from the East Bay, Peninsula and North Bay communities to visit and shop at Japantown because of the lack of parking in this historical resource area. It is difficult to get construction workers to "truck-pool" but perhaps this needs to be done for these workers to leave their vehicles outside of San Francisco. This would be one mitigation measure. (See also Item 20 above.) 30-120 TR

65. Page 4.5-87 states that the "Geary Boulevard parking garage curb cut permit would be revocable, and this condition would be recorded as a Special Restriction on the deed of the Hospital." If the Geary Boulevard parking garage curb cut is revoked, all traffic to the hospital for drop off of visitors will be on the Post Street side. Post Street is one-way eastbound (inbound to downtown). For people to get to Post Street, they will cut through Japantown due to the traffic patterns in the area. See Figure 2-4 on Page 2-53 for the "Cathedral Hill Campus – Proposed Site Plan" which shows traffic directions around the Hospital but not the Japantown streets immediately adjacent to these streets. 30-121 TR

If or when Post Street is turned into a two-way street, there will be traffic congestion on the Post Street side. This will add to the congestion and air quality in this area. Again, this DEIR does not study the impacts on Japantown and it should.

66. On Page 2-53, one also sees a potential traffic obstruction point at the Geary St. Parking Entrance of the MOB. On Page 2-101, Figure 2-37, the curb cut is shown with 3 lanes on Geary, the lane closest being the "diamond bus only" lane. Figure 2-37 does not show the proposed Geary BRT lane. This BRT lane will be closest to the Hospital. 30-122 TR

If people are walking on the sidewalk by this curb cut, the vehicular traffic will have to stop for the buses and the pedestrians, potentially causing a traffic jam that could leave only one lane of westbound traffic moving because a second lane next to the BRT lane will have traffic stopped for the conflict. Not only would this curb cut be almost as bad as the one at the Hospital Geary Boulevard revocable curb-cut but this cut at the MOB will have traffic flowing out of it which will not be for emergency exits only. So with the additional vehicular traffic in and out of this opening, one may think that this cut would also be revocable; however, the traffic patterns will shift to Post Street if that is done and, again, the Japantown streets will likely see cut-through traffic. Polk Street will also see cut-through traffic due to the surrounding one-way streets in the area. And with the added off-street Loading Facility and Emergency Department, with ambulances using the Post Street entrance, it is likely that Post Street in the Japantown shopping area will become congested. The CPMC shuttles will also be using the Post Street driveway. 30-122 TR

When the shuttles start to stack up along with the vehicular traffic, ambulance traffic and the 38/38L-Geary buses in the BRT lane and the vehicles waiting to get in on the Geary Street side, one will get congestion on both Geary and Post. The "Two-way Post Street Variant," described on Page 4.5-89, may exacerbate the cut-through traffic if people are allowed to go into Japantown westbound on Post Street. This is going against the City's General Plan. The Plan says to keep the vehicle traffic on the major corridors but since during construction the corridors will be blocked up, people will go to the smaller arterial streets with negative impacts. People will try to park in Japantown and go to the hospital and take parking spaces in the Japantown garage and on-street in Japantown by people who are not going to help the Japantown businesses. If Japantown gets overrun by hospital visitors, even the regulars who used to shop at Japantown will not visit it as often and business in Japantown will be negatively impacted. Japantown is the last of 3 Japantowns in the United States and the economic viability of Japantown has been tested in past history. 30-123 TR

It is hoped that this CPMC LRDP will not impact such a culturally identified historical area. 30-124 PH

67. Per Page 4.5-93, the Cathedral Hill Campus project would result "in an increase of 593 vehicle trips during the a.m. peak hour (598 inbound and 85 outbound trips), and 609 vehicle trips during the p.m. peak hour (42 inbound and 567 outbound trips). On Page 4.5-94, Table 4.5-17, and on Page 4.5-95, Table 4.5-18, the tables do not say what the LOS will be on Post or Sutter, e.g., in Japantown would be. The LOS grades are for the 26 intersections on the study but do not analyze the Japantown streets. 30-125 TR
68. On Page 4.5-123, Impact TR-30 states, "Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Geary Street, which would increase travel times and impact operations of the 38/38L-Geary bus routes. (Significant and Unavoidable with Mitigation)." As discussed earlier in this document, the mitigation measure is to compensate SFMTA for the "cost of providing the service needed to accommodate the project at proposed levels of service." Although some people may get on the bus to visit the Hospital, the MOB and 1375 Sutter Street Building areas, the vehicular traffic may not diminish by much because the drivers are not all visiting the hospital area. They are on their way to some other place but are still using Geary. When the LOS of Geary falls to "F," people will find the neighboring streets to get to their destination. This is what is happening to the California Campus as it is today. The small residential streets surrounding the California Campus get as much traffic as one direction of traffic on Geary in a few cases such that the neighborhood association had to install and pay for speed humps. It was not all 30-126 TR

CPMC and the California Campus as there were also the UCSF shuttles almost continuously traversing the residential streets of Jordan Park. This was mitigated by having the UCSF shuttles become "good neighbors" and not overburden the residential streets and adhere to the street Muni already runs on (more commercial streets) on a fixed route transit basis. CPMC needs to let the public know what routes will be used in the neighborhood. This was never addressed in the DEIR. 30-126 TR

It is one thing to build a world-class for-profit hospital but not at the expense of the adjacent residents, homeowners and merchants within a ½-mile radius of the campus. (See Item 20 and Item 64 above.) 30-127 OTH

69. On Page 4.5-143, Franklin St. has 3 curb cuts, one for Emergency Department Drop-off, one service entrance for trucks that use the loading dock and an additional service exit for these trucks. A "porte cochere" is shown on Page 2-101. I do not see how the vehicular and pedestrian circulation will work here in the porte cochere area at the Emergency Drop-off even when looking at Page 2-77, Figure 2-19. Will there be pedestrian islands? With all the traffic on this Franklin Street side, I am concerned with this area. Even the shuttles would be allowed in the Emergency Drop-off area per Page 4.5-143. Would there be a more detailed diagram of the pedestrian and vehicle flow? 30-128 TR

In the "Project Description" section of the CPMC DEIR, Chapter 2, on Page 2-35, an explanation is given that "portes cocheres" would "create inviting entries for hospital users and other pedestrians. The proposed Emergency Department drop-off zone (off of Franklin Street) would be designed to be more like a pedestrian plaza than a vehicular drive-through area. Similarly, the Cathedral Hill MOB would have passenger drop-off zone on Cedar Street near Van Ness Avenue." There will still be pedestrian and vehicle conflict in these "portes cocheres." Again, the safety of the pedestrians may need to be mitigated by not just flashing lights and audible signals as proposed in MM-TR-17. 30-129 TR

70. Per Page 4.5-149, Figure 4.5-22, when one lane of Geary westbound will be closed (the bus-only lane), all the traffic will try to get around the construction activity using only 2 available lanes left. 30-130 TR

71. In looking at Table 4.5-29, Page 4.5-150, how many construction workers will be parking at the Japantown Garage? Based on the workers expected to be on site per day at the Cathedral Hill Hospital, MOB and Tunnel projects, and according to the "Biology Section, #7" report in the Administrative documents, if the maximum workers at the site per day is per the following: 30-131 TR
    - 680 at Hospital
    - 158 at MOB
    - 35 at Tunnel

    The total of workers maximum per day equals 873 workers.

72. Table 4.5-29 lists only 1375 Sutter, 855 Geary, 1600 Geary and the Cathedral Hill MOB as potential parking areas for the workers. The "Biology Section, #7" report states the following number of parking spaces for the above: 30-132 TR
    - 1375 Sutter 175 parking stalls for the construction workers
    - 855 Geary 200 parking stalls for the construction workers
    - 1600 Geary 400 parking stalls for the construction workers

    This gives a total of 775 parking stalls for the construction workers with almost 100 spaces short. Even if, as the Administrative document shows, CPMC will be running 4-5 shuttles to hold 30-workers and be running continuously for

2 hours, the workers will still bring their private vehicles as close to the shuttle pickup places as possible; and that would indicate that they will be parking at the above 3 bulleted addresses. If we assume that 400 workers will use, e.g., the 1600 Geary garage in Japantown, people who want to visit the Japan Center will not shop because at least 400 spaces are taken by construction workers who are not conducting business or shopping in Japantown; and during construction, people cannot park on street either since there will be displaced vehicles that will encroach into the on-street parking spaces around Japantown. I think this will take away from the business from Japantown, a cultural center. I also think the same thing will occur at the other 2 addresses for the local merchants near them.
Also, if the construction workers are riding these shuttles, what measures will be taken to mitigate the potentially hazardous effects of construction debris or dust on the workers from being spread onto the shuttles and into the enclosed structured garages?

30-132 TR

30-133 PH

30-134 AQ

73. On Page 4.5-156, "Van Ness Avenue Tunnel Construction" is discussed. Since Post and Van Ness will also be affected during the tunnel construction, and if Post is turned into a 2-way street, Japantown may end up taking much of the traffic. There needs to be a mitigation measure for the Japantown street intersections between Geary and Pine. Even the analysis provided takes into consideration only the p.m. hours of a mid-day of the week. I think the analysis for the streets already studied should also be done for a whole week rather than just one day mid-week. The sample week should be a week without a holiday in it and the study should go for a whole week.

30-135 TR

74. Overall, I do not think that the "transportation and circulation" section, and consequently the "noise" and "air quality" sections are analyzed thoroughly enough in respect to "Alternative 3B" nor to the vehicular impact on Japantown streets that falls within both the ½-mi radii of the Cathedral Hill Project as well as the Pacific Campus Project.

30-136 ALT

75. Some Saturdays will also be work days for the CPMC construction. For the Pacific Campus, will there be renovation work on Saturdays near the Congregation Sherith Israel Synagogue (Page 4.1-12)? According to Page 2-5, the renovation of 2018 Webster Street will start in 2015 and last approximately 6 months. On Page 2-121, although the synagogue is not listed as a "sensitive receptor" for the Pacific Campus project in Table 4.6-36 on Page 4.6-95 because 2018 Webster is not a "demolition," I think that the synagogue is a sensitive receptor. Organizations in synagogues usually have Saturday as their religious day. Would the 2018 Webster renovation work not be done on religious service days at the synagogue?

30-137 NO

76. When the Cathedral Hill Hotel and the 1255 Post Street buildings are demolished, there will be physical noise and vibration impacts to the Hamilton Square Church (Franklin & Geary, northwest corner), the First Unitarian Universalist Church (Geary & Franklin, southwest corner), and the Church Office on Sutter Street and Van Ness, northwest corner (Page 4.1-2). And, when the demolition and construction phases are in full swing, will there be enough parking for the church members? Even though the churches have parking lots, some of them may have used street parking which will be eliminated during the CPMC project. Has this been taken into consideration? Will people from churches/synagogues from Cathedral Hill Hospital project area migrate to the north and take street spaces away from church-goers in the northern streets such as at the Buddhist Church of San Francisco bounded by Pine, Gough, Austin and Octavia (Page 4.1-11)?

30-138 NO

30-139 TR

77. On Page 4.7-50, Table 4.7-11, "Diesel Particulate Emissions from Emergency Generators – St. Luke's Campus" shows that after 3 new generator units are installed, compared to what exists today, there will be a net decrease by 15 "diesel particulate matter (DPM)" lb/yr. The problem with this argument is that the 2 old units combined put out less at -29 DPM lb/yr. It appears from the data that the old units were more efficient at -9 DPM lb/yr. and at -20 DPM lb/yr.
A new generator proposed to be installed in 2018, puts out 0.2 DPM lb/yr. 2 other generators combined will put out 13 DPM lb/yr. The result is a positive 13.2 DPM lb/yr.
The new generators put out more DPM lb/yr. than the old model generators which were 250 kW and 600 kW rated generators installed in 1969.
This argument of the BAAQMD trigger thresholds not being exceeded because the old generator emissions will cancel out the additional DPM lb/yr of the new generators does not make sense, especially because the old generators are going to be removed. Any emissions from the new generators will only be additive emissions. 30-140 AQ
78. As a general comment, in relation to the generators spoken of on Page 4.7-50 in Table 4.7-11, what are the greenhouse gas emissions produced by the new generators? What type of diesel fuel will be used? 30-141 GH
79. On Page 4.7-67, the Cathedral Hill Campus will have an excess cancer risk of 111 per million. I believe on Page 4.7-68, it states that the threshold is 10 per million for the "maximally exposed individual receptor (MEIR)" of a child. The Cathedral Hill Campus will also exceed the fine particulate matter with an aerodynamic diameter of 2.5 micrometers or less ($PM_{2.5}$) of 0.4 microgram/m^2. 30-142 AQ
80. On Pages 4.8-31 – 4.8-32, a summary of the Greenhouse Gas Emissions for all CPMC campus projects except for the California Campus are explained. The DEIR states that the total greenhouse gas (GHG) emissions will be about 22,503 $MTCO_2e$/yr. The BAAQMD's threshold is 1,200 $MTCO_2e$/yr. This is almost 19 times the threshold allowed by BAAQMD. It was my assumption that CPMC, with adherence to the City and County of San Francisco's Green Building Ordinance which states that "buildings over 5,000 square feet, residential buildings over 75 feet in height, and renovations on buildings over 25,000 square feet to be subject to an unprecedented level of required Leadership in Energy and Environmental Design (LEED) Green Building Rating System certifications," per Page 4.8-11, does not make the new CPMC campuses spew out fewer $MTCO_2e$/yr. but rather more. 30-143 GH
81. This "Greenhouse Gas Emissions (GHG)" section also goes on to state on Page 4.8-32 that "several sustainability attributes would serve to reduce GHGs that were not accounted for because of the unavailability of sufficient methodologies to accurately account associated GHG emission reductions" such as those on Page 4.8-16 and on Page 4.8-47 as the following:
    - the proportion of total water consumption attributed to irrigation was not available to quantify the reduction in GHG emissions
    - the green roof would increase the site's carbon sequestration capacity relative to current conditions…insufficient data are available to quantify this
    - the volume of cooling tower water requiring treatment was not available to quantify the GHG impacts of this feature

30-144 GH

In addition, the DEIR states that allowances for the reduction of "embodied energy" by diverting "at least 75% (and up to 90%) of construction debris from the site of the proposed Cathedral Hill Hospital…the associated GHG reductions were not deducted from the development's operational emissions inventory." Finally, the DEIR mentions that due to the "reduction in use of steel building materials by 25%" and it not being "deducted from the development's operational emission inventory," that the total GHG emissions for the CPMC campuses could not be calculated. Then the DEIR is not adequate and cannot be adopted. 30-144 GH

82. It is surprising that a hospital does not know how much water is used in irrigation at its campuses. A green roof engineer should be able to provide the water and carbon sequestration data for current conditions. The cooling tower water volume could be calculated by a water treatment specialist who knows cooling tower loops. The chemicals used to treat the water can be estimated fairly accurately knowing the volume of the closed loop cooling system water. This should be a foreseeable impact that can be calculated. Perhaps a thorough analysis of the above missing data categories for this GHG emissions section was not done because the outcome would still be that the GHG threshold level will far exceed the BAAQMD's guidelines. If not, there should be an analysis done as an addendum to this DEIR or it is inadequate and cannot be adopted. 30-145 GH
83. Page 2-37 states that the lighting on Van Ness will be removed and replaced and new fixtures will be installed on Van Ness that are slated for the Van Ness BRT project. What happens to the historical vintage lighting (the ornamental ones that remind people of Europe) in the area? 30-146 PD
84. On Page 3-6 in the "Recreation and Open Space Element" section, reference is made to "Map 4 of the Recreation and Open Space Element." This should be "Map 2." 30-147 LU
85. On Page 3-24, under "3.2.12, Japantown Better Neighborhood Plan," the goals of the Plan were not accepted by the community and a new plan is being considered at the present time. Critical to the Japantown plan is the retention of historic and cultural character in the area. The Japantown plan will not apply to CPMC projects but the CPMC projects will impact the Japantown streets as far as traffic congestion, circulation and maybe even a business impact. As the DEIR states, "the plan area is in the vicinity of two CPMC campuses – one block west of the proposed Cathedral Hill Campus and directly south of the existing Pacific Campus." As such, and although the Cathedral Hill and the Pacific campus projects will not occur concurrently, they are expected to overlap in 2015 so there is a cumulative effect to the Japantown area. 30-148 LU
86. On Page 4.2-6, under the "Aesthetics" section, the DEIR states that "An additional row of trees and shrubs, contained in large planters, is located above street level, along the hotel's entrance drive off Geary Boulevard and elsewhere on-site." I think it is fine to put greenery for a pleasant visitor environment but I am concerned about planters that cause a visual block for vehicles and pedestrians because of their size or placement that may cause a safety issue. So while creating a pleasing look for the project, please consider the safety issues. 30-149 AE
87. On Page 4.2-108, the "types and species of trees proposed to replace the existing trees are detailed in Section 4.13, "Biological Resources." The specific section should be "Section 4.13-24" wherein the species for replacement plantings are London plane (Platanus x acerfifolia) on Geary and Brisband box (Tristania conferta) on Van Ness 30-150 BI

Avenue. It would be helpful to see the schematic of the project with these trees drawn in. In another section, reference was made to having broad-leafed trees such as maple planted. Where will those be located? 30-150 BI

88. On Page 4.2-130, the DEIR states that the following streets will have trees planted on them:
    - Van Ness Avenue, east side between Geary & Cedar
    - Van Ness Avenue, west side between Geary and Post
    - Van Ness Avenue median
    - Geary Blvd. between Van Ness & Franklin
    - Franklin between Geary & Post
    - Post between Franklin & Van Ness
    - Geary between Van Ness & the eastern edge of the campus (to where?)
    - Cedar Street between Van Ness & the eastern edge of the campus (to where?)

    I would like to know if the canopy coverage of the trees that will be removed will be equivalent to the canopy coverage of the trees that will be planted. And while the trees are young and do not have as large a canopy, perhaps there could be other greenery installed to make up for the loss of canopy until the trees mature. 30-151 BI

89. On Page 4.2-187, the DEIR states, "The Cathedral Hill Hospital and Cathedral Hill MOB would include lit signage, entry lighting, wayfinding lighting, roof terrace lighting, other accent lighting, street-level lighting, entry lighting, and parking entry lighting. Exterior lighting would include shielded fixtures to reduce light trespass or spillover." Perhaps add, except for areas that will be designed to have spillover, and name these areas. 30-152 AE

90. On Page 4.3-19 of the DEIR, it states that "…the net increase of approximately 1,280 new CPMC employees at the Cathedral Hill Campus would result in approximately 630 CPMC new workers that would choose to live in San Francisco. These workers would generate approximately 370 new city households and 830 new city residents…" I do not see how with a certainty that one can determine with such certainty that that is what people will do. And basing the development on such unguaranteed premises is speculative and will create a project with significant impacts that could have been avoided since it is not necessarily the case that these workers would live in San Francisco. 30-153 PH

91. On Page 4.3-31 in the "Population, Employment, and Housing" section, the following statistics for the year 2030 are given:
    - 5380 FTEs at Cathedral Hill Campus
    - 2060 FTEs at Pacific Campus
    - 1750 FTEs at Davies Campus
    - 1530 FTEs at St. Luke's Campus

    10,720 FTEs at above campuses… 30-154 TR

It states, "The total number of personnel at all CPMC campuses would grow to approximately 10,720 by 2030. This would be a net new growth of 4,170 FTE personnel for CPMC system-wide between 2006-2030 (See Table 4.3-10 on Page 4.3-16.). In 2006, there were 5,801 FTEs. For 2015, the FTE count is expected to be 8,350. For 2030, the projection is 10,730 FTEs. With a total of 3,890 parking spaces for all projects, parking will be severely inadequate for all the staff, patients' visitors, users of the medical facilities. That is again the reason CPMC has all the extra leases with several garages. (See Item 20.)

Some garages used by the CPMC California Campus, e.g., like the 17th & Geary Garage, are causing a big problem with vehicles circling in the area and causing more vehicle/pedestrian conflicts. In addition, having streets in the Richmond District that allow free parking all day need to be metered if we are all going to the "Transit First" mode of operation; however, not while allowing favorable uses to a for-profit entity at the expense of the neighbors.

The total of the above equals 10,720 FTEs. The additional 10 FTEs to arrive at the 10,730 FTE figure are from the California Campus that is not described with the above bullet points under the "CPMC LRDP Projects at Full Build-out (2006-2030)" section; rather, they are on Page 4.3-29.

30-154 TR

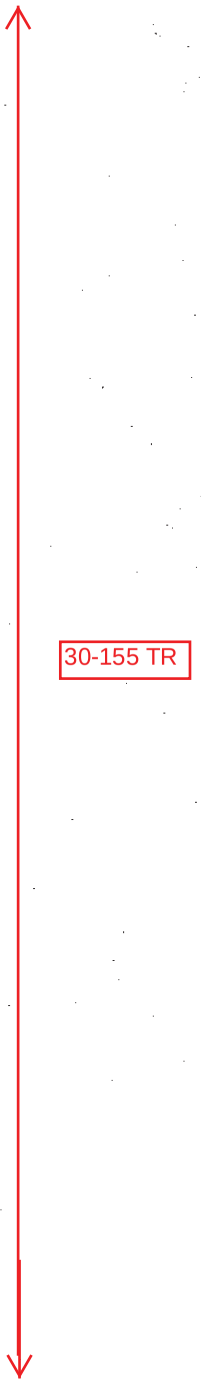
30-155 TR

Attachment of Parking Spaces Chart:

CPMC Parking	**LRDP**	**ALT 1**	**ALT 3A-3B**			
		NO PROJECT	REDUCED PROJECT			
CATHEDRAL HILL						
New CH Hospital	513	275				
(14 van spaces excluded - Page 6-39)						
New CH MOB	542					
Existing 1375 Sutter	172	172				
Existing 1255 Post	demol'n	130				
TOTAL	**1227**	**577**	**1005**	existing = **405**	(Page 6-271)	
	(p.6-270)					
CALIFORNIA - Alt 3B						
New 100-ft 3698 Calif St.		PROPOSED				
	460 Cherry	290	existing			

	3838 Calif	120	existing			
	3698 Calif	197	new - 100-ft bldg			
	SUB-TOTAL	**607**				
	3905 Calif	25	(Page 6-277)			
	TOTAL	**632**				
		EXISTING				
	3698 Calif	81				
	3700 Calif	7				
	460 Cherry	290				
	3838 Calif	120				
	3773 Sac'to	36				
	3905 Sac'to	25				
	TOTAL	**559**				
PACIFIC		**PROPOSED**				
	Web-Sacto Garage	248	new			
	No of Clay	440	new			
	2100 Webster	400				
	2333 Buchanan	27				
	???					
	TOTAL	**1115**	sh/b **1510**			
		EXISTING				
	2100 Webster	400				
	2333 Buch	11				
	2405 Clay	411				
	2200 Webster	25				
	SUB-TOTAL	**847**	structured	(NO PROJECT, Page 6-45)		
	2300 Calif	41				

	ClaySt Tunn	10				
	2333 Buchanan	32				
	2329 Sac'to	9				
	SUB-TOTAL	**92**	surface			
	TOTAL	**939**				
		ALT 2				
	ACC N/S Twrs	728				
	Clay Web Garage	248				
	2405 Clay	411				
	TOTAL	**1387**	(Page 6-175)			
ST. LUKE'S		LRDP	1A - Page 6-62	1B - Page 6-63	3A - Page 6-281	3B - Page 6-287
	St. Luke's MOB	220				
	Duncan St. Garage	215				
	St. Luke's surface	15				
	TOTAL	450	329	541	702	541
	Additional 600 spaces					
	(Page 6-271)					
		EXISTING				
		329				
DAVIES	PROPOSED	EXISTING				
	626	496				
FULL LRDP BUILDOUT	3662	struc pkg				
	228	surf pkg				
	3890	**TOTAL**				



	18	loading spaces				
	14	van spaces	not included in			
			count for CU			
PUBLIC PARKING GARAGES/LOTS	more public spaces used	neighborhoods	impacted			

30-155 TR

And the argument that because ABAG's population projections, the city's vacant housing supply of approximately 17,100 units and the capacity to build 34,100 new units according to the 2004 Housing Element will accommodate the 10,730 workers at CPMC is looking at the picture idealistically as well as assuming that the housing will be available to CPMC workers vs. other company workers and prospective housing unit buyers or renters. Each year, ABAG's numbers get larger so no matter how many units are built, just because it matches ABAG's numbers and the projected Housing Element numbers, one cannot say that such a population surge has "No Impact" or "Less than significant" impact per Page 4.3-32.

30-156 PH

92. In regards to trees on the campuses…under the "Biological Resources" section, on Page 4.13-8 (and in the "Aesthetics" section on Page 4.2-34), the DEIR states that for the Pacific Campus, 177 trees including a buckeye will be removed. Although none of the trees are considered significant when the survey was done in 2004, perhaps some have grown in the last 6 years to the point where they are now considered significant. Table 4.13-3 on Page 4.13-8 shows that 86 of the 177 trees will be removed. Is the buckeye one of them? The species listed for the Pacific Campus include the following but it is not clear which are being removed:

    - buckeye
    - incense cedar
    - pittosporum
    - California sycamore
    - New Zealand Christmas tree

30-157 BI

93. On Page 4.13-7, Table 4.13-2, the DEIR states that 77 trees exist at the Cathedral Hill Hospital site with 7 trees to be considered significant. Of these, all 77 trees including the significant trees will be removed.
In this same table, the Cathedral Hill MOB site has 7 trees of which 0 are significant. All 7 are to be removed.
Also, for the 1375 Sutter MOB site, 22 trees and 22 street trees exist, with none being surveyed as being "significant" and 0 to be removed. In total, there are 106 trees of which 7 are significant. Out of the 84 that will be removed, all 7 significant trees will be removed.
It would be helpful if the DEIR identified at least the species of trees of significant trees that will be removed from the Cathedral Hill projects in this DEIR rather than having to make a separate trip to the Planning Department to read the "Cathedral Hill Campus and MOB Tree Inventory" that was prepared by AECOM of Oakland, CA, in August of 2009. It appears that on Page 4.13-23 through Page 4.13-24, 7 significant trees "are all junipers on the east end of the proposed hospital and 5 in the median between Van Ness Avenue and the front drive of the existing hotel north of the

30-158 BI

parking lot entrance and the other 2 south of the parking lot entrance between the building and the sidewalk. The junipers range in height from approximately 15 feet to 30 feet."
It is hoped that the amount of pollution/carbon sequestration of the proposed trees will not be less than that taken out but sufficient to mitigate the air quality and other environmental impacts that are left unmitigated. Leaving it unmitigated should not be an option.

30-158 BI

94. On Page 4.13-8, Table 4.13-4 states that 248 trees exist at the California Campus and 0 are proposed to be removed. However, in Alternative 3B, if there were to be a 10-story building built on the east side of the campus, how many trees would be removed?

30-159 ALT

95. On the Davies Campus, out of the 287 trees, 42 of which are street trees and 81 of which are significant trees, 111 will be removed and 26 of these are significant trees that will be removed. What species will be removed?

30-160 BI

96. On Page 4.13-10, Table 4.13-6, shows that out of the 112 trees on the St. Luke's Campus, 9 are street trees, 37 are significant trees and 28 trees of which 14 significant trees will be removed. What are the species of trees slated for removal? It is not clear in the Administrative documents. Will the Moreton Bay fig tree, a landmark tree (Page 4.13-14), on St. Luke's campus be felled?
In the Administrative documents that accompany the CPMC DEIR, it was noted that the Moreton Bay Fig landmark tree at St. Luke's had a branch failure after a storm; the branch has been cabled.

30-161 BI

97. In the Administrative documents (Biology -- #5, CPMC Davies Campus) that accompany the CPMC DEIR, there was a note about manzanita (Arctostaphylos sp.) existing in the East Parking Lot of the Davies Campus. The manzanita is in "fair overall condition," its age is "semi-mature" and it is noted that its "relative abundance" is "rare" in the August 2006 report by by James Clark of HortScience. All the landscape vegetation will be eliminated in this East Parking Lot for the new Neuroscience building.
It is very troubling that CPMC would consider killing this "rare" species of manzanita rather than allowing it to be saved and having it contribute to the perpetuation of the genes of this species that used to grow in the area. It is not very large and should not take much to move it. The plants will add to the biodiversity of the San Francisco manzanita genotypes which are being found less and less as time goes on due to larger development projects.
In the whole scheme of things, it is slated to be destroyed anyway so why not save it for the sake of this native species and to educate future generations?

30-162 BI

98. The DEIR states that there will be "significant" issues with water runoff at the CPMC Cathedral Hill Hospital project. The mitigation is to use green roofs, cisterns, etc. to remedy the excess runoff. In the City's Greening Ordinance, there are guidelines for using permeable landscaping materials. What kinds of landscaping for open areas and sidewalks will be used?

30-163 PD

99. Are there automatic fire sprinkler fuel pumps used in the old Cathedral Hill Hotel? If so, for the demolition phase, will there be an environmental mitigation plan for it?

30-164 HZ

100. For the entire CPMC new construction projects, what environmental contingency plan will be in place to address surprise findings of hazardous waste?

30-165 HZ

101. Per the Planning Department, it was explained that the paleontological information was not available to the public under California State Public Disclosure Law. Although the DEIR states that whether or not any significant archaeological resources are encountered, the inspector will make a written report to the Environmental Review Officer (Bill Wycko?), if as was explained to me the disclosure of information on paleontological and archaeological findings is closed to the public, the public will never know for sure if this project had a significant impact on such resources and any real confidence that notification to appropriate people were made or if a report was generated. The DEIR states that the CPMC projects will have a "potentially significant" impact. It is very likely there will be Native American and other paleontological findings (e.g. in the Colma Formation) when the earthmoving activities start up.

30-166 CP

Thank you for your time and attention to these issues.

Rose Hillson
Member, Jordan Park Improvement Association

cc: Chelsea Fordham (via email)
Devyani Jain (via email)

Letter 31

CPMC TALKING POINTS

The E.I.R's ignores the project's traffic impacts in the Uptown Tenderloin. CPMC plans turn the Tenderloin streets into speedways, bringing thousands of cars rushing through the community each day to reach the new hospital. 31-1 TR

- So while CPMC worsens the quality of life for residents like me, it also plans to deny health services to me and other low-income people who live near the planned facility.
- Does this make sense? Is this in the best interest of me – a neighborhood resident or the City? I DON'T THINK SO 31-2 HC
- So is CPMC saying that low-income Tenderloin residents like me will be denied access to a hospital only blocks from my home? THAT'S NOT RIGHT!
- 10,000 new jobs will be created. Will I be considered for one? Not if CPMC has its way 31-3 PH

CPMC can address these issues by:

- funding the recommendations of the Tenderloin-Little Saigon Transit Study. This will not only slow traffic through the neighborhood, but also divert traffic away by reducing the time drivers can save by using Larkin and Leavenworth Streets rather than Van Ness 31-4 TR
- CPMC can also easily grant health services access to nearby residents 31-5 HC
- Neighborhood residents get priority hiring
- CPMC has a choice to pursue a "win-win" approach 31-6 PH
- CPMC can be a good neighbor if it chooses to be

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2005.0555E
CPMC - DRAFT EIR

Letter 32

Good afternoon. My name is George Mayer. I live at 2660 Great Highway, out in Carmen Chu's district. But I spend most Sunday mornings attending religious services at the Unitarian Universalist church on Cathedral Hill.

For more than four years I have chaired a task force at the church focused on CPMC's construction plans and developments with a special focus on protecting our historic sanctuary and minimizing the negative impacts on congregational and neighborhood life.

32-1 NO

Our task force has met frequently with CPMC representatives: Geoffrey Nelson, Ralph Marchesse and their associates. We sincerely appreciate their help in addressing many of our concerns and correcting some of our misunderstandings. One of the issues that remain unresolved is of serious concern to me. That issue is the Loading Dock and the noise it will generate.

The Loading Dock will be a concrete structure shaped like a band shell; noise from inside this band shell will echo through the neighborhood. The U. U. sanctuary, diagonally across the intersection, has huge stained glass windows that will, unfortunately, transfer this noise quite effectively into the church.

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CPMC-DEIR
JAIN

I had been most concerned about back up beepers on delivery trucks that will go BEEP, BEEP, BEEP during our religious services. I learned from the Draft EIR that two other processes will be even worse: a medical waste trash compactor called Adouromed and the repetitive revving of engines to off-load oxygen. Mitigations listed in this EIR for reducing these horrible impacts seem quite inadequate.

32-1 NO

I also learned from the Draft EIR that Alternative 3A would be the Environmentally Superior alternative. Reducing the size and operational scope of this hospital would help reduce many negative impacts including loading dock noise. Mandating that wall and ceiling surfaces inside the loading dock be covered with a reverberation reducing coating would help. Requiring coordination with neighborhood churches when scheduling these and other noisy operations would seem appropriate. Restricting deliveries during religious services would be environmentally and ethically responsible.

32-2 ALT3A

32-3 NO

Thank you.

Letter 33

SEIU UHW United Healthcare Workers WEST

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
CPMC - DEIR
[JAIN]

An Open Letter from the SEIU-UHW Bargaining Team at CPMC

Our future depends on Cathedral Hill. We need hospitals that are earthquake safe and provide more and better services to our patients and our community. We write to you today because we need your support to make that happen. If CPMC is not permitted to build seismically compliant hospitals by 2015, the majority of the Medical Center will be forced to close, we will lose our jobs and the community will lose critical access to healthcare. 33-1 HC

We are proud to announce that after 21 months of bargaining we won a new contract with unprecedented **job security at the newly rebuilt Medical Center.**

- **Jobs guaranteed:** Our new contract guarantees that all current regular full-time and part-time benefited employees affected by the Cathedral Hill building project will have jobs at the Medical Center with no cuts in wages.
- **Job training:** If an employee's current position is not available, employees will be offered a comparable job, access to funding for retraining opportunities ($100,000 for affected employees) and up to 120 days of on-the-job training.
- **Jobs protected for seven years:** CPMC has guaranteed these job protections well beyond the life of the contract through January 1, 2017. 33-2 PH

This is an important victory for us. Now we need you to stand with us to protect the safety of our workplace and our ability to provide quality affordable patient care to our community.

We support the Cathedral Hill building project because it will:

Improve Safety: Our new hospitals will nearly **double the number earthquake safe beds** in the city. San Francisco currently only has 600 of the 1,500 earthquake safe beds that the city requires on a daily basis.

Ensure Quality Patient Care: Our new hospitals will improve patient care by incorporating the **medical advancements that reduce infection, shorten overall hospital stays and increase access for patients with disabilities**. The new facility will also **centralize high acuity services** at Cathedral Hill and Davies campuses, which will prevent sick patients from having to shuttle from one campus to another to receive the services they need. 33-3 HC

Enhance Community Access: CPMC will **expand services most utilized by the community**. This includes a 25% increase in overall ER capacity and an overall increase in the number of staffed acute care beds throughout the Medical Center.

To **make healthcare more affordable** for the community, CPMC has committed to the City to increase contributions to charity care by 79% and will increase its uncompensated care for Medi-Cal patients by 22% in the next five years. Additionally, the St. Luke's rebuild and the new Cathedral Hill will provide **access to state-of-the-art acute care for the underserved Mission, Tenderloin and Western Addition neighborhoods**.

Build a Stronger Local Economy: In the midst of cut-backs and layoffs, the building project will serve as an **economic stimulus for the city**, creating 1,500 new construction jobs, preserving 6,500 healthcare jobs and encouraging new business around our new hospitals.

33-4 PH

While the city struggles with an immense budget shortfall, CPMC's plan will be **paid for almost entirely through private funds** and will require no public financing.

Absent these improvements, most of the Medical Center will be forced to close in 2015. The resulting loss of jobs and access to quality healthcare for San Franciscans would be simply devastating.

We urge you to join us in making the plan to rebuild CPMC a reality. Our jobs, our patients and our community depend on your support.

Sincerely,

The SEIU UHW Bargaining Committee at CPMC

Letter 34

CPMC's nephrologists and nurses saved my daughter's life 4 years ago and have continued to do so.

I am here to tell you that allowing CPMC to sell its dialysis units to DaVita will cause imminent, irreparable harm to dialysis patients and the people and city of San Francisco.

Neither federal nor state case law supports the idea that a non-profit community hospital such as CPMC can, without serious legal consequences, sell its patients to a for-profit company such as DaVita, which has a track record of causing harm and injuries to patients.

Several lawsuits have been filed about DaVita's Gambro dialysis machines causing deaths and Hepatitis B. In one typical case, the federal court DENIED DaVita's motion to exclude the testimony of the patients' expert witness, who is an MD. The court also DENIED DaVita's motion for summary judgment that would have thrown the case out of court.

34-1 HC

In another PENDING case, the United States of America has accused DaVita of patient endangerment and fraud, committed in several states, INCLUDING CALIFORNIA:

DaVita stands accused of over-using an anemia drug without regard to medical necessity, good medical practice, or patient need and "WITH RECKLESS DISREGARD" for FDA Labels and guidelines by the Department of Health and Human Services and CMS, thereby putting dialysis patients in danger of bacterial infection, pyrogenic reactions, strokes, fatal cardiovascular events and impaired survival. DaVita knowingly and fraudulently submitted claims and was paid hundreds of millions of dollars.

DaVita allowed the manufacturer of Epogen to review confidential patient charts without patient's knowledge or consent, in violation of privacy rights granted by federal and state laws.

Directors of Nursing, Doctors and "other higher-up authorities" working under DaVita's authority were implicated in the above violations. Patient safety, quality of care, minimizing mortality, etc. are NOT a matter of the number of chairs that a vendor, with the track record at issue provides.

Until DaVita has answered the above and other charges to the satisfaction of federal courts, CPMC should not be allowed to proceed with this sale.

Thank you.

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CPMC - DEIR
(JAIN)

Letter 35

I am one of 350 dialysis patients. CPMC wants to sell our care to a for-profit company with a history of litigation over patient safety issues. We are all concerned about our own safety by being transferred to DaVita, and over 100 of us signed a petition in protest. The EIR is incomplete because it does not consider the cumulative effects on city services or traffic resulting from unsafe conditions (like 911 calls) caused by this sale. Also, CPMC submitted a plan that included providing dialysis, and before that plan was even approved they cut the service. CPMC cannot be trusted to provide the services they say they are going to provide. We ask you to hold their feet to the fire to ensure that our lives are not put in danger by this plan.

35-1 HC

35-2 HC

35-3 HC

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2005.0555E
CPMC - DEIR
(JAIN)

Letter 36

Rebuild CPMC Questions, Concerns and Comments for the City and County of San Francisco

by

Barbara Ann Berwick

Barbara Berwick for District 2 Supervisor 2010

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2005.0555E
CPMC-DEIR
(JAIN)

1. Have the needs for water, gas, electricity, sewer, garbage and public transit been adequately addressed? 36-1 UT

2. Sutter Health is in litigation with Marin General. Good relations with our sister county need to be maintained, therefore, this litigation needs to be resolved. 36-2 HC

3. It is foreseeable that the five campuses collective could falter to foreseeable wrongful death litigations due to the failure of Rebuild CPMC to acquire an experienced nursing staff. Both the government and Rebuild CPMC have a duty to promote public safety. Rebuild CPMC needs to secure a working relationship with CNA for a project of this size and importance. Additionally, any and all Health Department recommendations should be adhered to. I would prefer to have both the City and Rebuild CPMC not depend upon Sutter Health as a safety net. 36-3 HC

4. While the mega-hospital plan enhances productivity thereby reducing potential costs to patients, it offends local residents who have environmental concerns. Cathedral Hill Neighborhood Association of District 2 is most affected by this project in District 2; they need to be listened to and their concerns addressed. They don't want building variances granted and they don't want to live in the shade. Additional capacity could be maintained at sites where that capacity already exists. There are other neighborhood associations in many other Districts that need to be listened to as well. 36-4 OTH

5. St Luke's is our southernmost hospital. It serves the needs of a great number of City residents and therefore needs to be staffed at current/historical levels diminished only by lay offs of nursing staff for patients whose needs would better be served by in-home care rather than in-hospital care. Failure to do so would result in addition uninsured and indigent patients being treated at SF General at the city's expense. 36-5 HC

6. The City has a duty to address public safety issues. A major quake or other disaster could produce a situation where rubble from neighboring structures could block ambulance access to the proposed mega-hospital. Putting all of our "eggs in one basket" with respect to hospital emergency room locations is unwise. Emergency rooms that already exist should therefore be kept open. This is a foreseeable health care disaster. It is a must to keep as many emergency rooms open as possible to diversify our downside risk. 36-6 HC

7. The graying of our population dictates that we need more hospital services, but let's do this right, let's make as few people unhappy as possible. Cleary the seismic tolerance issue is present, legislated by the State and needs to be addressed. Time is running out. As a point of fact, there is a 2/3 chance of a catastrophic earthquake within the next 30 years. We are at war with Al Qaeda.

Thank you very much for your efforts in addressing these matters. I understand that there are conflicts and that your job of addressing the concerns of everyone will necessarily make a large number of people unhappy. You have my sympathy and understanding and I hope that the public will grant you sympathy and understanding as well. Thank you and bless you. 36-7 OTH

Letter 37

September 23, 2010

CPMC General Points – for Sept. 23, 2010 Planning Commission Meeting

Please refer to my detailed document dated same sent to Planning staff & given to Planning Commission.

1. **CEQA** violations
2. City's **General Plan** violations
3. **Better Streets Plan** (soon to be adopted) violation
4. Projection of FTEs based on licensed beds or staffed beds?
5. The CPMC DEIR analyzes **transportation circulation impacts** in the immediate vicinity -- intersections located at very short distances from the project sites -- but when the proposed CPMC campuses project alters the number of parking spaces at these newly built buildings totaling 3,890 spaces and continues to use the existing parking spaces at various other CPMC owned sites and leases parking spaces from neighborhood garages, it has an impact in all the neighborhoods with these facilities.

   In the Richmond District, we have impacts on the Laurel Village Shopping Center because currently there are not enough parking spaces at CPMC garages and nearby lots. This spills over into the Jordan Park residential neighborhood and the Laurel Heights neighborhood. Then you have CPMC using the Geary & 16th Avenue Garage by the Rite-Aid. When CPMC takes the parking spaces in that garage as they have been for years, nobody can shop along Geary and this hurts the Geary Blvd. Merchants. And, the residents are circling since they cannot even find parking as far away as 21st Avenue and as far north as Fulton and as far south as Lake Street sometimes when CPMC uses up the spaces at this 16th & Geary garage. CPMC is mitigating its parking problems by infiltrating these neighborhood garages and putting additional burdens on the residents. Why are the neighbor-residents in the Richmond having to suffer parking and congestion issues for a hospital that cannot meet its parking demand? And the idea of taking away residential parking zones by SFMTA will hit even harder on the Richmond residents with CPMC people parking all day in "free zones" in the Richmond.
6. The **California Campus**, depending on the extent of the remodel options, will cause more traffic congestion for the Laurel Village shopping center, Laurel Heights and Jordan Park if the parking is not remedied.
7. So when the parking demand at the new CPMC project is changed so that it cannot support the projected FTEs (10,700+ by 2030) + (see 2008 figures below for reference) and visitors that will utilize the services, the impact is not only a block or two away but on neighborhoods. The resulting congestion in traffic in the neighborhood is a serious concern. Part of the problem is with all the people working at CPMC who drive and take up the spaces in the neighborhood lots so that the local merchants have less business and people will circle around looking for street parking which also is becoming increasingly rare.
8. When the **major streets** such as Van Ness, Franklin and Geary have their lanes blocked depending on construction conditions, the cut-through traffic into adjacent areas will be impacted. So even the parking at St. Luke's and Davies will have an effect on the other areas because it is all dependent on how many people CPMC employs who will drive to work. As a "Transit First City," it does not mean to drive in and then take up neighborhood or merchant parking and shuttle it in to the campuses. **MITIGATION MEASURE**: Shuttles to stay out of SF. Perhaps those CPMC workers should BART it in and take the Muni if they live out of town and those living in the City should take the bus unless they are 24-hour on-call/emergency personnel.

   Reference: 31,000 acute discharges (33% of SF total)
   7,300 births (50% of SF)
   74,300 Emergency Department visits (32% of SF)
   541,200 Outpatient visits
   1,200 medical staff (largest in SF)

37-1 LU

37-2 HC

37-3 TR

37-4 TR

37-5 TR

37-6 TR

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9. **Cumulative effects** of Pacific Hts & Cathedral construction on J-town; cumulative effects for Richmond area with other campus buildouts, Bernal Heights area, Castro areas impacted. 37-7 TR
10. Additional analysis needed for greenhouse gas emissions, air quality impacts when lanes of traffic and parking closed and unknown number of parking spaces removed from existing conditions for construction as well as the proposed 3,890 overall number of parking spaces total proposed that will be inadequate for all CPMC campus parking lots with the projected number of almost 800+ construction workers at peak and existing patient visitor and staff parking without considering future FTE hiring projected to hit over 10,700+ by 2030. As a note the **CU asks for 513 parking spaces at the CH Hospital but the 14 van spaces are not included in this total…so it sh/b 527.** 37-8 AQ
11. **Very few buildings** fall within the CPMC offer to fix damage caused by vibrations near the construction site. Covered in more detail in larger document. 37-9 NO
12. **Tree issues**, rare manzanita species at Davies, nesting period for wild parrots, birdstrikes & materials, e.g. are issues for mitigation. 37-10 BI
13. **I cannot comment** today on the sparse information on the paleontological and archaeological portions of this CPMC DEIR which basically outlines procedures used by the professionals in the event something is found. I respectfully wait for these documents that I requested and was originally denied but Sunshined on September 16, 2010. ----------Rose Hillson 37-11 CP

Letter 38

San Francisco Tomorrow

Since 1970, Working to Protect the Urban Environment

Bill Wycko,
Environmental Review Officer Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103
Re: Public Hearing on CPMC DEIR

Dear Mr. Wycko

San Francisco Tomorrow firmly believes that the long term importance of CPMC and major hospital development transcends short term benefits, such as professed job creation or political deal-making. It is incumbent upon the city and the developer to demonstrate legal commitment and secured means before approval of the DEIR regarding the following issues:

The development's context within an overall Master Plan for health care, emergency and disaster relief: To this end, the combined efforts of all the city's health providers need to pool sustainable resources, assuring 24/7 acute care is available and evenly distributed where geography and population most require them. 38-1 HC

Demonstrated means of mitigation of the long-term impacts of each development on the affordability of housing, community services and business: As economic speculation weakens community diversity, the developer and city is obliged to apriori provide a means of sufficient committable resources and means. The onus of institutionalizing such salutary means lies with the city and not with those affected by the negative impacts. 38-2 PH

Demonstrated commitment and means of mitigation of interim construction phase impacts: For example, construction parking and staging areas will very likely impair each site's livability and commercial viability. Japan town could face commercial disaster. 38-3 TR

Thank you for your leadership on this issue.

Sincerely, Jennifer Clary
President

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2005.0555E
CPMC draft EIR
(JAIN)

Letter 39

Cathedral Hill Neighbors

CHNA
Cathedral Hill
Neighbors Association

Board of Directors

Marlayne Morgan, President
Bertie Campbell, VPresident
Melinda LaValle, Treasurer
Karen D'Isola, Member at Large
Jack Scott, Member at Large
Lois Scott, Member at Large
Teresa Schnabel, Member at Large
Allen Soong, Webmaster

September 21, 2010

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
SPITC draft EIR
(JAIN)

San Francisco Planning Department
Attn: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103
Bill.Wycko@sfgov.org

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

Cathedral Hill Neighbors (CHNA) asserts that the DEIR on this project is incomplete, is lacking in supporting documents and evidence and does not include feasible mitigation measures and alternatives. We will be submitting detailed comments on these issues at a later date. 39-1 OTH

The DEIR does conclude that **Alternative 3A is the environmentally preferred alternative** (pages 6- 263 to 6-349, volume 4, DEIR) to the CPMC proposal to build an unsafe 555 bed hospital on Cathedral Hill and an 86 bed unsustainable hospital at the St. Luke's site. We support the concept outlined in **Alternative 3A** of distributing beds and services more equally between the proposed Cathedral Hill and St. Luke's sites, **PLUS** we urge additional study and recommendations on the appropriate placement of medical specialties on each site. 39-2 ALT3A

The Long Range Development Plan as proposed would have *devastating impacts on health care* provided to underserved communities located south of Market Street, and *devastating environmental impacts on the communities* near the proposed monster Cathedral Hill hospital. **Alternative 3A PLUS** would reduce these impacts on health and the environment by: 39-3 HC

- Redistributing services between St. Luke's and Cathedral Hill to create two approximately equal-sized hospitals. **Alternative 3A** would relocate 160 beds from the California Campus to the St. Luke's campus, creating two sustainable hospitals; 39-4 ALT3A

- Alternative **3A** limits development on Cathedral Hill to that permitted by the City's current height restrictions;

- **And** reduces impacts on Muni operations (now at capacity), traffic congestion, overflow neighborhood parking, decreases in pedestrian and bicycle access and walkability in the neighborhood, accessibility to emergency vehicles, accessibility in a disaster;

- **And** reduces effects of massive increase in building height, including shadows, wind, views and urban design;

- **And** reduces the effects of a "Pill Hill" on local-serving businesses and neighborhood character, conversion of the area to a medical monoculture while improving the long-term viability of existing businesses, residences, churches and community facilities;

- **And** reduces noise caused by emergency sirens, traffic, construction, loading dock and mechanical equipment;

- **And** reduces construction impacts: dust, noise, vibrations, truck deliveries and effects of excavations

39-4 ALT3A

Therefore, we urge the Planning Commission to support **Alternative 3A (PLUS additional mitigations) as the most viable alternative** to the proposed CPMC LRDP, which would significantly reduce the devastating impacts on our central city communities.

Very truly yours,

Marlayne Morgan
President

c. Planning Commissioners, Members, Board of Supervisors

Letter 40

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2005.0555 E
CPMC - DEIR
(JAIN)

Cathedral Hill Neighbors

S.F. Planning Commission Hearing

September 23rd, 2010

We represent the neighbors of Cathedral Hill and strongly object to the construction of the mammoth hospital project planned by CPMC on the proposed site. 40-1 OTH

The project proposed is NOT good for the city and not good for the residents of the Southeast section of the city. Reduction of services at St. Luke's would further overload those of San Francisco General. 40-2 HC

The current plan proposes to construct 2 separate parking garages one for the hospital and one for the medical office building. Combined they would represent +/- 1,000 spaces. 1,000 spaces equal 1,000 cars and approximately 10,000 **ADDITIONAL** vehicle trips per day to the already congested Van Ness corridor. 40-3 TR

Most residents understand the construction process, with certain mitigation issues adhered too, the project will start and commence to completion.

The problem is size, the reduction of local services, noise, traffic, emergency vehicles, spot zoning violations, disregard for the planning department /planning commission's established zoning restrictions and among other issues, interfering with the success of established small businesses currently in operation along the Van Ness corridor. The impact that this project will have on the, already overextended, Muni system. 40-4 ALT3A

We urge you to study the recommendation of the planning staff and act on adopting the environmentally sound and workable alternate 3A.

40-4 ALT3A

Thank you for your indulgence and understanding,

The neighbors of Cathedral Hill.

Letter 41

Good ~~Afternoon~~ Evening.

Planning Commissioners

~~Terrence Valen, Director~~ Tina Shauf, Co-Chairwoman of Babae - San Francisco of GABB - USA Advocating for Rights and Welfare of Filipinas

FCC- Good Neighbor Coalition – National Alliance for Filipino Concerns (NAFCON), NorCal

Stand in solidarity w/

Also, a now Growing Coalition - more than 40 orgs and individuals – including Filipino Community, ~~C~~church, Labor, and Student leaders and other community supporters,

esp. ~~including~~ basic rights including access to jobs

These groups represent thousands of Filipinos concentrated in the SOMA, Tenderloin, and Excelsior neighborhoods of SF, and also the larger SF Bay Area Filipino working community that are employed or may be potentially employed by CPMC.

We stand firmly w/ those in the community and in this room who are expressing alarm and outrage over a very serious socioeconomic and health impact of the CPMC's development project and the planned downsizing of St. Luke's Hospital.

The issue we are raising today is specifically related to the permanent jobs that will be created by CPMC's plans for healthcare in SF, and in particular the permanent jobs of Registered Nurses.

41-1 PH

You all may be as alarmed as we were to find out that there is evidence of an alleged practice of racial discrimination and discrimination based on national origin against hiring Filipino and foreign graduate nurses at St. Luke's hospital.

Through Signed Declarations by 3 Nursing Manages and Supervisors, we have learned that Diana Karner, the Sutter West Bay VP of Nursing, ALLEGEDLY told these supervisors and managers:

QUOTES: - See CNA Piece qualified

When we found out about this in the Filipino community, we interviewed nurses and one of the supervisors to verify what was said and we also reviewed data provided to us by the California Nurses Association indicating a severe drop in the rate of hiring of Filipino nurses since the beginning of 2008 when these discriminatory statements were made.

Any of us who have been to hospital facilities in SF and around the U.S. know 2 things:

- One, that Filipinos are over-represented in the health care industry at rates upwards of 10, 30, 60% in some areas, and
- Two, that Filipinos provide a high quality of care, which no one here disputes.

Hospitals like St. Lukes have been actively recruiting Filipino nurses from the Philippines for the last half century, so a statement not to hire "Foreign Graduate" nurses essentially equates to a ban on hiring Filipino nurses because of the hundreds of

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Philippine nationals trained and recruited to work at healthcare facilities across the US, sometimes by US hospitals themselves.

We have since submitted a letter to Sutter-CPMC's CEO Warren Browner and Diana Karner, asking them to meet with us in a month's time to account for these credible and serious allegations, but until this time, they have not agreed to a meeting time with a representative group of the Filipino Community coalition. I have copies for all commissioners, here.

We have since also created with the NAFCON an online petition which has generated more than 600 signatures from Filipinos and non-Filipinos alike, all outraged across the U.S. and internationally that in this day and age, especially in the City of San Francisco, that something like this could possibly be happening.

Zenei Cortez, a Registered Nurse, and the first Filipino Co-President of the CA Nurses Association has been invited to a Philippine medical school to speak about the experiences of Filipino Health Professionals in the U.S.

I'm invited to keynote a speech to Kaiser Filipino Association and their youth group –

– this can not be the story that we have to tell them.

41-1 PH

Our demands are straightforward and require that Sutter-CPMC take seriously the HEALTH and socio-economic impact – Really the INJUSTICE, that discrimination against Filipino RN's by Sutter-CPMC will create. We ask that they take this issue seriously and stop attacking CNA and dismissing the data in this issue.

Those demands are:
-Within a month's time, we asked for both Warren Browner and Diana Karner to meet with a representative cross-section of our community, not just a one-on-one meeting with me and Dr. Browner – to this day, they haven't given us a meeting day or time.

~~We also support~~ the Good Neighbor Coalition's …

OTHER DEMANDS:

We can not turn the clock back to the 1930's when signs like this fronted hotels and stores in places like Stockton, CA

The hiring offices of Sutter-CPMC can not look like this, and all we're asking for is equal employment opportunity for the jobs created by CPMC, ~~and accountability for any~~ we monitor.

On behalf of the Fil. Community orgs
I'm here, and hope to schedule the meeting with Dr. Browner and Diana Karner asap.

Filipino Community Center (FCC)
4681 Mission Street
San Francisco, CA 94112
Phone: (415) 333-6267
Fax: (415) 333-6495
Email: info@filipinocc.org
Web: www.filipinocc.org

August 19, 2010

Warren Browner, Chief Executive Officer, California Pacific Medical Center (CPMC)
Diana Karner, Sutter West Bay Vice President of Nursing
2333 Buchanan Street
San Francisco, CA 94115

To: Warren Browner, CPMC CEO and Diana Karner, Sutter West Bay Vice President of Nursing
RE: Community Complaint vs. Sutter-CPMC Discrimination against Filipino Registered Nurses

Today, Filipino community groups and the California Nurses Association (CNA) filed a complaint with the San Francisco Human Rights Commission to shed light on an apparent pattern of discrimination by Sutter Health's California Pacific Medical Center (CPMC). We, the undersigned church, community groups and leaders, are deeply concerned that Sutter Health's CPMC has a practice of discrimination against hiring Filipino Registered Nurses.

Representatives of CNA and nurses from St. Luke's Hospital, part of the Sutter CPMC system, recently shared with us their concerns about unequal treatment of Filipino RNs. Three former CPMC nurse managers have made written statements that the Sutter West Bay Vice President of Nursing Diana Karner specifically directed them not to hire Filipino or foreign graduate nurses. We have also met with a Filipina RN who applied for a nursing job, but was told there were no positions, while white nurses were hired.

Based on hiring patterns at St Luke's, these directives from Diana Karner appear to have begun around February 2008. While approximately 65% of St Luke's RNs hired before 2008 were Filipino, only 10% of those hired after February 2008 were Filipino.

Additionally, we are alarmed that CPMC continues to pay lower wages to the majority Filipino nursing staff at St Luke's despite the fact that they do the same work as other CPMC RNs in San Francisco. At the same time, CPMC has already taken away several benefits won by nurses at St Luke's over the years that were better than what CPMC provided elsewhere. These include better retiree health and vacation benefits. All this has occurred while CPMC proposes to downsize services at St Luke's, a hospital that serves our community concentrated in the Excelsior and SOMA neighborhoods of San Francisco. We strongly suspect that others in the community will come forward as they learn of the courageous efforts of the nurse managers and others outraged by the discriminatory hiring directives targeting Filipinos.

41-2 PH

Across America Filipinos are well-represented in healthcare industry jobs, exceeding 10% (and in some areas 30%) of the health care workforce, but too often we continue to face discrimination at work. From language discrimination to labor trafficking, Filipino nurses in the United States have been unjustly fired, denied jobs, receive lower pay and benefits, are overworked, abused and exploited because of blatant discrimination based on race and national origin. The recent case of 4 Filipina nurses illegally terminated this year for speaking their native language at a hospital in Maryland is just one example of the injustice that healthcare professionals in our community regularly face. As a community we stood up against such actions to ensure that an atmosphere of discrimination against Filipino health professionals does not take root.

Sutter Health employs hundreds of highly qualified and well-trained Filipino nurses and other health professionals and serves the Filipino community of more than 420,000 across Northern California. We call upon Sutter Health to stand with us against racial and national origin discrimination, both in policy and in practice.

As representatives of thousands of Filipino community members and health professionals, we propose the following remedies:

- We urge the SF Human Rights Commission (HRC) to conduct an immediate and thorough investigation of the apparent pattern and practice of discrimination by Sutter CPMC against Filipino Registered Nurses.
- We request Sutter CPMC's full and prompt cooperation with the HRC investigation.
- We demand a meeting with CPMC CEO Warren Browner and Vice President Diana Karner within one month to discuss discrimination against Filipino RNs and specifically the alleged discriminatory hiring directives by Vice President Karner.
- We further demand that CPMC publicly renounce this discriminatory practice and issue a public apology to Filipino nurses and the Filipino community.
- Lastly, we demand that CPMC provide equal opportunities and treatment for all job applicants regardless of race, national origin or any other protected status.

41-3 PH

We also ask that CPMC work with us to ensure that permanent job opportunities and healthcare access for the community are incorporated into CPMC's future plans as Sutter CPMC seeks to rebuild its hospitals in San Francisco.

41-4 HC

Signatories:

Terrence Valen, Organizational Director
Filipino Community Center (FCC), San Francisco
Lillian Galedo, Executive Director
Filipino Advocates for Justice (FAJ), Oakland
Zenei Cortez, Co-President
California Nurses Association (CNA)
Philippine Nurses Association, Inc. (PNA)
Stephanie Sayo, Regional Coordinator
National Alliance for Filipino Concerns, Northern California (NAFCON-NorCal)
Reverend Israel Alvaran, Interfaith Organizer
Clergy and Laity United for Economic Justice of California (CLUE-CA)
Reverend Dante Tangonan, Pastor
Geneva Avenue United Methodist Church, San Francisco
Tina Shauf and Bean Rabino, Co-Chairs
Babae, San Francisco
Rachel Redondiez, Chairwoman
GABRIELA-USA
Angelica Cabande, Organizational Director
South of Market Community Action Network (SOMCAN), San Francisco
Bernadette Herrera, Organizer
Samahan ng mga Kababaihan (SAMAKA), San Francisco
Mara Ibarra, Executive Director
Filipino Community Support (FOCUS), San Jose
Dazeo Lamparas
Asian Pacific American Labor Alliance (APALA), San Francisco Chapter
Lourdes Tancinco, Esq., Board President
Veterans Equity Center (VEC), San Francisco

Luisa Antonio, Executive Director
Veterans Equity Center (VEC), San Francisco
Lyra Ibarra, Coordinator
Active Leadership to Advance the Youth (ALAY), San Francisco
Ryan Leano, Secretary General
SanDiwa National Alliance of Filipino-American Youth
Katie Joaquin, Chair
Anakbayan East Bay (AB East Bay)
Joal Vargas, Program Coordinator
Kalayaan School for Equity (KSE), Daly City
Sheryl Carrillo-Abad, Board President
Liwanag Kultural Center (LKC), Daly City
Charles Ramilo, Organizational Director
Liwanag Kultural Center (LKC), Daly City
Jessica Antonio, Chairperson
League of Filipino Students, San Francisco State University (LFS-SFSU)
Roy Recio, President
Manilatown Heritage Foundation (MHF), San Francisco
Joe Julian, Ph.D., President
San Francisco Filipino American Democratic Club (SF-FADC)
Giuliana Milanese
Jobs with Justice (JwJ), San Francisco
Rhonda Ramiro, Secretary General
Bagong Alyansang Makabayan-USA (BAYAN-USA)
Abenir Tumonong, Chair
Peoples' Association of Workers & Immigrants (PAWIS), Oakland
Beth Byrne, Member At-Large
Young Workers United (YWU), San Francisco

Jeremias David, Social Chair
Stanford Pilipino American Student Union (PASU), Palo Alto*
Michael Tayag, Issues Chair
Stanford Pilipino American Student Union (PASU), Palo Alto*
Marienne Cuison
Filipino Student Association of UC Santa Cruz (FSA-UCSC), Santa Cruz*
Karen Muktayani Villanueva, RN, BSN; Executive Director
Center for Transformative Change (CXC), Berkeley*
Magdalena De Guzman, Executive Board Member,
United Educators of San Francisco*, San Francisco Labor Council*
* For Identification Purposes Only

Organizational Endorsements:
Kappa Psi Epsilon, San Francisco State University, San Francisco
Chinese Progressive Association (CPA), San Francisco
People Organizing to Demand Environmental & Economic Rights (PODER) San Francisco

Cc: San Francisco Human Rights Commission, 25 Van Ness Ave., Room 800, San Francisco, CA 94102

Attachment to Letter 41

Here's what CPMC has to say about hiring Filipino nurses...

"You are not to hire any Filipino nurses. The Filipinos are always related, or know each other, and that's not good. You're not to hire them."

Signed declarations from former managers, regarding statements by Diana Karner, CPMC VP of Nursing

"it is hard to understand them and be understood by them."

"Do not hire foreign graduate nurses."

The Sacramento Bee
California nurses union accuses Sutter of not hiring Filipinos
August 20, 2010

AP Associated Press
Calif hospital Filipino nurse discrimination suit
August 20, 2010

SFGate
Nurses accuse Pacific Medical Center of bias
August 20, 2010

Los Angeles Times
California Nurses Assn. files suit alleging discrimination against Filipinos at Bay Area hospital
August 19, 2010

This pattern of racial discrimination is outrageous. As members of the Filipino community, and supporters of San Francisco's nurses, we call on Sutter/CPMC to:

- Immediately and fully comply with the Human Rights Commission investigation
- Cease all discriminatory hiring practices
- Issue a public apology to all Filipinos
- Provide equal opportunities and treatment for all job applicants regardless of race, national origin or any other protected status.

Honor San Francisco Values. Tell CPMC to stop the Racial Bias! Call CEO Warren Browner at 415-600-7484.

Active Leadership to Advance the Youth
Anakbayan East Bay
Asian Pacific American Labor Alliance, San Francisco Chapter
Babae
Bagong Alyansang Makabayan-USA
California Nurses Association
Chinese Progressive Association
Clergy and Laity United for Economic Justice of California
Filipino Advocates for Justice
Filipino Community Center
Filipino Community Support
GABRIELA-USA
Geneva Avenue United Methodist Church
Jobs with Justice-SF
Kalayaan School for Equity
Kappa Psi Epsilon, San Francisco State University
League of Filipino Students, San Francisco State University
Liwanag Kultural Center
Manilatown Heritage Foundation
National Alliance for Filipino Concerns
People Organizing to Demand Environmental & Economic Rights
Peoples' Association of Workers & Immigrants

Letter 42

RECEIVED AT CPC HEARING 9-23-10
2005.0555E
CPMC - DEIR
JAIN

Good Afternoon.

My name is Flávio Casoy and I am a psychiatrist working at San Francisco General Hospital. Today I am here on behalf of the members of the Physician Organizing Committee to share our concern over the Long Range Development Plan proposed by California Pacific Medical Center. Principally, the Plan calls for consolidation of Sutter-CPMC's acute care facilities in a 555-bed hospital in Cathedral Hill with a concurrent reduction in services at the St. Luke's facility to an 80-bed hospital, a reduction of 180 beds. I am here today in large part because the Physician Organizing Committee members who work for Sutter at St. Luke's do not feel safe to testify on the impact of further cuts to St. Luke's hospital. I am here today bearing their words.

42-1 HC

A priori, the Ph Org Cmte is not opposed to the new hospital in Cathedral Hill, we are very concerned about the reduction of services to the highly vulnerable population that is served by St. Luke's. This proposed 180-bed reduction at St. Luke's comes in the heels of recent closure of St. Luke's occupational medicine clinic, closure of the occupational therapy program, closure of the 32-bed inpatient psychiatric unit, closure of the neo-natal intensive care unit, dramatic reduction in number of medical ICU and

42-2 HC

medsurg beds, and closure of all outpatient psychiatric services. This has been a blow to this patient population. Further reduction of services would be catastrophic. It is critical to note that St. Luke's is one of only two hospitals that serve communities south of market street, primarily patients from Bayview Hunters Point, Mission, and Excelsior. These communities disproportionately carry a burden of poverty and underservice in San Francisco. Relocating services to Cathedral Hill, which for many patients would be require three busses to arrive, would make it impossible for these very vulnerable patients to continue getting the care they need.

42-2 HC

As a psychiatrist working at SFGH, I am painfully aware of the impact of service cuts in other facilities. Our volume of patients are increasing at a time of severe budget constraints and staffing cuts. I worry that further cuts in St. Luke's would result in an increase in the volume at SFGH which would certainly compromise the quality of care received by SFGH patients. Sutter's actions at St. Luke's stands not only to harm St. Luke's patients, but negatively impact many more people who depend on the C&C's health delivery system. I am terrified. I ask the Planning Commission to look carefully into this matter and uphold it's mission to (quoted from SF General Plan Policy 7.2.1) "Promote the continued operation of existing human and

42-3 HC

health services that serve low-income and immigrant communities in the Eastern Neighborhoods."

42-3 HC

Thank you.

Letter 43

GAYNER ENGINEERS

Transmittal

DATE: September 27, 2010

JOB NO. G.O.

TO: San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

PROJECT: ---

RE: ---

RECEIVED

SEP 27 2010

CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

ATTENTION: **MR. BILL WYCKO**

We are sending herewith:

- ☐ Prints
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- ☐ Specifications
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- ☐ CADD Files
- ☐ Correspondence
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- ☐ Memorandum
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- ☐ Overnight
- ☐ UPS (Ground)
- ☐ Hand Deliver
- ☐ Pickup
- ☐

CC:

Sincerely Yours,

Nick Mironov

GAYNER ENGINEERS

1133 Post Street • San Francisco, CA 94109 • Telephone 415.474.9500 • Fax 415.474.1363

September 26, 2010 File No. 35465

San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

Via mail

(Total no. of pages: 1)

Attention: Bill Wycko – Environmental Review Officer, San Francisco Planning Department

Re: Draft Environmental Impact Report for California Pacific Medical Center Long Range Development Plan

Dear Mr. Wycko:

Gayner Engineers is a business located at 1133 Post St. with the rear access at 140 Cedar St. (between Van Ness and Polk). Our rear access includes a garage which houses 17 vehicles. I estimate that we have 40 to 60 daily in/out trips on a typical day, and sometimes more.

43-1 TR

I have reviewed the CPMC LRDP Draft EIR. The emphasis of my review was on the MOB garage Cedar Alley traffic effect on Gayner Engineers' business. Although I saw the two Cedar alley traffic options, I did not see any detailed analysis how either option will affect the two delivery truck locations (Concordia Club and the homeless shelter) as well as Gayner Engineers' garage access and the other 7 garages along the north side of Cedar. During previous presentations to the community by CPMC and the design team, I understood that a number of mitigation measures were being considered, such as stacking incoming cars within the MOB garage (to minimize backing up into the street), metered intersection stoplight controls at Post/Polk, Cedar/Polk, Geary/Polk to maintain flow and avoid street jams, not allowing a left turn from Cedar onto Polk, diversion to the Geary exit if the Cedar exit is backed up, etc., but I did not find these mitigation measures mentioned, analyzed, or discussed in the EIR. I am further led to believe that the only MOB entry/exit option that the City is interested in is the one where all MOB garage traffic is via the Cedar Alley (no entry/exit at Geary).

43-2 TR

43-3 TR

Having all MOB garage entry/exit via the Cedar Alley, no analysis of the effects on the Concordia Club and homeless shelter delivery truck locations, no analysis of the traffic effects on Gayner Engineers' garage access and the remaining 7 garages, no analysis of the MOB loading dock/delivery effects, no mitigation measures of how traffic is to be managed at the MOB garage entry/exit and street intersections, and no mitigation measures of the MOB loading dock effects, is not acceptable to Gayner Engineers. This will surely result in a significant negative impact on Gayner Engineers to effectively do business from our location.

43-4 TR

Gayner Engineers insists that a complete analysis of the Cedar Alley traffic (during construction and in the finished configuration) be performed and that appropriate mitigation measures that meet Gayner Engineers' and our neighbors' needs be studied, reviewed with and approved by Gayner Engineers and our neighbors, and approved mitigation measures be implemented into the project.

43-5 TR

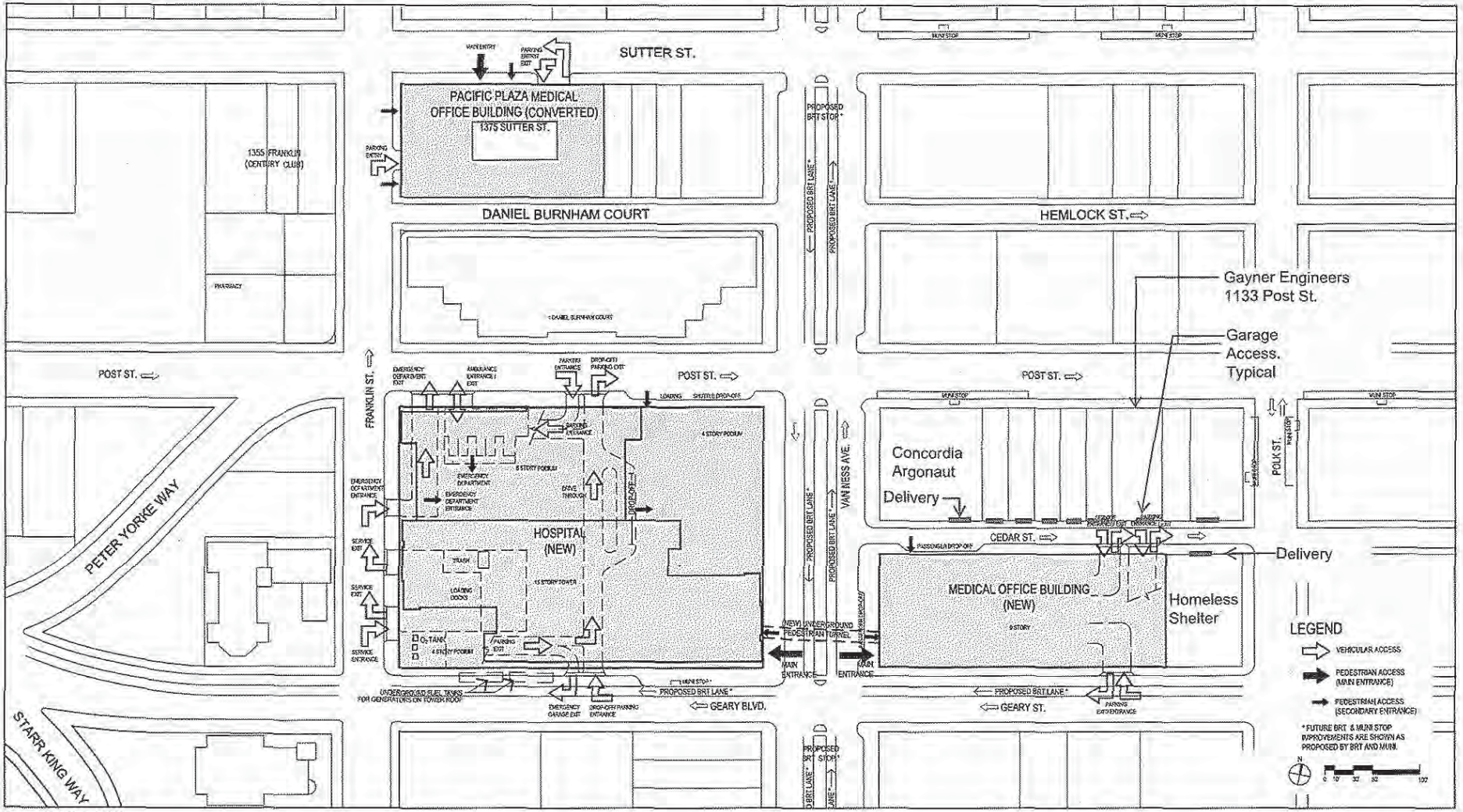
Very truly yours,

GAYNER ENGINEERS

Nick Mironov

Nick Mironov

Attachment to Letter 43



Source: SmithGroup 2010

Cathedral Hill MOB—MOB Access Variant

Figure 2-6

Letter 44

The First Unitarian Universalist Society of San Francisco
1187 Franklin Street, San Francisco CA 94109-6893
415.776.4580
uusf.org

October 4, 2010

RECEIVED
OCT 05 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

Mr. Bill Wyco
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wyco:

We wish to do our part to support quality health care for all San Franciscans. However, we have serious concerns about the environmental impacts of the Long Range Development Plan. In addition, there are sections of the Draft Environmental Impact Report that are remarkably brief and inadequate; there are also some obvious errors. 44-1 OTH

Vibration levels. Volume 3, Chapter 4, Page 15, Table 4.6-17, "Summary of FTA-recommended Ground borne Vibration Impact Criteria." In the table there is the following sentence regarding acceptable vibration levels: "vibration-sensitive manufacturing or research will require detailed evaluation to define the acceptable vibration levels." It does not address the methodology for how such an evaluation will be carried out. 44-2 NO

Gas lines. Volume 4, Section 4.17.2. A more thorough description of the type of gas lines under and around the Cathedral Hill campus is needed, specifically referring to the type of pipes that will be used to direct gas in underground lines. 44-3 ME

Traffic impacts, public transportation. Volume 3, Chapter 4, Number 3, Page 4.5-54: "Planned transportation improvements **assumed** to be implemented by the City of San Francisco, and included in the impact assessment." This is a fallacious assumption given that SF MUNI has recently reduced service city wide and has recently made a slight modification in evening service. 44-4 TR

Traffic impacts, public transportation. Volume 3, Chapter 4.5, Page 4.5-62: Regarding the 3-Jackson, the information printed is erroneous. The 3-Jackson is still in service and there are no plans to remove it from service. Regarding the 4-Sutter, this line **is** out of service but the report says it is in service. 44-5 TR

Gregory L. Stewar
Senior Minist
J. Rabidou
Pastoral Care Minist
Jeremiah Kalend
Beyond Sunday Minis
Kay Jorgense
Community Minist
Ivson Jad
Minis
Neris Pa
Commun Minis
Margot Cunnigell Gra
Minister Emer

Traffic impacts, Parking, Cathedral Hill: Volume 3, Page 4.5-72 & 73: "Additional Travel-Related Criteria." On page 4.5-73 the report says that parking analysis data included "inbound and outbound vehicle counts at the parking garage at the Cathedral Hill Hotel." This is like comparing apples to oranges. We need a parking impact report that approximates the number of people coming to CPMC by car and who will have to park on the street. Traffic impacts, Parking, Cathedral Hill: Volume 3, Page 4.5-77: "Although the CPMC LRDP development plans assume an increase in parking supply with the construction of new garages, it is assumed that similar transportation management strategies to those that exist today would be in place when such facilities are opened to act as disincentives to driving by employees, patients, and visitors despite the increase in the supply of off-street parking " This is a false assumption that the majority of CPMC employees would resort to public transportation when the Cathedral Hill facility opens. 44-6 TR

Regarding Air Quality: we read on page 4.7 - 46 that CPMC's own medical patients were identified as the "sensitive receptors." The hazards were then determined to be "insignificant" because their stay is temporary. Why not consider the 110 children at the Montessori School year round, usually 8 am to 6 pm, and only 250 feet away, or the many neighborhood residents? Impact AQ-3 on page S-65 reiterates that "the operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emission of criteria pollutants" and offers no mitigations. 44-7 AQ

Regarding Hazardous Waste as discussed on pages 4.16 - 58, again there is no mention of the Montessori school, where young children use the playground and work and nap in classrooms that rely on open windows for ventilation, every week of the year. Was the impact on our Montessori children considered? 44-8 HZ

Regarding Traffic, how can there be 152 "significant and unavoidable" traffic impacts listed in the Summary on pages S42 – S57 but no negative effects for pedestrians, especially given the preponderance of senior housing in the area? Already existing traffic problems will be exacerbated by drivers circling for parking and back ups on Franklin Street accommodating the loading dock. 44-9 TR

Noise created by the loading dock is of special concern to us. The loading dock will be shaped like a concrete band shell and is located just across the intersection from our sanctuary, with its large stained glass windows which will transfer noise easily. We have specific concerns about the mitigations proposed on pages 4.6-71 and 4.6-72. M-NO-N3b calls for a noise absorptive material to be applied to the interior of the loading dock area only if bay doors are open during Aduromed operation. Yet Geoffrey Nelson, CPMC's Director of Enterprise Development, has assured us that loading dock wall surfaces will be coated with a reverberation reducing material as part of the construction process. Why not include that in your mitigations? M-NO-N3e states that "delivery of oxygen to the proposed Cathedral Hill Campus shall not be scheduled during hours when church activities are typically taking place" and calls for communication between CPMC 44-10 NO 44-11 NO

and the adjacent churches to determine a mutually acceptable time for oxygen delivery. Why not apply that standard to the Aduromed activities, too? According to a technical report prepared by SM&W, as noted on page 4.6-69, Aduromed medical waste equipment would "dominate the loading dock's noise environment during use." In fact, why not include those requirements, or the pursuit of them, for all deliveries?

44-11 NO

We do believe there is a better option presented in the EIR, and that is Alternative 3A. Alternative 3A helps distribute healthcare throughout the City while significantly reducing some of the negative environmental impacts on Cathedral Hill. Alternative 3A reduces the height of the new hospital on Cathedral Hill, keeping the height within the current zoning height limit of 130 feet. This reduction in height decreases the negative effects of increased wind and shadows in the area. Another important reduced impact of 3A for the UU location is the reduced usage of loading space: same number of loading spaces, significantly fewer deliveries. Alternative 3A is the environmentally superior solution; it reduces many negative environmental impacts on Cathedral Hill including hazardous waste, traffic with its related pedestrian safety issues, other noise intrusions, and air quality.

44-12 ALT3A

At this point, we ask that the Draft Environmental Impact Report be considered a work in progress due to errors and inadequate mitigations. There need to be additional and stronger mitigations along with further review of Alternative 3A, perhaps including studying additional alternatives.

44-13 ALT3A

Sincerely yours,

The Unitarian Universalist CPMC Task Force:

Ben Bear, Bill Wise, David Jones, Merle Easton, Nancy Evans, Paulett Taggart, Wally Cleland, and George Mayer, chr.

Letter 45

DATE: October 5, 2010
TO:

Devyani Jain
(devyani.jain@sfgov.org)
Planning Department
City of San Francisco

1650 Mission St Ste 400
SF 94103

RE: CPMC Hospital construction plan

FROM: Madlyn Stein, President, Seniors of Cathedral Hill

This letter is in response to the Environmental Impact Report filed with the Department of Planning on the Construction of a new hospital by CPMC between Post St and Geary Blvd and Van Ness and Franklin Streets in San Francisco

Our organization was formed to voice the concerns of the many seniors (60% of the population) living in the area just west of the proposed construction on Cathedral Hill. Our concern is with the size, bulk and plan of the proposed hospital and the lack of open space in the plan and the traffic patterns that the plan would generate as well as increased noise, all of which have a negative impact on our neighborhood and on our lives. We request that consideration be given to a new plan that would adhere to the following: 45-1 LU

-reduction in bulk and height of the hospital and its tower 45-2 LU
-lower the height to consistency with city guidelines and with the neighborhood
-reduce the bulk by providing open space along Post Street and Franklin Streets
-decrease the number of beds at the Van Ness site 45-3 ALT
-increase the number of beds at the St Lukes site 45-4 ALT
-have all entrances on Van Ness and Geary coordinated so that traffice flow from the current campus, proposed as an outpatient facility, will come down Van Ness Blvd and NOT ON POST STREET. 45-5 TR
-provide a blinking yellow light at the crossing on Post Street where former Octovia Street crossed so that seniors crossing between two large facilities, the Sequoias and the Carlisle, will not be run over. 45-6 TR

Madlyn Stein

2 10/5/2016

Please include our comments in the Environmental Impact Report and answer our concerns.

45-7 OTH

Print NAME	Sign
Madlyn Stein	Madlyn W. Stein
Sig Freeman	
Deborah Solomon	Deborah Solomon
IRWIN SOLOMON	Irwin Solomon
Lois Hyatt	
George K. Matsuda	
Lin Lowry	
Gladys Wagman	
Samuel B Thomson MD	
Grace M. Jensen	
Marianne Liepman	
~~Irwin Solomon~~	- duplicate
~~Deborah Solomon~~	- duplicate
Pearl Rapp	
Diane Wiersba	
~~Ingrid Dr. Thomson~~	
Richard Wiersba	

Letter 46

RECEIVED
OCT 07 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

SAMPLE SUPPORT LETTER

Sending Options (Please send a copy to Marlayne Morgan at http://sfchna.org)

E-mail to Bill.Wycko@sfgov.org
or send to Mr. Wyco's fax at 415.558.6409
or by US post to the address below.

Your address Marianne Liepman
The Carlisle
1450 Post St. #412
S.F. CA. 94109

Date
October 5, 2010

San Francisco Planning Department
Attn: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

I endorse the issues and critiques raised by Cathedral Hill Neighbors in their comments on CPMC's Draft EIR.

The Long Range Development Plan as proposed fails to provide local access to care to many areas of San Francisco, fails to consider the broader health care that are part of an integrated provision of health care, and will have *devastating environmental impacts on the communities* near the proposed monster Cathedral Hill hospital. 46-1 HC

In particular, CPMC's dismissal of **Alternative 3A, the environmentally preferred alternative** (pages 6-263 to 6-349, volume 4, DEIR) is based on fallacious arguments, and fails to consider the disadvantages to San Francisco of a too small St. Luke's facility. 46-2 ALT3A

We urge that the Planning Department carefully review CPMC's assertions with unbiased experts in the field of hospital management and health care outcomes, rather than merely accepting CPMC's assertions. 46-3 HC

Very truly yours,
Marianne Liepman

c. SF Planning Commissioners and Board of Supervisors

Letter 47

Devyani Jain/CTYPLN/SFGOV
10/12/2010 02:13 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

FYI-2

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 02:13 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 09:27 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 09:27 AM -----

Robert Hamaguchi <rehamaguchi@yahoo.com>
10/08/2010 08:40 AM

To bill.wycko@sfgov.org
cc gavin.newsom@sfgov.org, john.rahaim@sfgov.org, linda.avery@sfgov.org, Christina Olague <c_olague@yahoo.com>, Gwyneth Borden <plangsf@gmail.com>, Hisashi Sugaya <hs.commish@yahoo.com>, Katherin Moore <mooreurban@speakeasy.net>, Michael Antonini <wordweaver21@aol.com>, Ron Miguel <rm@well.com>, Rodney Fong <rodney@waxmuseum.com>, Aya Ino <aino@jcccnc.org>, Ben Kobashigawa <bk7585@sfsu.edu>, Bernie Choden <choden@sbcglobal.net>, Bertie Campbell <bertie@yaleusa.com>, Bette Landis <blandis06@att.net>, Cathy Inamasu <nlfchildcare@yahoo.com>, Clint Taura <ctaura@gmail.com>, Dawn Shalhoup <dawn@prpotion.com>, Diane Onizuka <Diane.Onizuka@unionbank.com>, Donna Graves <dgraves3@mindspring.com>, Glynis Nakahara <gnakahara@yahoo.com>, Gregory Johnson <gforce_ginab@yahoo.com>, Hiroshi Fukuda <ninersam@aol.com>, jon osaki <josaki@jcyc.org>, Karen Kai <ruskykai@earthlink.net>, Kathy Reyes <kkreyes@sbcglobal.net>, Kelly Pepper <kelly@townconsulting.com>, Ken Kaji <kennethkaji@yahoo.com>, Ko Asakura <asakura@kinokuniya.com>, Lisa Liu <liu.lisa@berkeley.edu>, Paul Osaki <posaki@jcccnc.org>, Paul Wermer <paul@pw-sc.com>, Paul Lord <Paul.Lord@sfgov.org>, Pierre Gasztowtt

<pierregwt@sbcglobal.net>, Rev Townsend <revtword@hotmail.com>, Richard Hashimoto <rmhashimoto@aol.com>, richard matsuno <matsuno@kinokuniya.com>, Robert Sakai <robertksakai@gmail.com>, Ros Tonai <rtonai@njahs.org>, Rose Hillson <gumby5@att.net>, Rumi Okabe <rumi@plmsf.com>, Rumiko Tauber <rumiko@ichibankanusa.com>, Ryan Kimura <yutalk921@yahoo.com>, Sandy Mori <smori@kimochi-inc.org>, Seiji Horibuchi <seiji@viz-pictures.com>, Seiko Fujimoto <sfdento@yahoo.co.jp>, stephen jordan <sakurasakura@comcast.net>, Steve Nakajo <snakajo@kimochi-inc.org>, Tak Matsuba <takmat2@aol.com>, Teresa Ono <tazono@yahoo.com>, Tony Kim <tony@townconsulting.com>, Yoshiro Tasaka <sa2cg@cgjsf.org>, Bevan Dufty <Bevan.Dufty@sfgov.org>, Carmen Chu <Carmen.Chu@sfgov.org>, Chris Daly <Chris.Daly@sfgov.org>, David Chiu <David.Chiu@sfgov.org>, David Campos <David.Campos@sfgov.org>, Eric Mar <eric.l.mar@sfgov.org>, John Avalos <John.Avalos@sfgov.org>, Michela Alioto-Pier <michela.alioto-pier@sfgov.org>, Ross Mirkarimi <ross.mirkarimi@sfgov.org>, Sean Elsbernd <Sean.Elsbernd@sfgov.org>, Sophie Maxwell <Sophie.Maxwell@sfgov.org>

Subject 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Mr. Wcyko

I have been asked to send you following letter on behalf of the Japantown Better Neighborhood Plan Organizing Committee.

With best regards

Bob Hamaguchi
Member of the Japantown BNP Organizing Committee
c/o Japantown Task Force, Inc.
1765 Sutter Street
San Francisco, CA 94115

Bill Wcyko
Environmental Review Officer

San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

SUBJECT: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Dear Mr. Wcyko:

After review of the CPMC Draft EIR (2005.0555E), we are concerned that this DEIR fails to consider the impact of construction and operations on Japantown as a cultural resource. In fact, proposed "mitigations" in the DEIR have already been demonstrated to have an adverse impact on Japantown, its merchants and its restaurants.

As recognized by the Planning Department, the Japantown Better Neighborhood Plan' s first goal is to "Secure Japantown's future as the historical and cultural heart of Japanese and Japanese-American community" (p.3, May 2009 Draft Plan), yet the "HISTORIC RESOURCE EVALUATION REPORT For Cathedral Hill Campus" dated Sept 2008, does not recognize Japantown or its cultural significance.

47-1 CP

The risks to Japantown as a cultural resource arise from actions that will damage the financial viability of the merchants who form the core of Japantown, which is the oldest of three remaining Japantowns in the United States. These merchants, and their customers, are critical contributors to this historic and cultural resource.

47-2 PH

Although the immediate effects arising from CPMC's activities are parking and financial, the result is significant damage to an important cultural and historic resource: San Francisco's Japantown

47-3 CP

Specific issues that need to be addressed include:

1) Use of the 1610 Geary (aka Japantown) garage for construction parking, as proposed by the DEIR and the HerreroBoldt analysis (CPMC Cathedral Hill Hospital and Medical Office Building Environmental Impact Report, Construction Data, Version 2.x – February 5, 2010).

This document references the existing 400 spaces CPMC has reserved at this location as available for construction use. However, they are already in use by CPMC staff at the Pacific Campus, and are not available for construction parking. Due to overwhelming demand, CPMC has had to create a waiting list for this popular

47-4 TR

program. The Japantown merchants have experienced the loss of parking spaces from other construction projects – reaching premature capacity, and as a result customers cannot find parking during peak afternoon especially on Fridays and Saturdays. The resulting drop in customers has an immediate and adverse impact on revenues, and hence threatens the future financial viability of Japantown merchants.

We urge you to consider mitigations that focus on leasing space in underutilized garages (e.g. For the month of August 2010, 5th & Mission Garage has 2,585 parking spaces and averaged only 45% peak occupancy Mondays through Fridays; San Francisco Port may well have pier parking available and Candlestick Park may be another resource). We feel that there has not been enough research performed on parking alternatives. San Francisco MTA has data relating to capacity, and perhaps is a resource to help find solutions. San Francisco's Transit First policy is aggressively applied in Planning's review of projects once occupied and operational. We urge that this same diligence in reducing passenger vehicle traffic be applied to the construction phase of projects. In applying the 'Transit First" policy to the construction phase, CPMC could consider shuttles from locations outside of San Francisco. 47-4 TR

2) Japantown is a regional attraction, with many if not most Greater Bay Area residents driving to Japantown. The Cathedral Hill project introduces a significant bottleneck in the standard routes to Japantown, whether arriving from the East Bay or the Peninsula. The project calls for significant construction during evenings and on Saturdays – peak times and seasons for visits to Japantown, and hence peak revenue periods. Traffic and parking problems that discourage visitors have a direct impact on the revenues, and hence the viability, of this cultural and historic resource. This potential threat to Japantown's survival is not even considered in the DEIR. This requires analysis, and appropriate mitigations. 47-5 TR

3) The DEIR also fails to consider the cumulative impact of construction projects affecting transit to, and parking in, Japantown. In addition to CPMC's construction activities detailed in the DEIR, there is likely to be construction on any or all of the following large projects: Geary BRT (2013 to 2014?); Van Ness BRT (2012 – 2013?); 1481 Post. Each of these activities will aggravate the problems related to construction parking and roadway obstructions. This is a significant omission in the current DEIR. 47-6 TR

4) In addition, the DEIR needs to assess whether or not there are potential impacts on Japantown from CPMC's ongoing operations at all proposed CPMC projects from the issues identified above, especially when considered with the cumulative effects of 47-7 TR

other planned major projects within or adjacent to the Japantown Planning Area, such as the Geary BRT, Van Ness BRT, and 1481 Post Street. For example, will CPMC's TDM policy and shuttle services inadvertently increase CPMC staff, patient or visitor demand on the Japantown parking? Will peak p.m. traffic have an effect on evening visitation to Japantown? How long will it take for Japantown businesses to recover from customers that may have been discouraged from patronizing their businesses due to lack of parking during construction?

47-7 TR

47-8 TR

47-9 PH

5) We have serious concerns that the Cathedral Hill and other proposed CPMC projects, and the other major development projects underway in or adjacent to the Japantown Planning Area, may adversely impact Japantown's ability to maintain its unique character "as the historical and cultural heart of the Bay Area's Japanese and Japanese American community." The existing towers and large parcel developments like the Sequoias building, which were implemented during Redevelopment Agency jurisdiction, are not representative of, and are actually inconsistent with, the prevalent, historical, and preferred land use and built forms in Japantown. While recognizing the significance of the Japan Center in the history of Japantown and its significance as a sample of Redevelopment's impact, the mistakes made by Redevelopment in creating large parcels and out of scale buildings should not be repeated going forward. If Cathedral Hill is approved at heights exceeding the current Van Ness height and bulk limits, it should be with the express recognition that this approval is due to exceptional circumstances, and is not to be considered as a precedent or justification for other proposed buildings in or to the west of the Van Ness corridor exceeding existing height limits.

47-10 CP

47-11 LU

We look forward to seeing a detailed analysis of these issues when the response to public comments is available.

Sincerely,

The Japantown BNP Organizing Committee

Letter 48

Devyani Jain/CTYPLN/SFGOV
10/12/2010 02:14 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: California Pacific Medical Center DEIR- Case 2005.0555E

FYI-3

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 02:13 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 09:24 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: California Pacific Medical Center DEIR- Case 2005.0555E

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 09:24 AM -----

janescht@comcast.net
10/08/2010 03:15 PM

To Bill.Wycko@sfgov.org
cc rm@well.com, wordweaver21@aol.com, bill.lee@flysfo.com, hs.commish@yahoo.com, c_olague@yahoo.com, plangsf@gmail.com, mooreurban@speakeasy.net, Eric.L.Mar@sfgov.org, David.Chiu@sfgov.org, Ross.Mirkarimi@sfgov.org, Sean.Elsbernd@sfgov.org, David.Campos@sfgov.org, John.Avalos@sfgov.org, Michela.Alioto-Pier@sfgov.org, Carmen.Chu@sfgov.org, Chris.Daly@sfgov.org, Bevan.Dufty@sfgov.org, Sophie.Maxwell@sfgov.org
Subject California Pacific Medical Center DEIR- Case 2005.0555E

Jane Seleznow
1200 Gough St, #22F
San Francisco, CA 94109

October 9, 2010

San Francisco Planning Department
Attn: Mr. Bill Wycko

1650 Mission Street, Suite 400
San Francisco, CA 94103
Re: Case 2005.0555E –CPMC Long Range Development Plan

Dear Mr. Wycko:

I offer these comments regarding the California Pacific Medical Center's (CPMC) Draft EIR. I believe that **Alternative 3A** (pages 6-263 to 6-349, volume 4, DEIR) is the best environmentally preferred alternative and feel that CPMC's dismissal of **Alternative 3A** is based on fallacious arguments. It fails to consider the disadvantages to San Francisco of an inadequate St. Luke's facility. I urge you to carefully review CPMC's assertions with unbiased experts in the field of hospital management and health care outcomes, rather than merely accepting CPMC's assertions.

48-1 ALT3A

The Long Range Development Plan as proposed fails to provide local access to care to many areas of San Francisco, fails to consider the provision of integrated health care throughout the city, and will have ***devastating environmental impacts on the communities*** near the proposed huge and out of scale Cathedral Hill hospital. In particular, any variance in the current planning code would have an adverse impact on the character of the existing residential neighborhood. Zoning should be kept at the current limit of 130 feet. Increased traffic will endanger pedestrians and increased siren noise will have a detrimental effect on those of us who live nearby, especially affecting our sleep.

48-2 HC

48-3 LU

48-4 TR

I do not believe the current DEIR adequately addresses all the issues.

Very truly yours,

Jane Seleznow

Cc: SF Planning Commissioners and Board of Supervisors

Letter 49

Devyani Jain/CTYPLN/SFGOV
10/12/2010 02:14 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: COMMENTS ON CPMC's LONG RANGE DEVELOPMENT PLAN

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 02:14 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 09:17 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: COMMENTS ON CPMC's LONG RANGE DEVELOPMENT PLAN

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 09:17 AM -----

"R. K. Wiersba" <rwiersba@sbcglobal.net>
10/11/2010 06:35 PM

To bill.wycko@sfgov.org
cc
Subject COMMENTS ON CPMC's LONG RANGE DEVELOPMENT PLAN

Mr. Bill Wycko:

We are seniors living on Cathedral Hill. Our analysis of the effects of the upcoming Van Ness Avenue CPMC project as proposed by CPMC are all negative.

49-1 OTH

Traffic in this area is already extremely heavy as it includes the intersection of Van Ness and Geary Street and also inbound Post Street and southbound Gough.
We gave up our car about 15 years ago in part because traffic is so heavy and parking is so difficult. To bring such a structure as the originally proposed CPMC to this area, even with adequate parking for the large number of employees necessary to operate such a medical center, would make a dangerous situation much worse, especially

49-2 TR

considering this area has the highest density of seniors in San Francisco . No parking for hospital employees (which we understand is proposed) is foolhardy; parking is already difficult to find in this area. 49-2 TR

Van Ness is a major highly-travelled, US route and placing a traffic-attracting monster hospital on this route is going to exacerbate an already unsafe traffic situation. At first glance, having a hospital adjacent to public transit seems positive but, in thinking of the times we have had to reach a hospital as soon as possible, we realize the use of public transit for this purpose is unlikely. 49-3 TR Effective public transit is affected by traffic conditions and CPMC will be placed right in the middle of an already difficult traffic situation; it will, in fact, be the cause of increased and bottlenecked traffic. Even those being driven to hospital treatment will cause problems, partly due to the confusion of the one-way streets which intersect and parallel Van Ness. 49-4 TR Ambulances will no doubt run into traffic snarls as they try to reach CPMC, also.

We are well aware of the dust, dirt and pollution in the air in this area, primarily due to high-volume traffic. More traffic will definitely affect the quality of life for Cathedral Hill residents. 49-5 AQ

With Mount Zion , California Pacific and St Francis hospitals already in the surrounding area, we have more than our share of noise from emergency vehicles. More sirens won't make this area more livable. 49-6 NO

Overall, we believe that CPMC's Draft EIR expects San Franciscans to ignore such impacts as mentioned above; CPMC appears to completely ignore the area residents' quality-of-life issues and in addition, out-of-hand dismisses the possibility of reducing the CPMC structure down to a reasonable and already-established maximum height for our city. The 25-storey horizon-blocking Sequoias has already been granted an exemption from existing height standards and the neighborhood is battling the proposed excessive height of the 1481 Post Street project. Cathedral Hill will be much better served if the CPMC project and all other future such projects are scaled down to meet existing height standards. 49-7 LU

Having half a thousand patients confined in a single building, in a densely populated area such as Cathedral Hill, would be extremely hazardous in an earthquake. We are both NERT-trained, so we know how city resources would be strained if a fire or quake occurred in our neighborhood. 49-8 HC

We feel that Alternative 3A, the environmentally preferred alternative, is far-and-above the better plan for the CPMC development. 49-9 ALT3A

Sincerely,

Diane & Richard Wiersba
□□□□□□□□ 37.775□, □□□□□□□□□ -122.418□

66 Cleary Court Unit 1308
San Francisco , CA 94109

Letter 50

Devyani Jain/CTYPLN/SFGOV
10/12/2010 01:56 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

For Follow Up: Normal Priority

FYI

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 01:56 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 12:47 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 12:46 PM -----

"Matsuno" <matsuno@kinokuniya.com>
10/12/2010 10:37 AM

To <bill.wycko@sfgov.org>
cc
Subject Fw: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Mr. Wycko,

I am a member for the Japantown Better Neighborhood and am the property manager of Kinokuniya Building located in Japan Cater. I too support this letter.

Richard
****

Richard W. Matsuno
Property Manager
Kinokuniya Bookstores
1581 Webster Street, Suite #120
San Francisco, CA 94115
415.567.7625; cell 415.794.2997

****

----- Original Message -----
From: Robert Hamaguchi
To: bill.wycko@sfgov.org
Cc: gavin.newsom@sfgov.org ; john.rahaim@sfgov.org ; linda.avery@sfgov.org ; Christina Olague ; Gwyneth Borden ; Hisashi Sugaya ; Katherin Moore ; Michael Antonini ; Ron Miguel ; Rodney Fong ; Aya Ino ; Ben Kobashigawa ; Bernie Choden ; Bertie Campbell ; Bette Landis ; Cathy Inamasu ; Clint Taura ; Dawn Shalhoup ; Diane Onizuka ; Donna Graves ; Glynis Nakahara ; Gregory Johnson ; Hiroshi Fukuda ; jon osaki ; Karen Kai ; Kathy Reyes ; Kelly Pepper ; Ken Kaji ; Ko Asakura ; Lisa Liu ; Paul Osaki ; Paul Wermer ; Paul Lord ; Pierre Gasztowtt ; Rev Townsend ; Richard Hashimoto ; richard matsuno ; Robert Sakai ; Ros Tonai ; Rose Hillson ; Rumi Okabe ; Rumiko Tauber ; Ryan Kimura ; Sandy Mori ; Seiji Horibuchi ; Seiko Fujimoto ; stephen jordan ; Steve Nakajo ; Tak Matsuba ; Teresa Ono ; Tony Kim ; Yoshiro Tasaka ; Bevan Dufty ; Carmen Chu ; Chris Daly ; David Chiu ; David Campos ; Eric Mar ; John Avalos ; Michela Alioto-Pier ; Ross Mirkarimi ; Sean Elsbernd ; Sophie Maxwell
Sent: Friday, October 08, 2010 8:40 AM
Subject: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Mr. Wcyko

I have been asked to send you following letter on behalf of the Japantown Better Neighborhood Plan Organizing Committee.

With best regards

Bob Hamaguchi
Member of the Japantown BNP Organizing Committee
c/o Japantown Task Force, Inc.
1765 Sutter Street
San Francisco, CA 94115

Bill Wcyko
Environmental Review Officer
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

SUBJECT: 2005.0555E, CPMC Long Range Development Plan: Comments on Draft EIR

Dear Mr. Wcyko:

After review of the CPMC Draft EIR (2005.0555E), we are concerned that this DEIR fails to consider the impact of construction and operations on Japantown as a cultural resource. In fact, proposed "mitigations" in the DEIR have already been demonstrated to have an adverse impact on Japantown, its merchants and its restaurants.

50-1 CP

As recognized by the Planning Department, the Japantown Better Neighborhood Plan' s first goal is to "Secure Japantown's future as the historical and cultural heart of Japanese and Japanese-American community" (p.3, May 2009 Draft Plan), yet the "HISTORIC RESOURCE EVALUATION REPORT For Cathedral Hill Campus" dated Sept 2008, does not recognize Japantown or its cultural significance.

The risks to Japantown as a cultural resource arise from actions that will damage the financial viability of the merchants who form the core of Japantown, which is the oldest of three remaining Japantowns in the United States. These merchants, and their customers, are critical contributors to this historic and cultural resource.

50-2 PH

Although the immediate effects arising from CPMC's activities are parking and financial, the result is significant damage to an important cultural and historic resource: San Francisco's Japantown

50-3 CP

Specific issues that need to be addressed include:

1) Use of the 1610 Geary (aka Japantown) garage for construction parking, as proposed by the DEIR and the HerreroBoldt analysis (CPMC Cathedral Hill Hospital and Medical Office Building Environmental Impact Report, Construction Data, Version 2.x – February 5, 2010).

This document references the existing 400 spaces CPMC has reserved at this location as available for construction use. However, they are already in use by CPMC staff at the Pacific Campus, and are not available for construction parking. Due to overwhelming demand, CPMC has had to create a waiting list for this popular program. The Japantown merchants have experienced the loss of parking spaces from other construction projects – reaching premature capacity, and as a result customers cannot find parking during peak afternoon especially on Fridays and Saturdays. The resulting drop in customers has an immediate and adverse impact on revenues, and hence threatens the future financial viability of Japantown merchants.

50-4 TR

We urge you to consider mitigations that focus on leasing space in underutilized

garages (e.g. For the month of August 2010, 5th & Mission Garage has 2,585 parking spaces and averaged only 45% peak occupancy Mondays through Fridays; San Francisco Port may well have pier parking available and Candlestick Park may be another resource). We feel that there has not been enough research performed on parking alternatives. San Francisco MTA has data relating to capacity, and perhaps is a resource to help find solutions. San Francisco's Transit First policy is aggressively applied in Planning's review of projects once occupied and operational. We urge that this same diligence in reducing passenger vehicle traffic be applied to the construction phase of projects. In applying the 'Transit First" policy to the construction phase, CPMC could consider shuttles from locations outside of San Francisco.

50-4 TR

2) Japantown is a regional attraction, with many if not most Greater Bay Area residents driving to Japantown. The Cathedral Hill project introduces a significant bottleneck in the standard routes to Japantown, whether arriving from the East Bay or the Peninsula. The project calls for significant construction during evenings and on Saturdays – peak times and seasons for visits to Japantown, and hence peak revenue periods. Traffic and parking problems that discourage visitors have a direct impact on the revenues, and hence the viability, of this cultural and historic resource. This potential threat to Japantown's survival is not even considered in the DEIR. This requires analysis, and appropriate mitigations.

50-5 OTH-EC

3) The DEIR also fails to consider the cumulative impact of construction projects affecting transit to, and parking in, Japantown. In addition to CPMC's construction activities detailed in the DEIR, there is likely to be construction on any or all of the following large projects: Geary BRT (2013 to 2014?); Van Ness BRT (2012 – 2013?); 1481 Post. Each of these activities will aggravate the problems related to construction parking and roadway obstructions. This is a significant omission in the current DEIR.

50-6 OTH-CU

4) In addition, the DEIR needs to assess whether or not there are potential impacts on Japantown from CPMC's ongoing operations at all proposed CPMC projects from the issues identified above, especially when considered with the cumulative effects of other planned major projects within or adjacent to the Japantown Planning Area, such as the Geary BRT, Van Ness BRT, and 1481 Post Street. For example, will CPMC's TDM policy and shuttle services inadvertently increase CPMC staff, patient or visitor demand on the Japantown parking? Will peak p.m. traffic have an effect on evening visitation to Japantown? How long will it take for Japantown businesses to recover from customers that may have been discouraged from patronizing their businesses due to lack of parking during construction?

50-7 TR

50-8 TR

50-9 PH

5) We have serious concerns that the Cathedral Hill and other proposed CPMC projects, and the other major development projects underway in or adjacent to the Japantown Planning Area, may adversely impact Japantown's ability to maintain its unique character "as the historical and cultural heart of the Bay Area's Japanese and Japanese American community." The existing towers and large parcel developments like the Sequoias building, which were implemented during Redevelopment Agency jurisdiction, are not representative of, and are actually inconsistent with, the prevalent, historical, and preferred land use and built forms in Japantown. While recognizing the significance of the Japan Center in the history of Japantown and its significance as a sample of Redevelopment's impact, the mistakes made by Redevelopment in creating large parcels and out of scale buildings should not be repeated going forward. If Cathedral Hill is approved at heights exceeding the current Van Ness height and bulk limits, it should be with the express recognition that this approval is due to exceptional circumstances, and is not to be considered as a precedent or justification for other proposed buildings in or to the west of the Van Ness corridor exceeding existing height limits.

50-10 CP

50-11 LU

We look forward to seeing a detailed analysis of these issues when the response to public comments is available.

Sincerely,

The Japantown BNP Organizing Committee

Letter 51

Devyani Jain/CTYPLN/SFGOV
10/12/2010 04:33 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Cathedral EIR comments

FYI

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 04:33 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 04:30 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Cathedral EIR comments

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 04:30 PM -----

Howard Strassner <ruthow@dslextreme.com>
10/12/2010 03:41 PM

To bill.wycko@sfgov.org
cc
Subject Cathedral EIR comments

Cathedral EIR_Transp-final.doc

Letter 51

SIERRA CLUB
SAN FRANCISCO GROUP

85 Second Street, Box SFG, San Francisco, CA

October 12, 2010

Bill Wyko, Environmental Review Officer
Planning Department, FAX 558-6409
1650 Mission Street, Suite 400
San Francisco CA 94103-2414

Re: California Pacific Medical Center (CPMC) Long Range Development, Case No: 2005.0555E Transportation Comments

Dear Mr. Wycko,

Thank you for the opportunity to comment on the subject DEIR. Working from the website was actually easier than working from a disc, because the table of contents worked well.

The Final EIR should include the addition of an alternative with a greatly reduced total parking supply in order to minimize transportation impacts. We note that an office project of this magnitude would be limited to about 360 parking spaces. A reduced parking alternative is feasible because the site is currently well served by good transit which is proposed for major improvement. 51-1 ALT

Current EIR methodology says that land use determines driving and not the availability of parking. Users of the land, the hospital developer, say if there is not enough parking, not enough people will be able to drive to their facility. The truth is that the availability of parking determines driving. This truth is demonstrated by observation: Throughout the Bay Area over 90% of people drive to work in their own car. However, in downtown San Francisco, where parking is limited and expensive over 50% get to work without their own car. Many of both groups are neighbors and similar people. The difference is the availability of parking and when less parking is available the analysis should show less driving. 51-2 TR

We are concerned that when land use predicts driving and parking is provided to accommodate the driving the City will never reduce driving to meet SB 32 and SB375 requirements. In addition the predicted additional driving may create the political straw that prevents the City from completing the adjacent proposed BRT projects. 51-3 TR

Very truly yours,

Howard Strassner, Emeritus Chair
Transportation Committee
419 Vicente, San Francisco CA 94116, 661-8786, (h,w)
email: ruthow@dslextreme.com

Letter 52

Devyani Jain/CTYPLN/SFGOV
10/12/2010 04:53 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E-CPMC Long Range Development Program

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/12/2010 04:53 PM -----

Bill Wycko/CTYPLN/SFGOV
10/12/2010 04:45 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E-CPMC Long Range Development Program

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/12/2010 04:44 PM -----

theodoreweber@comcast.net
10/12/2010 04:43 PM

To Bill.Wycko@sfgov.org
cc rm@well.com, c_olague@yahoo.com, wordweaver21@aol.com, bill.lee@flysfo.com, mooreurban@speakeasy.net, hs.commish@yahoo.com, Ross.Mirkarimi@sfgov.org
Subject Case 2005.0555E-CPMC Long Range Development Program

The Draft Environmental Impact Report submitted by the California Pacific Medical Center poses many substantial negative environmental impacts---including compliance with the Planning Code and severe traffic problems (both during construction and continuing should the project be completed). 52-1 LU

Even more serious, however, is the fact that CPMC's 52-2 HC

proposal ignores the need for intelligent planning to address the issue of providing access to necessary health care facilities for wide segments of the the city.

52-2 HC

CMPC has summarily dismissed the Planning Department's suggested Alternative 3A which the Department has identified as an "environmentally superior alternative". This alternative would not only provide a more rational distribution of health services throughout the city. It would also result in reducing the height of the Cathedral Hill project to comply with current zoning requirements and it would reduce many of the other negative environmental impacts to the neighborhood.

52-3 ALT-3A

I urge the Planning Department to review CPMC's response to these issues with experts in the field of hospital management rather than simply accepting CPMC's assertions.

52-4 HC

Ted Weber, Jr.
1400 Geary Blvd., Apt 1409
San Francisco CA 94109

Letter 53

Council of Community Housing Organizations

405 Shrader Street, San Francisco, CA 94117 (415) 666-0314 sfic98@pacbell.net

Statement on the DEIR on CPMC
Case No. 2005.0555E
13 October 2010

Introduction

The DEIR on CPMC is neither complete nor accurate and should be amended to:

- more completely address existing conditions in the project area, specifically the requirements of the Van Ness Ave. SUD;
- accurately address current City policy effecting developments of the proposed type;
- specifically re-written to accurately describe the large and unmeasured impacts on the supply of permanently affordable housing required to meet the housing demand created by its new workforce.

53-1 LU

53-2 PH

DEIR's Failure Accurately and Completely Describe the Current Conditions in the Area of the Proposed Development, Specifically the Requirements Van Ness Special Use District.

The DEIR fail to discuss the complete requirements of the Van Ness Special Use District (Section 243 of the SF Planning Code) and how that requirement effects its proposed development on Van Ness Avenue. The DEIR assumes that the developers request for exemption from the requirement of the SUD is currently the case with no discussion of the nature of these requirements in general and specially as they relate to the proposed project on Van Ness Ave.

53-3 LU

Needed is a full accounting of the developers plans for the site, which lays out what footage is exempt from the Van Ness SUD, what footage is covered by the SUD and what the housing requirement is under the current requirements of the SUD. Absent such a complete accounting decision makers and the public have no way of measuring the full impacts of the developers proposed project which seeks to avoid meeting the housing requirements of the SUD. Such a failure renders the DEIR incomplete and inaccurate.

The CPMC DEIR Fails to Discuss in a Complete Manner the Housing Element Policies Effecting the Proposed Development

Key Housing Element policies are ignored in the DEIR and must be discussed and information provided on how the project conforms or fails to conform with these policies. Specifically Polices 1.3, 1.6, 1.9, 2.1, 2.4, 2.5, 7.3 and 11.4 directly apply to projects of this type and are not mentioned, listed or discussed in the DEIR.

53-4 LU

Taken as a whole these policies lay out a preference for large commercial projects to meet their housing demands, not reduce the supply of housing, and not place undue pressures on existing residential uses and neighborhoods. On its face the proposed

project will reduce housing, place stress on existing residential neighborhoods and fail to specifically meet the demand it creates for housing (see item below).

53-4 LU

The DEIR must completely discuss these polices and how the proposed project either meets or fails to meet them. It is impossible to accurately asses the impacts of the proposed project absent this crucial discussion.

DEIR Fails to Accurately Analyze the Specific Impacts of the Projects Workforce on Creating Additional Demand for Affordable Housing

The discussion on page 4.3-7 of the projects expected housing demand is laughable in its incompleteness and inaccuracy. No figures are offered as to the level of payment of the projects workforce therefore making it impossible to determine if current market rate housing available in San Francisco can be afforded by that workforce. Without such proposed workforce income information it is impossible to determine if the assertion of the developer that the current vacancy rate in San Francisco and/or the Housing Element production goals will meet the hospitals workforce housing demand.

53-5 PH

The DEIR must be amended to include a complete and accurate discussion of the projects workforce, what portion of that workforce earns what portion of the median income and what levels of housing payment can be afforded by each portion of the projected new workforce. Without such information the full impacts of the proposed project can not be measured or evaluated.

Statement Submitted for CCHO by Calvin Welch

Letter 54

Devyani Jain/CTYPLN/SFGOV
10/14/2010 12:04 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Cathedral Hill /Cal Pacific/ Sutter Health Draft EIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/14/2010 12:04 PM -----

Bill Wycko/CTYPLN/SFGOV
10/14/2010 11:59 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Cathedral Hill /Cal Pacific/ Sutter Health Draft EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/14/2010 11:59 AM -----

Nancy Evans <nancyonwindyhill @hotmail.com>
10/14/2010 09:50 AM

To <bill.wycko@sfgov.org>
cc
Subject Cathedral Hill /Cal Pacific/ Sutter Health Draft EIR

October 13, 2010

Mr. Bill Wycko
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re. Case 2005.0555E – CPMC / LTDP

Dear Mr. Wycko:

I am writing to ask that the SFPC require Sutter Health/CPMC to build in compliance with all existing codes and regulations, from building height to noise and air quality, etc. Rules are not made to broken; they are made to protect the welfare of human beings. Residents of urban

54-1 LU

areas to not waive their right to a healthy environment. San Francisco should not allow this corporation to build and operate a medical facility which cares for the people inside it while harming those living around it.

54-1 LU

The Draft Environment Impact Report presents a formidable list of unresolved problems – and even then there are areas that are only touched lightly. However, it does appear that option 3A, with additional mitigations, comes closest to providing a sensible approach to development. It also provides the city and Sutter Health with TWO seismically safe structures, allowing twice the number of people to access care in the event of a disaster that made walking or driving difficult.

54-2 ALT3A

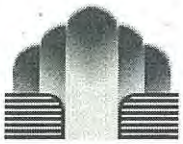
Sutter Health can build what they like, where they like it, but they must be held to established standards. There is nothing in their proposal that benefits our city sufficiently to justify waivers and exceptions.

54-3 LU

Thank you for your vigilant review, and for protecting the interests of San Francisco.

Sincerely, Nancy Evans

Letter 55



Devyani Jain/CTYPLN/SFGOV
10/14/2010 12:04 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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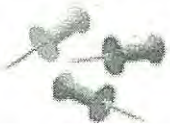
P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/14/2010 12:04 PM -----



Bill Wycko/CTYPLN/SFGOV
10/14/2010 11:58 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/14/2010 11:58 AM -----

"Galen Workman" <galen@ozdachs.com>
10/14/2010 10:50 AM

To <bill.wycko@sfgov.org>
cc
Subject Case 2005.0555E - CPMC Long Range Development Plan

I am writing to express my concern about the inadequacies of the draft Environmental Impact Report prepared for the CMPC building plans.

55-1 NO

The plan fails to address the impact of construction, operation, and traffic vibration on the historic First Unitarian Universalist Church at 1187 Franklin Street. It fails to address the noise from the loading dock that will disrupt our worship services. It fails to address the impact on street parking in the area – especially for religious services on Sunday mornings and in the evenings when our community activities occur at the church.

55-2 TR

Finally, the report does not adequately address the impact on traffic flow on Franklin. Franklin is

55-3 TR

already a completely clogged mess for most of the weekday daytime hours. We cannot add ANYTHING to the configuration without negative impact to the already dismal congestion. (And, unless a new building is dropped fully formed from the sky, north-south traffic will be significantly disrupted during the construction period.)

55-3 TR

I fully support the concerns and suggestions sent to the Planning Department by the First Unitarian Universalist Society of San Francisco in their October 4th letter. I urge the City to adopt Alternative 3A .

55-4 ALT3A

Galen Workman

4066 23rd Street

San Francisco, CA 94114-3214

(415) 647-8829

Letter 56

Devyani Jain/CTYPLN/SFGOV
10/19/2010 04:10 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2nd Request : Graffiti and trash at CPMC Geary/Van Ness Project

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 04:10 PM -----

Emeric-Goodman Associates <editeur@earthlink.net>
08/07/2010 05:00 PM

To "Loving, Alan" <LovingAH@sutterhealth.org>
cc Gavin Coombs Building Manager <gacx@earthlink.net>, "Emeric-Goodman Assoc.@jps" <emgoodman@mindspring.com>, "Massehian, Vahram" <MassehV@sutterhealth.org>, >, <marlayne16@gmail.com>, >, <george.mayer@att.net>, <cathedralhillneighbors@gmail.com>, <bill.wycko@sfgov.org>, <devyani.jain@sfgov.org>
Subject 2nd Request : Graffiti and trash at CPMC Geary/Van Ness Project

EMERIC-GOODMAN ASSOCIATES
1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: POB 2210, San Francisco, CA 94126
Office: 415.512.7242 Fax: 415.292.6594
e-mail: editeur@earthlink.net & emgoodman@mindspring.com
East Bay Office: Phone 510.482.3677 - 510.666.1150 Fax

August 6, 2010

Dear Alan,

You did nothing the whole week to deal with the graffiti and debris at your property on Geary between Franklin and Van Ness . The graffiti has now expanded and the debris is still there. In your various PR presentations to the public, CPMC said you would be vigilant in not letting the the site degrade.

56-1 OTH

Attached are a few cell phone pictures from this week.

The City is now reviewing your environmental impact report. If you cannot even maintain your property now, the City certainly needs to have stringent and enforceable conditions for the futures.

Yours,

Alan Wofsy
CEO

From: "Loving, Alan" <LovingAH@sutterhealth.org>
Date: Mon, 2 Aug 2010 12:25:01 -0700
To: <emgoodman@mindspring.com>, "Massehian, Vahram" <MassehV@sutterhealth.org>
Cc: Emeric-Goodman Associates <editeur@earthlink.net>, Gavin Coombs Residential Leasing <gacx@earthlink.net>
Conversation: Graffiti and trash at CPMC Geary/Van Ness Project
Subject: RE: Graffiti and trash at CPMC Geary/Van Ness Project

Alan,
We appreciate your letting us know about the graffiti and trash problems at our property on Van Ness and Geary. We make every effort to stay on top of these problems and our crew will address them as soon as possible. In the future, please contact me with your concerns rather than Vahram as he no longer is responsible for Cathedral Hill issues. Thank you.

56-1 OTH

From: Emeric-Goodman Associates [mailto:emgoodman@mindspring.com]
Sent: Sunday, August 01, 2010 8:25 AM
To: Massehian, Vahram
Cc: 'Emeric-Goodman Associates'; Loving, Alan; 'Gavin Coombs Residential Leasing'
Subject: Graffiti and trash at CPMC Geary/Van Ness Project

Dear V,

There is graffiti on the Geary side of the Van Ness Campus. Please remove this now so it does not spread.

The delivery entrance on Geary is full of trash and is unsightly and a possible health hazard. Please keep this area clean.

Yours,
Alan Wofsy
GM

From: Emeric-Goodman Associates [mailto:emgoodman@mindspring.com]

Sent: Tuesday, July 13, 2010 3:54 PM
To: 'Massehian, Vahram'
Cc: 'Emeric-Goodman Associates'; 'Loving, Alan'
Subject: RE: Status of CPMC Geary/Van Ness Project

EMERIC-GOODMAN ASSOCIATES
1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: P.O.B. 2210, San Francisco, CA 94126
Building Office : 415.776.0776 Management Offices: 415.512.7242 or 510.482.3677
Fax: 415.292.6594 Website: http://www.live-work.us/cgi-bin/artbooks/san_francisco.html
<http://www.art-books.com/cgi-bin/artbooks/san_francisco.html>

Dear V,

Let me help you with the mitigation measures.

Yours,

Alan Wofsy

56-1 OTH

From: Massehian, Vahram [mailto:MassehV@sutterhealth.org]
Sent: Friday, July 09, 2010 11:38 AM
To: Emeric-Goodman Associates
Cc: Emeric-Goodman Associates; Loving, Alan
Subject: RE: Status of CPMC Geary/Van Ness Project

Hi Alan,

Sorry for not getting back to you yesterday, this EIR has us all working into the night. Please see my responses below. I've been focused on St. Luke's so if you have Van Ness and Geary related questions please contact Alan (contact info below).

Regards,

-V

-----Original Message-----
From: Emeric-Goodman Associates [mailto:emgoodman@mindspring.com]
Sent: Thursday, July 08, 2010 10:53 AM
To: Massehian, Vahram
Cc: Emeric-Goodman Associates; Emeric-Goodman Associates
Subject: Re: Status of CPMC Geary/Van Ness Project

EMERIC-GOODMAN ASSOCIATES

1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: P.O.B. 2210, San Francisco, CA 94126
On-site Manager: 415.776.0776 Office: 415.986.3030 Fax: 415.512.0130
East Bay Office: 510.666.1150 Fax: 510. 482.3677
e-mail: emgoodman@mindspring.com <mailto:emgoodman@mindspring.com> &
editeur@earthlink.net <mailto:editeur@earthlink.net>

Dear V,

Is this (Oct. 6, 2009) your last communication to me? Yes, I believe so.

What is the status of the EIR and demolition schedule? The City is trying to get the draft of the EIR published this month. No exterior demolition activity can commence until the EIR is certified and authorizations are granted by the Planning Commission and Board of Supervisors.

Could any of your team members use a 1142 sq. ft. ground floor office across the street from the project at 1121 Geary? Once we get the necessary approvals to actually break ground, there will be dozens of small to medium sized trade partners (along with our large general contractors for the hospital and medical office building) vying for space immediately adjacent to the job sites. I'm not aware of any need yet since the project is not yet approved.

56-1 OTH

Due to the negative impacts of your large vacant bulding and impending demolition and construction, we have not found a tenant for that space. I had asked CPMC to rent the space in conjunction with your project to mitigate the damages we are suffering, and as an efficient quid pro quid. We're not in a position to rent space until we have approvals to support the demand that a project of this size will warrant. Please contact my colleague Alan Loving at 415-600-7639 to discuss your particular concerns with our project and how it may affect your property.

Yours,

Alan Wofsy
CEO

----- Original Message -----

From: "Massehian, Vahram" <MassehV@sutterhealth.org
<mailto:MassehV@sutterhealth.org> >

To: <emgoodman@mindspring.com <mailto:emgoodman@mindspring.com> >

Sent: Tuesday, October 06, 2009 3:43 PM

Subject: CPMC Institutional Master Plan Informational Hearing

Alan,
Good speaking with you today. Please see the attached Planning Department notification about the hearing next week. Give me a call when you get back from your trip.
Regards,
-V

Vahram Massehian
Sr. Project Manager
Enterprise Development
California Pacific Medical Center
P.O. Box 7999
San Francisco, CA 94120
415.600.7325 Land
415.595.2898 Cell
415.600.7660 Fax

Thursday, Oct. 15th 2PM (approximately)
Planning Commission Chamber
City Hall Room 400

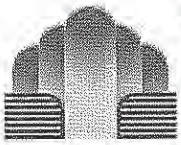
Debris @ CPMC Geary.jpg

CPMC Graffiti 8-5-10.jpg

Still Life with Dead Pigeon @ CPMC Geary.jpg

56-1 OTH

Letter 57



Devyani Jain/CTYPLN/SFGOV
10/19/2010 04:14 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

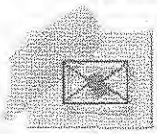
P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 04:14 PM -----

Bill Wycko/CTYPLN/SFGOV
08/16/2010 01:18 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 08/16/2010 01:18 PM -----



Bevan Dufty/BOS/SFGOV
08/01/2010 11:30 PM

To "ryanjbresnick" <ryanjbresnick@hotmail.com>
cc "Bill Wycko " <bill.wycko@sfgov.org>, "Boe Hayward" <boe.hayward@sfgov.org>
Subject Re: CPMC

Thanks Ryan I appreciate your encouragement that we carefully assess assertions about environmental benefits.

I am asking that Planning advise us as to how they are analyzing the proposed project.

We will follow up.

Best
B

From: [ryanjbresnick@hotmail.com]
Sent: 08/01/2010 08:25 PM MST
To: Bevan Dufty
Subject: CPMC

To:bevan.dufty@sfgov.orgEmail:ryanjbresnick@hotmail.comNAME:Ryan Bresnick
PHONE:347 210 9011
EMAIL_VERIFY:ryanjbresnick@hotmail.com
COMMENTS:Dear Supervisor Dufty, I am writing you in regards to CPMC's proposal to build a new hospital on Van Ness Street. As an employee at CPMC, I realize the need for improved and modern facilities, and ultimately I hope the new structure is approved. My concern is CPMC's ability to follow through with its promises of caring for the community and the environment. Since I have worked in the Pacific campus, I have seen no steps to lower the environmental impact of the hospital (except when for economic gains, that is then touted as "green"). Right now there is a public relation blitz, with PR people coming to work and telling us how great the new building will be and how environmentally friendly it is. They then want us to sign a petition of support. I hope the city looks at these claims seriously and doesn't except them at face value. I am one of a hand full of people who bicycle to work everyday. The hospital seems to give no mind to cyclist, and I think many of us feel marginalized. The only real bicycle parking is the city-mandated spots they put in the parking garage that is over a block away from the main hospital. Posted up around this bike rack are grainy photos of people in the process of stealing employees' bikes. Not a safe spot. There is also a bike rack that you can slide your wheel into close to the main lobby, but this type of bike rack is known as a 'wheel bender', is not secure, and I would never lock my bike up here. Lately, the hospital's proposal has been in the news lately, with congestion being one of the major concerns. I hope you will be able to demand CPMC to create some sort of thought out plan for bicycle accessibility. If CPMC promoted cycling in any way at all, they could easily have a high percentage of employees who cycle to work, lowering congestion considerably. With CPMC's current way of thinking though, I expect the only bike amenities will be the city-mandated spots down in the parking garage. Thank you for taking the time to consider my opinions. Sincerely, Ryan Bresnick

57-1 OTH

57-2 OTH

57-3 TR

Letter 58

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:21 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: 2005.0555E -- Archeological/Paleontological Comments

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:21 PM -----

Bill Wycko/CTYPLN/SFGOV
10/17/2010 11:01 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: 2005.0555E -- Archeological/Paleontological Comments

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/17/2010 11:01 AM -----

":\)" <gumby5@att.net>
10/14/2010 10:54 PM
Please respond to <gumby5@att.net>

To "Bill Wycko" <bill.wycko@sfgov.org>
cc "Ron Miguel" <rm@well.com>, "Christina Olague" <c_olague@yahoo.com>, "Michael Antonini" <wordweaver21@aol.com>, "Gwyneth Borden" <plangsf@gmail.com>, "Kathrin Moore" <mooreurban@speakeasy.net>, "Hisashi Sugaya" <hs.commish@yahoo.com>, "Randall Dean" <Randall.Dean@sfgov.org>, "Linda Avery" <Linda.Avery@sfgov.org>
Subject 2005.0555E -- Archeological/Paleontological Comments

Dear Mr. Wycko,
I turned in the attached comments document to the Planning Commission. It covers the archeological and paleontological issues on the CPMC project.
Thank you for your time.
Rose Hillson
Member, Jordan Park Improvement Association

October 14, 2010

Bill Wycko, ERO
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

Subject: **Comments and Questions on California Pacific Medical Center (CPMC) Long Range Development Plan -- Case No. 2005.0555E (Clearinghouse No. 2006062157) Draft Environmental Impact Report (DEIR) – Cultural and Paleontological Resources**

Dear Mr. Wycko,

This document supplements my earlier CPMC DEIR comments document I submitted on September 23, 2010 at the Planning Commission. Thank you and Mr. Randall Dean for providing the paleontological documents which I understand had to be in redacted form based on Public Records Act, Section 6254.10 which states as follows:

> 6254.10. Nothing in this chapter requires disclosure of records that relate to archaeological site information and reports maintained by, or in the possession of, the Department of Parks and Recreation, the State Historical Resources Commission, the State Lands Commission, the Native American Heritage Commission, another state agency, or a local agency, including the records that the agency obtains through a consultation process between a California Native American tribe and a state or local agency.

58-1 CP

As a note, some of the redacted information I read did not have to do with Section 6254.10 nor did it appear that the information was about specific addresses of persons nor any specific building that required privacy. Some of the information redacted seems to be about the general geographic direction of significant resources around and on the project sites.

This kind of information becomes important in instances when core samples are taken in places around all these areas and at depths not sufficient to reach the potentially significant resources to then arrive at a conclusion that nothing of any potential archeological/paleontological significant historic resource exists. I think, in light of the redacted information and the general idea I get from reading these documents, a more thorough up-to-date continuous core sampling at depths indicated may be warranted at all sites as recommended by the expert opinions of the 2006 Sonoma State University document which alludes to "incomplete" samples.

In regards to the DEIR itself, under Section 4.4, Cultural and Paleontological Resources, Pages S-38 through S-42:

> (Page S-38) Impact CP-2 states that "construction under the proposed LRDP could potentially adversely affect the significance of subsurface archaeological resources pursuant to Section 15064.5 of the State CEQA Guidelines."

58-2 CP

Again, based on the fact that potentially significant findings related to Native American tribes could exist at Davies and St. Luke's, it is suggested that CPMC would hire an archaeological monitor throughout the excavation tasks of the projects per the recommendations in the documents. Please refer to the Sonoma State University 2006 documents written for Archeo-Tec that state that some of the core samples were inadequate due to how they were collected.

The mitigation measure, M-CP-N2, states that an archaeological consultant will be retained should any findings surface with possible monitoring. If any artifacts are found, the maximum amount of time for project work suspension is stated as 4 weeks or beyond this timeframe if the suspension is the "only feasible means to reduce to a less-than-significant level potential effects on a significant archaeological resource, as defined in the State CEQA Guidelines, Section 15064.5(a)(c). The mitigation measure further states:

> At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the consultant finds that significant archaeological resources may be present, the ERO in consultation with the consultant shall determine whether additional measures are warranted.

58-2 CP

Since no drawings for alternative construction to the campus sites are included in the CPMC DEIR in case substantial paleontological findings are encountered to the point of interfering with construction schedules for 4 weeks or beyond perhaps this DEIR is not complete. Would it be safe to assume that should resources be found and a delay of over 4 weeks occur, that CPMC will nonetheless go forward with the projects as shown in the DEIR after proper local, state and federal laws for such artifacts are followed? I am aware of incidents in which resources were reburied or filled in on other construction jobs in the City.

After reading all these archeological research documents, a few key themes developed from prior scientific findings and historical uses of the sites. These include children/orphans history at the Cathedral Hill site, as well as Mexican-American, Chinese, Japanese, and German settlement in San Francisco. The project sites seem to have good potential for archeological resources eligible under Criterion 4 (i.e. the finding "has yielded, or has the potential to yield, information important to the prehistory or history of the local area, California or the nation") per the California Register of Historic Resources. These resources would then be designated historical resources under the California Environmental Quality Act. It is suggested to take a serious look at these sites.

CATHEDRAL HILL CAMPUS PROJECT SITE:

For this project site, per the AECOM document, an example of unique archaeological findings would be related to children/orphans and their artifact history at the Cathedral Hill Campus site where there used to be the Ladies' Protection Home Relief Society Children's Home. This document speaks of the history of orphanages in San Francisco and the lack of archaeological materials in relation to such things as children's toys from historic periods. Garbage pits, well pits, etc. which were filled in are likely to exist at the Cathedral Hill site, especially where the rear yard of the orphanage stood. This would be about 80 feet east of the Franklin Street property line towards the center of the block but slightly north bounded by Franklin, Geary, Van Ness and Post. Please see map included in the AECOM report. Per the AECOM document, Page 44, this is the land that Horace Hawes, an influential lawyer, legislator and philanthropist donated to the Ladies' Protection Home Relief Society. Will CPMC follow the AECOM findings and carefully excavate the area of artifacts that could be from this Children's Home? There could be evidence in the filled in pits as well. An archaeological monitor should be on site during the excavations of this area.

58-3 CP

In addition, "priority" buildings are noted in the AECOM report for the Cathedral Hill Project. One building is 117 Cedar which concerns a Mexican-American family; 1014 Geary which concerns a Chinese servant; and 1106 Van Ness which concerns a Japanese servant. Objects of unique archaeological significance could be encountered at these locations which could add to the cultural history and settlement of these peoples. The current Cathedral Hill Hotel may be sitting on some culturally

58-4 CP

significant findings related to these "priority" buildings and again, a monitor should be on stand-by for the excavation and grading activities. 58-4 CP

PACIFIC CAMPUS PROJECT SITE:

The AECOM document, Page 30, states that there is a Chinese laundry that used to be immediately south of the Clay/Webster Street Garage. Apparently, many Chinese servants were also employed by the households in the immediate vicinity of the proposed project or moved to the project site area after the 1906 fire burned them out of the Chinatown area. In the AECOM report, via the 1910 U.S. Census data, several Chinese lived at 2117 Webster and their occupations are all listed as "laundryman." Based on the listing, their surname was Yee. Would the Chinese Historical Society be contacted? 58-5 CP

Also, for the Pacific Campus project site, 2415 Clay is mentioned as having employed Japanese laborers. Also the building location of 2310 Sacramento Street was considered a priority site due to a Japanese servant living there. So these are picked out as highly potential areas of significant archaeological finds. Will the local Japanese National Historical Society be contacted should there be findings? 58-6 CP

The Sonoma State University April 12, 2006 report states that for the Pacific Campus, "incomplete sampling techniques" were used "for the geotechnical borings." And that "there is no doubt that a large volume of the slope deposits will be impacted and/or completely removed, along with any unidentified paleosols that may be present in the dunes that overlie the slope deposits." The report states that "any attempt to identify potential buried sites will at least either require, (1) the use of a backhoe or subsurface coring device prior to construction, or (2) the use of archaeological monitors during construction."

Since requesting the paleontological and archaeological documents for the CPMC DEIR via the Sunshine Ordinance in September 2010 (and because twice I was denied access to all of these documents), I have not seen any additional documents that show that later additional geoarchaeological testing was performed as recommended in the 2006 Sonoma State University documents nor since the ARDT was written by AECOM in January of 2010. And although the mitigation measure states that monitoring may be used it is not clear to this day if it will be. Will monitoring be done on all sites at the areas that are most likely to yield significant historic artifacts? Will additional core samplings of scientific certainty be conducted? 58-7 CP

The Sonoma State University document recommendations included excavation of 3 or 4 backhoe trenches at depths of 14 feet or less to get 2 to 4 complete cores from each building site and supplementing with several targeted interval samples from any buried paleosols that are identified within the complete cores. This document suggested this would be cheaper than "the costs of stopping or slowing the construction work or redesigning the project if important deposits of buried archaeological materials were found during active construction."

DAVIES CAMPUS PROJECT SITE:

Because the Davies Campus site is close to the Mission Dolores historic landmark, and the AECOM report states that there could have been "camps" of Native Americans as early as the beginning of the Mission Period in the area even a half mile away, it would behoove CPMC to have an archeological monitor on site for this particular project especially since the Davies project is only 3 blocks away from Mission Dolores. I have read of shell middens being found in other publications where Native Americans could 58-8 CP

have had extensive activity. Also, please have increased security on this campus during and after breaking ground to protect the potential historic resources.

58-8 CP

The location of the proposed CPMC Davies Campus project appears to be on sensitive land and serious archeological excavation and handling techniques may be warranted.

Due to skip samples used at this Davies campus to determine if there are any prehistoric deposits, they could have been missed. The recommendations stated to take additional boring samples especially around the concrete piers that will be constructed. The Sonoma University document states that there were "limited number (of) geotechnical borings and the incomplete sampling techniques which could have easily skipped over prehistoric deposits, if present." Will more current testing be done?

58-9 CP

ST. LUKE'S CAMPUS PROJECT SITE:

From the archeological documents on the Davies Campus site, it appears that the LRDP project will run into some archeological resources very near. There is mention of the adobe ranch house that Jose Cornelio Bernal (for which Bernal Heights was named) lived in and later occupied by his wife Carmen on a map from 1861.

The report from AECOM states "without new or comparative data, many important questions regarding chronology, settlement, and subsistence cannot be properly addressed or answered, and the current research questions cannot be confirmed, denied, or refined beyond our present understanding. Thus a reasonable amount of subsurface exploration is often needed to determine whether earth-disturbing projects will impact buried archaeological resources." The report states a recommendation to perform subsurface coring or the use of an archaeological monitor.

58-10 CP

Overall, the mitigation measures in the DEIR give some broad guidelines as implementation measures to address how archaeologically significant areas will be handled once artifacts are found, but based on the scientific document by Sonoma State and the Holocene period soils level and the Colma formation levels, the samples should have gone deeper to really be able to come to any solid conclusions and the samples should have been more contiguous rather than shallow and random as were the samples taken. No substantial proof in the paleosols would occur if one already knows that the artifacts, e.g. are at 14 feet or deeper and the samples are taken up to 8 feet below the surface. To conclude that since these shallow and arbitrary paleosols contain no important Holocene era deposits or Colma formation artifacts or any other significant artifacts from 200 years or more ago and hence nothing of any paleontological or archaeological significance exists would be inaccurate science. That is why the Sonoma University documents suggest strongly to carry out archaeological monitoring or the subsurface coring in more contiguous spots and at the depths likely to yield the significant resources near the sensitive areas. Will additional testing be done?

I am not so sure that the archeological areas were or will be mitigated to "less-than-significant" based on pre-project samplings taken in 2005 and 2006, the uncertainty of whether additional monitoring and substantial core samples will be taken, and on whether, if a large paleontological resource is encountered that will require a construction delay of more than 4 weeks, alternate buildings plans will commence as no plans for such a circumstances are included in the DEIR. Perhaps as part of the alternatives, there could be a mitigation measure added that will address this.

58-11 CP

Also, since many of the pages of the documents were redacted per 6254.10 of the Public Records Act, as suggested by the Native American Heritage Commission, it is hoped that all possible indigenous people

58-12 CP

are made aware of the plans rather than expose the City to potential problems of having failed to notify the Indian tribal community, especially in relation to St. Luke's and Davies campus project sites. 58-12 CP

CALIFORNIA CAMPUS PROJECT SITE:

No additional paleontological or archeological reports were provided for this site. In this regard, I conclude that no excavation will be occurring at this campus site nor would there be any plans to until such reports are provided. Historical resource information as it related to the existing buildings was provided on CD of Administrative Documents for this CPMC DEIR which did not cover the archeological/paleontological aspects of this site. 58-13 CP

Thank you for this opportunity to comment on the paleontological and archaeological portion of this CPMC DEIR.

Sincerely,

Rose Hillson
Member, Jordan Park Improvement Association

cc: Ron Miguel, President, Planning Commission
Christina Olague, Vice President, Planning Commission
Michael Antonini, Planning Commissioner
Gwyneth Borden, Planning Commissioner
Kathrin Moore, Planning Commissioner
Hisashi Sugaya, Planning Commissioner
Linda Avery, Commission Secretary
Devyani Jain, Planner
Randall Dean, Planning Department, Archaeologist

Letter 59

324 Larkin Street, #5
San Francisco, Ca 94102
October 8, 2010

RECEIVED
OCT 14 2010
CITY & COUNTY OF S.F.
PLANNING DEPARTMENT
M E A

Mr. Bill Wyco
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re. Case 2005.0555E – CPMC on Cathedral Hill – Pedestrian Safety

Dear Mr. Wyco:

There are many aspect of the proposed hospital that seem inappropriate to Cathedral Hill, as well as the needs of the city and the existing distribution of health care services. Increased traffic is particularly worrisome, not only for the air pollution, noise, and congestion, but for the immediate personal safety of the many elderly residents.

As Minister of Pastoral Care at the First Unitarian Church, I am acutely aware of the anxieties already suffered by seniors coming to community events at the UU Center on 1187 Franklin Street or simply trying to take care of their local shopping needs.

Residents of Martin Luther Towers must cross four busy intersections on Franklin Street to reach the nearest grocery store, and Sequoia's residents are already intimidated by the Geary Street traffic and miss out on many events that are only a block away.

59-1 TR

Parents picking up children from the House of Montessori and Up On Top have no safe parking zones on the south side of Geary and must manage to get their young children across the street during rush hour traffic. What will happen when this traffic doubles?

Leaving the UU Church and Center is perilous for all of us, as cars driving North on Franklin turn left on Geary while looking at traffic from the right. Our church staff has witnessed both traffic and pedestrian accidents, and many close calls.

The impact of thousands more vehicles daily is distressing. Cathedral hill has many senior housing complexes, schools and churches, but the DEIR does not consider them. If CPMC builds this mega hospital, priority must be given to pedestrian safety. I see no acknowledgement of these issues in the DEIR, and ask for further study and mitigations.

Very truly yours,
Rev. Fred Rabidoux,
Minister, Pastoral Care
First Unitarian Universalist Society

Letter 60

Fax to: 415-558-6409
From: 415-552-1707

664 Noe Street
San Francisco, CA 94114
October 15, 2010

Bill Wycko,
Environmental Review Officer,
San Francisco Planning Department,
1650 Mission St., Suite 400
San Francisco, CA 94103-2479

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr.Wycko,

I am writing to protest the Draft of the Environmental Impact Report for the California Pacific Medical Center Long Range Development lan Project. I support the Unitarian Universalist CPMC Task Force letter regarding concerns with vibration levels, gas lines, traffic impacts on public transportation, parking on Cathedral Hill, air quality, hazardous waste and loading dock noise.

60-1 OTH

I support Alternative 3A to:
1) distribute healthcare throughout the city, especially where it is desparately needed in the southern portions, and to
2) reduce the height of the new hospital to within the current zoning height limit of 130 feet.

60-2 ALT3A

Please require the Draft Environmental Impact Report to be improved and to consider the above concerns.

Sincerely,

Trudy Lionel

Trudy Lionel
415-552-1707
tlionelsf@yahoo.com

Letter 61

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:21 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Cathedral Hill Hospital - Writing in Support of Alternative 3A

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:21 PM -----

Bill Wycko/CTYPLN/SFGOV
10/17/2010 11:49 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Cathedral Hill Hospital - Writing in Support of Alternative 3A

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/17/2010 11:49 AM -----

David Mardis <david.mardis@gmail.com>
10/17/2010 11:31 AM

To bill.wycko@sfgov.org
cc
Subject CPMC Cathedral Hill Hospital - Writing in Support of Alternative 3A

Good day Mr. Wycko,

I've worked at a community clinic in the Tenderloin for the past two years, and I feel that more medical resources in that area are, even with the fine print, a good thing. However, I believe that when it comes to healthy, vibrant communities, there's more to be considered than just sound, traffic and pollution studies. I think a hugely important question is will a sense of "Community" with a capital "C" be sustainable if such a gigantic structure is to be erected?

61-1 PH

In reading the Cathedral Hill Neighbors Association and Unitarian Universalist CPMC Task Force letters, both of which I support, the thing that worried me the most about the current proposal being reviewed was summed up by the phrase "Medical Monoculture", or something to that effect. I've already applied to nursing school; I want to be a nurse, and it wouldn't surprise me in the least if I were to end up working in or near this hospital. However, if I were to work there, I would hope that the hospital would be deeply tied into

the Community - not existing apart from it. If we consider the word "environment" from a broad, all-encompassing perspective, which I think we should, then I think that it's readily apparent that the current proposal would not maintain an environment that fosters Community.

In this day and age, with the socioeconomic gap growing ever wider, with people spending entire weekend afternoons on Twitter instead of talking to the person next to them at the bus stop, Communities are as fragile as ever. All neighborhoods, and this one in particular, need special consideration to help maintain the sense of human connection that make this city so great. That at least is this San Franciscan's humble opinion.

61-1 PH

Please give special consideration to alternative 3A. I really think it's the perfect compromise.

61-2 ALT3A

Yours sincerely,
David Mardis

Letter 62

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:20 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Project

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:20 PM -----

Bill Wycko/CTYPLN/SFGOV
10/18/2010 09:23 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Project

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/18/2010 09:23 AM -----

Michael Stack <m_stack@mac.com>
10/17/2010 05:25 PM

To bill.wycko@sfgov.org
cc
Subject CPMC Project

Dear Sir:

As senior citizen residents living next to St. Mary's Cathedral on Geary Boulevard, we wish to add our voices in opposition to the proposed CPMC project particularly with regard to its size and location.

The project will unquestionably result in vastly increased traffic and congestion on one of this City's admittedly noisiest major thoroughfares, Geary Blvd. 62-1 NO

This neighborhood is already plagued with emergency vehicles careening down Geary Boulevard with sirens wailing at all hours of the night. This project will add substantially to the clamor with attendant health consequences for seniors and children.

It will also add to the overall level of pollution in this heavily-trafficked region. 62-2 AQ

It will put an insupportable burden on the area's public transportation system - the buses now are notoriously overcrowded at all times during most of the day. 62-3 TR

The sheer magnitude of the project will overwhelm the neighborhood's infrastructure: the character of the neighborhood, especially its local restaurants, will have to change entirely to meet the needed extra demand and its residents will be accordingly disadvantaged in terms of 62-4 PH

using local facilities for meals. Chain restaurants, such as Burger King, and other chain-owned operations will likely move in to service additional demand. Is it City policy to encourage chain store restaurants at the expense of locally owned dining facilities? 62-4 PH

Parking for guests and visitors will become essentially impossible in one of the few areas of the City where parking is generally reasonably obtained - either on the street or in public garages. The quality of life for residents in terms of their social lives will be adversely affected. This is a not unimportant consideration for the substantial elderly and handicapped community living here. 62-5 TR

It is unnecessary: there are now at least 3 major medical facilities in the immediate area and CP could upgrade its existing Webster St. hospital to meet architectural requirements. I understand this would cost them more to do, but weighed against the proposed alternative and its overt and hidden costs I believe the City would be advantaged in requiring the hospital company to absorb these costs. 62-6 HC

Lastly, there are poorer neighborhoods in the City which are egregiously under-serviced in terms of modern medical facilities. Is it not in the tradition of our great City to look after the exigent needs of our disadvantaged citizenry rather than to pander to the obligation of a Corporations to show a profit to its shareholders? 62-7 HC

We therefore respectfully request that the proposed project be entirely disapproved, or at a minimum significantly curtailed, to take into account the burden it would place on an already-overburdened area of the City.

Respectfully submitted,

Carol Stack
Michael Stack
66 Cleary Court, #1510
San Francisco, 94109
Michael Stack
m_stack@mac.com

Letter 63

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:19 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC Hospital plans

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:20 PM -----

Bill Wycko/CTYPLN/SFGOV
10/18/2010 09:24 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC Hospital plans

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/18/2010 09:24 AM -----

"Alyson Jacks" <aejacks@earthlink.net>
10/17/2010 03:47 PM
Please respond to aejacks@earthlink.net

To bill.wycko@sfgov.org
cc
Subject CPMC Hospital plans

Dr. Mr. Wycko,

I am wrting in opposition to CMPC's proposal for a colossal Cathedral Hill Hospital and loading dock. I stand in support of the letters written by the Cathedral Hill Neighbors Association and the Unitarian Universalist CPMC Task Force.

63-1 OTH

Rev. Alyson E. Jacks
Community Minister
First Unitarian Universalist Society of San Francisco
1187 Franklin Street
San Francisco, CA 94109

Home address:
325 Banks Street
San Francisco, CA 94110
Alyson Jacks
aejacks@earthlink.net

Letter 64

Concordia~Argonaut

Office of the President
58 Maiden Lane, 2nd Floor
San Francisco, CA 94108
Telephone 415/788-6330; Facsimile 415/391-0555
prosenberg@hnattorneys.com

October 18, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Dear Mr. Wycko:

The Concordia Argonaut is a private membership club located at 1142 Van Ness Avenue (southeast corner of Van Ness and Post). The club has been at this location since 1891.

We are in support of the proposed new hospital and medical office building being proposed by California Pacific Medical Center at Van Ness and Geary. CPMC has presented its plans to our membership and continues to keep us informed of its progress. While the project will result in a high-quality medical center in our neighborhood, we want to ensure that the operation of our facilities will not be negatively impacted by its interim construction and the on-going operations.

64-1 TR

One of the features to the development described to us was the improvement of Cedar Street into a pedestrian-oriented area with a vehicular drop-off serving the proposed medical office building. Our understanding was that vehicles would be able to enter and exit the building on both Geary and Cedar Streets and that Cedar would continue to be one-way (eastbound). Improvements to Cedar including enhanced paving materials, street trees and other features would have greatly improved the area and continued to easily accommodate deliveries through our existing rear door.

In reviewing the Draft EIR, we were disappointed to see that the plans for the project now reflect Cedar as a two-way street serving as the primary vehicular access to the garage of the office building. Such a design would from our perspective, make Cedar a much more congested street; limiting our loading and delivery access and would create a safety hazard for pedestrians crossing the "plaza" area. This design would also in our view, add to

Concordia~Argonaut

congestion at the intersections of Polk Street and Cedar (across a bike lane), Polk and Geary and Geary and Van Ness as people exiting the proposed building garage who would like to go westbound would be required to exit onto Polk Street before turning right onto Geary.

64-1 TR

While we are in support of the opportunity to introduce a state of the art medical facility into our area, we encourage the city to allow CPMC to have both an entry and exit along Geary in order to more evenly distribute the number of cars entering and leaving the garage to their proposed medical office building. This will maximize the opportunity for a more pedestrian-oriented environment to be created along Cedar Street.

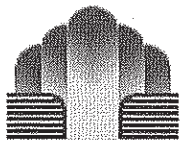
Thank you for your consideration.

Sincerely,
CONCORDIA~ARGONAUT

Patricia G. Rosenberg
President

N:\CLIENTS\20\2070\000\Correspondence\Planning Dept ltr 10-18-10.doc

Letter 65



Devyani Jain /CTYPLN/SFGOV
10/19/2010 10:41 AM

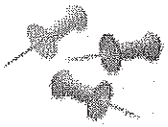
To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:41 AM -----



Bill Wycko /CTYPLN/SFGOV
10/19/2010 10:39 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: Case 2005.0555E - CPMC Long Range Development Plan

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:39 AM -----

Ben Bear <noahbearz@yahoo.com>
10/18/2010 07:16 PM

To bill.wycko@sfgov.org
cc David.Campos@sfgov.org, George Mayer <george.mayer@att.net>, George Mayer <geomayer@msn.com>
Subject Case 2005.0555E - CPMC Long Range Development Plan

Mr. Bill Wyco

Environmental Review Officer

San Francisco Planning Department

1650 Mission Street, Suite 400

San Francisco, CA 94103

Re. Case 2005.0555E – CPMC Long Range Development Plan

Dear Mr. Wyco:

I am a resident of San Francisco. I live in the Bernal Heights Neighborhood and I worship at the First Unitarian Universalist Society of San Francisco at 1187 Franklin near the site of CPMC's planned Cathedral Hill campus. I wish to go on the record with my concerns regarding the Draft Environmental Impact Report on this project. 65-1 LU

The proposed project asks the people of San Francisco to grant waivers to existing zoning codes in order to build to the liking of CPMC. Clearly, access to medical care is a concern for all of us. However, I do not believe there is enough benefit to the people of San Francisco to outweigh the negative impacts of this planned development.

Alternative 3A reduces the scale of the Cathedral Hill campus: By reducing the scale of the Cathedral Hill campus, this alternative will reduce the significant impacts on traffic on the streets surrounding that facility. Reducing traffic will, in turn, help to reduce the significant negative impacts on noise, air quality and pedestrian safety which are of particular concern because of the proximity of facilities for children and seniors near the Cathedral Hill campus. Alternative 3A, as the draft EIR unequivocally states, is the environmentally superior alternative. 65-2 ALT3A

Allowing the project to proceed according to CPMC's plan eviscerates the plan for the Van Ness corridor. It will provide the precedent for future out-of-scale development along the Van Ness and Geary corridors. 65-3 LU

I have had the opportunity to meet with CPMC representatives to discuss this project and its impact on the neighborhood. They made no secret of the fact that this facility is intended to be a magnet for all of Northern California. It will indeed be a profit center for the most profitable and least charitable non-profit in California. And as such, it will provide relatively little benefit to the people of San Francisco. 65-4 HC

Alternative 3A is more responsive to the needs of San Franciscans. It provides additional services in the Southern half of the city, currently served only by San Francisco General Hospital. I would like to note that I am not a NIMBY. As a resident of Bernal Heights, I am saying "Yes, please, in my back yard" with respect to 3A's added capacity at St. Luke's. 65-5 ALT3A

Adequate distribution of hospital facilities is integral to disaster response. You must take community safety concerns into account when weighing this proposal. 65-6 HC

According to your website, "The City Charter states it is the function of the Planning Commission to adopt and maintain a comprehensive, long-term general plan for future improvement and development of the City. The Department's mission states: The San Francisco Planning Department is dedicated to public service, the orderly and harmonious use of land and improved quality of life for our diverse community and future generations."

I submit that if your office approves the CPMC Long Range Plan in its current form, you will be undermining the comprehensive, long-term general plan for future improvement and development of the City. I submit that if your office approves the CPMC Long Range Plan in its current form, you will be undermining the orderly and harmonious use of land and improved quality of life for our diverse community and future generations. 65-7 LU

I respectfully urge you to reject the CPMC plan and to approve Alternative 3A as the one that is least harmful and most beneficial to San Francisco and its residents. 65-8 ALT3A

by email

Benjamin D. Bear

868 Peralta Avenue

San Francisco, CA 94110-6230

cc: Supervisor David Campos

George Mayer

415-282-6775

noahbearz@yahoo.com

Letter 66

Devyani Jain/CTYPLN/SFGOV
10/19/2010 10:41 AM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: RE:CPMC letter on EIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

P: 415.575.9051 | F: 415.558.6409

----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/19/2010 10:40 AM -----

Bill Wycko/CTYPLN/SFGOV
10/19/2010 10:38 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: RE:CPMC letter on EIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/19/2010 10:38 AM -----

merle easton <merle_easton@yahoo.com>

10/18/2010 09:22 PM

To Bill.Wycko@sfgov.org
cc
Subject RE:CPMC letter on EIR

Hello Mr. Wycko,

My response to the CPMC EIR is attached.

Merle Easton, AIA

ltr to Wycko 10 18 10 .2.docx

1132 Broderick St.
San Francisco, CA 94115
October 18, 2010

San Francisco Planning Department
Attention: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: EIR–CPMC Long Range Development Plan

Dear Mr. Wycko,

The EIR for the CPMC project is inadequate. The proposed Cathedral Hill Hospital is too large and it's environmental impacts too great. It is clear from the EIR that it isn't possible to mitigate the thousands of additional car trips to and from the Cathedral Hill buildings that will affect the intersections in the mid NE of the city. On the streets surrounding the proposed Cathedral Hill buildings cars and trucks will be trying to enter and exit the buildings and add to the gridlock. The EIR acknowledges some of these problems, referring to some as "significant and unavoidable" without proposing mitigations, others are called "less than significant". Major bus routes on Van Ness (Hwy 101) and Geary (major bus and car route to downtown) will be gridlocked. Pedestrian safety isn't even addressed. In case of a disaster cars and buses will be unable to get to the hospital and the rest of the traffic won't be able to get around the hospital. 66-1 TR

The EIR discusses Alternate 3A, which reduces the Cathedral Hill hospital building by a third and increases the size at St. Luke's by adding the children's clinics. This will reduce the number of cars and trucks by a third. The families and children would not be crossing the dangerous streets. The EIR indicates that this is the environmentally preferred option but then goes on to say that it is rejected by CPMC. 66-2 ALT3A

I believe that Alternative 3A is the best way to go. I urge the City to require CPMC to redesign the plan to stay within the existing zoning restrictions.

Sincerely,

Merle Easton, AIA

LETTER 67

"Paul Wermer" <paulhwermer@speakeasy.net>
10/18/2010 08:58 PM

To <bill.wycko@sfgov.org>
cc <devyani.jain@sfgov.org>, <Chelsea.Fordham@sfgov.org>
bcc
Subject Comments on CPMC DEIR, File 2005.0555E - text version

Dear Mr. Wycko,

In the event you could not open the e-mail with the pdf file containing the combined comments of the CPMC Neighbor's Coalition and the Pacific Heights Residents Association regarding CPMC's draft EIR, below is a tect version of the same comments.

We look forward to receiving the formal responses to these comments,

Sincerely,
Paul

Paul Wermer
Co-Chair, CPMC Neighbors Coalition
Board Member, Pacific Heights Residents Association

415 929 1680

2309 California Street
San Francisco, CA 94115

October 18, 2010

Bill Wycko by e-mail
Environmental Review Officer
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103

SUBJECT: Comments on 2005.0555E, DRAFT ENVIRONMENTAL IMPACT REPORT FOR CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) LONG RANGE DEVELOPMENT PLAN

Dear Mr. Wycko:

The CPMC Neighbors Coalition represents near neighbors of CPMC's Pacific site at Clay and Buchanan. We have been actively working with CPMC/Sutter Health to mitigate impacts of their existing operations since 2003, and have previously submitted comments on the scope of the never completed 2006 EIR process, and more recently (June 25, 2010) on the EEA that formed the basis for this DEIR.

67-1 TR

The Pacific Heights Residents Association represents residents in the area bounded by Bush St., Presidio Ave., Union St. and Van Ness Ave. This area includes CPMC's Pacific Site, and PHRA has worked with the

CPMC Neighbors Coalition to provide clear, consistent messages to CPMC/Sutter Health.

The comments in this letter represent the concerns of both the Pacific Heights Residents Association and the CPMC Neighbors Coalition. 67-1 TR

We note with regret that several salient issues we raised in our June 25 scoping comments were not addressed in the DEIR, especially with respect to traffic impact assessments. We hope that this can be corrected without untoward delays in the overall process.

SUMMARY OF KEY POINTS:

- We support a more detailed investigation of an expanded 3A project alternative (3A Plus) 67-2 ALT3A
- Many issues related to the Pacific site are inadequately addressed in this DEIR, and will require far more detailed attention in a project specific EIR.
- Specifically, we believe that the DEIR contains insufficient or misleading data about project impacts in the areas of land use and land use planning, aesthetics, transportation and circulation, noise, wind and shadow, and other areas. 67-3 OTH
- We propose adoption of alternative metrics to aid the City in projecting the true impact of this proposed project.

PROJECT ALTERNATIVES:

It is unclear to us that the distribution of medical services that will result from CPMC's proposed plan, or from any of the alternatives evaluated in the proposal, is in the best interests of San Francisco.

a) In our scoping comments (June 25, 2010 letter) we raised the question of how CPMC's plans, when considered in light of other health care provider's plans, provide the necessary health care coverage for San Francisco residents. This issue was not addressed in the DEIR, yet how the various health care providers serve San Francisco has direct, cumulative impacts of significance on the environment. CPMC's Health Care IMP was inadequate in this regard. 67-4 HC

b) Many health care services, such as Skilled Nursing Facilities, should be provided in the various quadrants of the city. The alternatives considered fail to assess the impact of CPMC significantly reducing Skilled Nursing Care. Not only do CPMC's proposed plans not address the impact of reducing these services, they also fail to address the discontinuity of care that occurs when a patient is discharged from an acute care facility to recuperate in a skilled nursing facility operated by a 3rd party. As a growing body of evidence shows, the discontinuity in health care when patients are discharged to home or 3rd party Skilled Nursing Facilities results in increased readmissions to the hospital or delayed recovery, compared to more integrated treatment plans. This increases costs and demands on resources – which clearly has environmental impacts. For this reason, it is critical that the evaluation of the Environmentally Preferable Alternative, 3A, be expanded to consider using facilities such as the California and Pacific sites to provide services such as skilled nursing. 67-5 HC 67-6 HC

c) We concur with the points raised by the Cathedral Hill Neighbors Association (CHNA) and the Bernal Heights Neighborhood Center (Bernal) on the inadequate treatment of alternatives, as described in their joint comments on the DEIR (sent by Barbara E. Kautz, of Goldfarb & Lipman LLP) 67-7 ALT

e) We concur with other groups calling for "3A plus" – an updated Alternative 3A developed with community input. 67-8 ALT3A

1) LAND USE AND LAND USE PLANNING:
The Pacific site is adjacent to the Webster Street Historic District, one block from the Upper Fillmore NCD, one block from Lafayette Park, near local schools, and surrounded by a residential district. The adverse impact on the character of the surrounding area from inappropriately designed buildings and high traffic intensity needs to be addressed.

67-9 LU

The DEIR fails to assess the impact of the increased traffic density resulting from the expanded ambulatory care services at CPMC's Pacific site, especially with regard to small businesses in the vicinity, and pedestrian usage of the surrounding streets as residents walk to schools, parks and public transit. Without this assessment, it is not possible to determine whether the new operations are appropriate to this neighborhood.

67-10 TR

The DEIR fails to adequately address potential land use changes as existing business are displaced by hospital-focused businesses. In the case of "destination" NCDs, this may have a significant negative effect on the NCD; in the case of neighborhood serving businesses key neighborhood services may be displaced.

67-11 PH

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-12 INTRO

2) AESTHETICS:
The Pacific Site is located in a primarily low to medium density residential neighborhood with 40 ft height limits. The design of the current CPMC buildings ignored any and all design cues from the surrounding community, with no respect for the residential architectural vocabulary of our community or for the historic character of the surrounding buildings.

We are concerned because buildings proposed in the IMP and the DEIR do not respect size and bulk limits, or the architectural features, commensurate with the neighborhood character, worsening an already significant conflict that diminishes the quality of the neighborhood

In particular, this area is adjacent to the Webster Street Historic District. This needs to be considered when addressing the impact of building heights and designs.

67-13 AE

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-14 INTRO

3) POPULATION AND HOUSING: no specific comments.

67-15 PH

4) CULTURAL AND PALEONTOLOGICAL RESOURCES:
The DEIR does not address potential adverse impacts on the immediately adjacent Webster Street Historic District. In particular, how will construction be managed to avoid damage to historic structures in neighboring and nearby lots? This assessment needs to include the impact of vibrations resulting from heavy vehicles; in some cases existing traffic causes undue vibration in neighboring residences, hence the concern about construction traffic.
(See also comments under AESTHETICS, above)

67-16 CP

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final

67-17 INTRO

EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-17 INTRO

5) TRANSPORTATION AND CIRCULATION:
(Comments apply to all sites)
Traffic Studies: The DEIR Traffic and Circulation analysis is inadequate as presented. The analysis ignored specific comments we raised about the inadequacy of LOS and peak pm/peak am analyses in our scoping comments.

67-18 TR

a) It looks only at the peak PM traffic as Level of Service impacts. Unfortunately, the PM commute period is not when the worst traffic impacts are felt in the hospital vicinity. In the case of Pacific site, for example, there are interactions with delivery of goods to the site as well as interactions with school drop-off and pick-up. These occur outside of the peak commute periods, yet have significant adverse impacts - notably in the increase of unsafe driver behaviors, which threaten pedestrians and other drivers.

b) The analysis is only in terms of Level of Service (LOS), which is not the appropriate metric for residential and neighborhood commercial streets. We propose alternative or supplemental metrics below.

67-19 TR

c) The data used to develop the traffic impact looks at daily averages, and does not assess actual traffic patterns based on intended use of the facilities.

1) The arrival and departure patterns are very dependent on actual services to be provided. For the Pacific site, comparisons of daily averages now (when the hospital s a 24 hour operation) with daily averages in the future (when operations will primarily be 7am – 6 pm) is misleading.

2) CPMC's future operations will introduce a high level of traffic at times that are currently at lower intensity, not just at peak am/peak pm periods. The assessment must look at impacts throughout the day, as the non-commute period impact significantly affects the quality of life in surrounding residential areas.

67-20 TR

3) Traffic studies need to comprehend the impact of the current economic downturn, which has temporarily reduced traffic levels. It is unreasonable to expect reduced traffic intensity to continue. Similarly, past traffic studies by CPMC apparently failed to comprehend seasonal variations (e.g. school vacations) and so underestimated community impact in the Pacific site area. Any traffic measurements intended to establish a current baseline must comprehend these issues. It is worth noting that most data gathered for the traffic studies is several years old. The DEIR does not adequately explain how data study period and age (and hence dependence on economic conditions, interactions with school holidays, etc.) is managed in reaching conclusions.

d) The assessment of bicycle and pedestrian impacts are inadequate.

1) The DEIR only looks at the capacity of sidewalks and crosswalks. That ignores the very real interaction between pedestrians and wheeled traffic in the vicinity of CPMC facilities, and ignores the reduced mobility of many pedestrian visitors to the sites. For examples, standard assumptions about how quickly pedestrians can cross a street fail to consider those with disabilities of various sorts.

67-21 TR

2) The Pacific Campus' new design calls for high-volume traffic crossing sidewalks at 3 new points, yet the DEIR ignores altogether the likely impact of this change on traffic

(lanes blocked while vehicles wait for pedestrians to clear a driveway) and pedestrians, many of whom will be disabled or ill, and who will now have to contend with cars crossing sidewalks frequently. The labor actions that clog CPMC's sidewalks occasionally will only worsen the effects of this new design.
3) Vehicular traffic data is inadequate, and so there is no way to assess the increase or decrease in pedestrian/bicycle/vehicle interactions in the residential and commercial streets covered in the study. Furthermore, there has been no assessment of increased hazardous driver behaviors induced by traffic issues in these streets – yet such behavior changes are readily observable when congestion develops.

67-21 TR

e) CPMC's Traffic Demand Management (TDM) plan for patients and accompanying visitors is flawed, as it imposes high parking fees to encourage patients to take the bus – the reality is that patients circulate looking for nearby parking, adding to congestion, or have friends or family drop them off, doubling the number of vehicle trips and lane blockages due to double parking. Accepting the TDM plan as mitigation completely ignores the fact that, at least in the case of patients and visitors, the observations of nearby residents indicate the result is contrary to the stated intent.

67-22 TR

We request that the traffic studies be revised using tools such as TIRE, the City of Portland Impact Threshold Curve, and the various approaches applied by Florida's DOT. Furthermore, we again ask that the study look at traffic outside of the peak commute periods.

At a minimum a qualitative assessment of driver behaviors on affected streets and intersections as traffic conditions change is required, as the general observation of residents in surrounding areas is that unsafe driver behaviors occur when some roads are highly congested, and drivers attempt to find a less congested path.

67-23 TR

These assessments will provide a much better assessment of the impact on residential and NCD streets than the LOS approach and Vehicle Trips Generated analysis used in the current DEIR. We urge MEA to work with affected residents to define the studies before implementing them, so that we all understand the options, the capabilities and the limitations before deciding on a final approach.

Cumulative impacts (Pacific Site):
The EIR must assess future uses of all nearby facilities, such as the Newcomer High School site, the Smith-Kettlewell Eye Research Institute and the UOP Dental School plans for the Pacific site.

67-24 TR

Transit:
The assessment of the impact on MUNI capacity is flawed, in part because MUNI's load data methodology is inadequate to capture actual demand as it affects transit riders and influences decisions to take transit. We already see crush loads on many MUNI services – even though average load is reported as under 90% of capacity. This defect is significant, as it means many potential transit riders will in fact opt to drive – vitiating critical assumptions in the overall traffic analysis and TDM mitigations.

67-25 TR

Furthermore, it is unclear that MUNI will increase capacity to meet increased service demands at peak periods.

Parking:

67-26 TR

Notwithstanding the policy that parking is a social, not environmental factor, we maintain that because of parking problems related to CPMC operations there is a quantifiable increase in unsafe driver behaviors in response to congestion problems. Furthermore, as noted in the Japantown Better Neighborhood Plan Organizing Committee e-mail (October 8, 2010), parking demand from CPMC operations can have a significant and adverse impact on the viability of Japantown – a significant cultural resource. Both of these are CEQA concerns, yet the DEIR fails to address these issues.

67-26 TR

CPMC Shuttle Services:
CPMC's shuttle services will run on a significantly increased frequency. Absent a detailed analysis of the proposed shuttle routes and schedules, it is not possible to evaluate how this will affect the overall traffic issues at the various sites. Based on observations at Pacific site, shuttle operations can have adverse impacts on pedestrian crosswalks and traffic flow.

67-27 TR

Mitigations:
CPMC/Sutter's mitigation for most traffic and parking issues suffer from a significant defect: They assume that patients, visitors, contractors and CPMC/Sutter will obey the Motor Vehicle Code, and that there is adequate enforcement to ensure compliance with regulations. Unfortunately, over 15 years of experience at Pacific site have demonstrated that all entities – including CPMC/Sutter – routinely violate these regulations and related Use Conditions, and that there is no effective enforcement. The final EIR must demonstrate how this issue will be resolved.

67-28 TR

6) NOISE:
Noise issues from all sources – construction activities and routine operations, as well as extraordinary events such as strikes, have resulted in excessive noise. Absent detailed plans for Pacific site, it is not possible to assess this in the DEIR.

67-29 NO

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-30 INTRO

7) AIR QUALITY:
Given the increase in stop and go traffic, the amount of vehicle-generated particulate matter needs to be clearly addressed in the final EIR. However, given the deficiencies in the traffic analysis, it is not clear how the air quality assessments can be accurate. As such, this is a deficiency in the DEIR.

67-31 AQ

8) WIND AND SHADOW:
In shadow studies, it appears that the DEIR analysis assumes that the only shadow impact requiring consideration are those situations specified in San Francisco's Planning Code Section 295. This ignores the fact that excessive shading on other (non-park) areas can have an adverse environmental effect (as well as denial of solar resources to adjacent properties). Shadow impacts require a more comprehensive assessment, so that policy makers understand the full impacts of the project.

67-32 WS

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment.

67-33 INTRO

9) RECREATION:
Comments provided during the scoping process were not addressed. Merely considering population

67-34 RE

increase is inadequate. In the case of Pacific site, for example, increased vehicular traffic and increased parking pressure may reduce access to Lafayette Park, especially for those with reduced mobility who find crossing busy streets difficult. 67-34 RE

We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment. 67-35 INTRO

10) UTILITIES AND SERVICE SYSTEMS: no specific comments. 67-36 UT

11) PUBLIC SERVICES: no specific comments. 67-37 PS

12) BIOLOGICAL RESOURCES: no specific comments. 67-38 BI

13) GEOLOGY AND SOILS: no specific comments. 67-39 GE

14) HYDROLOGY AND WATER QUALITY: no specific comments. 67-40 HY

15) HAZARDS AND HAZARDOUS MATERIALS:
We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment. 67-41 HZ

16) MINERAL AND ENERGY RESOURCES: no specific comments. 67-42 ME

17) AGRICULTURE RESOURCES: no specific comments 67-43 AG

18) MANDATORY FINDINGS OF SIGNIFICANCE:
The DEIR fails to consider that CPMC's preferred alternative proposes to significantly reduce Skilled Nursing Facility and Psychiatric beds. This will impose additional burdens on existing services. What is the predicted cumulative impact, and how is this mitigated? 67-44 HC

GENERAL COMMENTS ON COMMUNITY IMPACTS:
Construction Activities: For the Pacific Site, the construction schedule calls for significant activities beginning in 2015 and continuing for several years. Experience with CPMC's recent construction schedules suggests they will slip. The EIR does not adequately assess the impact of continuous construction from 2015 to beyond 2025. A 10% slip in schedule translates into an additional year of noise, disrupted parking and traffic, and dust. 67-45 PD
We understand that the Pacific site plans are still substantially undeveloped, and suggest that the final EIR expressly call this out as an issue to address in the Pacific site project level CEQA assessment. 67-46 INTRO

We look forward to seeing a revised EIR that addresses these issues.

Sincerely Yours,

Paul Wermer
For the CPMC Neighbors Coalition and Pacific Heights Residents Association

cc: Greg Scott, President, Pacific Heights Residents Association
CPMC Neighbors Coalition members
Devyani Jain, San Francisco Planning Department
Chelsea Fordham, San Francisco Planning Department

Letter 68

Devyani Jain/CTYPLN/SFGOV
10/18/2010 06:02 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC DEIR, Case No. 2005.0555E: Chinatown CDC Comment to Draft DEIR

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 06:02 PM -----

Bill Wycko/CTYPLN/SFGOV
10/18/2010 05:26 PM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC DEIR, Case No. 2005.0555E: Chinatown CDC Comment to Draft DEIR

----- Forwarded by Bill Wycko/CTYPLN/SFGOV on 10/18/2010 05:26 PM -----

"Malcolm Yeung" <myeung@Chinatowncdc.org>
10/18/2010 03:20 PM

To <bill.wycko@sfgov.org>
cc
Subject CPMC DEIR, Case No. 2005.0555E: Chinatown CDC Comment to Draft DEIR

Dear Mr. Wycko,

Please see attached. Also sent via US Mail.

Sincerely,

Malcolm Yeung
Public Policy Manager
Chinatown Community Development Center
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415.984.2749 (o) | 415.742.1082 (c)

myeung@chinatowncdc.org CCDC EIR Comments Final.pdf

Letter 68

Chinatown Community Development Center
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October 18, 2010

VIA US MAIL and EMAIL

Bill Wycko, Environmental Review Officer
San Francisco Planning Department
1650 Mission St., Suite 400
San Francisco, CA 94103
bill.wycko@sfgov.org

Re: Comments on Draft Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan (Case No. 2005.0555E)

On behalf of the Chinatown Community Development Center, I submit comments to the Draft Environmental Impact Report of the California Pacific Medical Center Long Range Development Plan, Planning Department Case No. 2005.0555E (the "EIR"). Chinatown CDC builds community and enhances the quality of life for all San Francisco residents. Based in the Chinatown neighborhood, Chinatown CDC also serves other San Francisco neighborhoods, including North Beach and the Tenderloin. We are a comprehensive community development organization with many roles, serving as neighborhood advocates, organizers, planners, and as developers and managers of affordable housing.

Over the past year, Chinatown CDC has worked closely with the residential tenants of 1036 and 1054 Geary Street, both of which will be demolished to make way for the medical office building adjacent to the Cathedral Hill campus (the "MOB"). Presently, six (6) households remain in these two buildings and the present project will certainly displace these remaining households. Unfortunately, all of these households are very-low to low-income and are among the most vulnerable to homelessness in San Francisco. The project sponsor must acknowledge this displacement impact as a significant. 68-1 PH

All told, the proposed MOB will lead to the displacement of at least twenty-five residential units – twenty (20) of which are residential hotel rooms and five (5) of which are rental apartment units. Each of these units are significant housing resources to San Francisco residents, especially given that they have by and large served as *de facto* affordable housing units to low-income San Franciscans. The demolition of these units as part of the MOB project will have a significant impact on San Francisco's housing stock and necessitate, either by legal mandate or by strong public policy considerations, replacement by the project sponsor.

While the project sponsor has initiated discussions with CCDC and residents to mitigate the above impacts, they have not finalized any such plans and have not incorporated these plans formally into the project development. This DEIR, moreover, has not incorporated these any such plans as mitigations to Impacts PH1, PH2, and PH3. The DEIR, as a result, is deficient and must be amended before the City can approve it.

NeighborWorks CHARTERED MEMBER

Properties professionally managed by Chinatown Community Development Center do not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, marital status, source of income, or any other arbitrary status.

Section 4.3, Impact PH-2 for Near-Term Projects/Cathedral Hill Campus (Demolition of 20 Residential Hotel Units and 5 Rental Housing Units): Determination of Significance Should Be "Potentially Significant"

The MOB project will necessitate demolition of 20 single room occupancy residential hotel rooms (the "SRO Units") and 5 rental apartment units (the "Rental Units"). The displacement of these units will have a substantial impact on San Francisco's housing stock and, as a result, will necessitate construction of replacement housing. Consequently, the EIR should determine this impact to be "Potentially Significant." 68-2 PH

The City of San Francisco has found that displacement of any residential hotel rooms constitutes a significant impact on the city's housing stock. Section 41.3 of the San Francisco Administrative Code makes this point abundantly clear. Under this section, the City finds the following:

- there is a severe shortage of affordable housing (see subsection (a)),
- that residential hotel rooms to constitute a significant source of affordable housing (see subsection (c)), and 68-3 PH
- that residential hotels are "endangered housing resources and must be protected" (see subsection (f)).

Given this strong statement from the City, removal of even one SRO room constitutes a significant impact, necessitating construction of replacement units. This replacement obligation, in fact, has been codified under Section 41.13.

The City has made a similar determination with regard to "standard" rental housing stock. In short, both the City's General Plan and Section 317(a) of the San Francisco Planning Code find that "existing housing is the greatest stock of rental and financially accessible residential units, and is a resource in need of protection." In this instance, this statement is particularly true. The five apartment units slated for demolition presently house (or in the very near-past have housed) very-low to low-income households. As a result, the demolition of these 5 units constitutes demolition of *de facto* affordable housing. Given this statement of severe need for affordable housing, the demolition of these five units also constitutes a significant impact. 68-4 PH

While construction of replacement housing is not codified in this instance, public policy mitigates strongly in favor of such a requirement. This is particularly true in light of the fact that San Francisco fell far short of its affordable housing production goals between 1999 and 2006.[1] This further points to the strong necessity to replace these unit, triggering a "potentially significant impact." 68-5 PH

[1] While San Francisco as a whole produced 153% of its market rate housing goal during this period, the City only produced 80% of its very-low income housing goal, 52% of its low-income housing goal, and 13% of its moderate income housing goal. See San Francisco Department of Planning, *San Francisco Housing Element Part I: Data and Needs (Draft 2)*, Revised June 2010, p. 98, posted online at http://housingelement2009.sfplanning.org/docs/Housing_Element_PartI_Data_Needs_Jun_10.pdf.

While the underlying basis for determining significance in this instance may be characterized as an economic or social impact (i.e., the negative impact on the city's affordable housing stock), economic and/or social impacts are in fact permitted considerations when tied to a physical change, such as demolition of housing stock. Section 15064(e) of Title 14 of the California Code of Regulations makes clear that the "economic and social effect of a physical change may be used to determine that the physical change is a significant effect on the environment." Here, the demolition (i.e., the physical change) will severely impact the city's stock of affordable housing (i.e., the social and economic impact), necessitating a determination of "potentially significant impact." As a result, Impact PH-2 regarding the near term impact of the Cathedral Hill campus must be amended to reflect this determination. 68-6 PH

An alternative determination of "Less than Significant with Mitigation Incorporated" is not yet justified. While the EIR discusses CPMC's replacement housing obligation under Section 41.13 of the SF Admin Code and CPMC's ongoing discussions with the SF Mayor's Office of Housing (MOH) around how to fulfill these obligation, CPMC has not proposed an actual, concrete mitigation plan. The EIR merely discusses various "options" that CPMC has raised with MOH but does not commit to them as proposed mitigations. Worse yet, the EIR includes absolutely NO discussion of how CPMC will mitigate the demolition impact of the 5 rental housing units. 68-7 PH

Without actual proposed mitigations, the public cannot assess the degree to which the project will actually reduce the impact of the displacement of the 20 residential hotel units and 5 rental housing units.

Section 4.3, Impact PH-3 for Near-Term Projects/Cathedral Hill Campus (Displacement of Very-Low and Low Income Households): Determination of Significance Should Be "Potentially Significant"

The EIR should determine that the displacement of six (6) tenant households from the Cathedral Hill MOB site is a "Potentially Significant Impact." Because all six (6) tenant households are all low to very low income and because there is a severe shortage of affordable housing in San Francisco, any displacement of low-income individuals must be considered significant. As with the PH-2 discussion, the EIR fails to identify concrete mitigation proposals so cannot qualify for a determination of "Less than Significant with Mitigation Incorporated." 68-8 PH

Any demolition that causes displacement of low to very-low income households in San Francisco has a significant environmental impact. Because of the severe shortage of affordable housing identified above, the likelihood that displaced households will find suitable replacement housing in the area or even in San Francisco as a whole is very low. In fact, the decrease of low to very low income households between 2000 and 2006 in the project area is staggering, ranging between 45% to 58%!![2] And while this impact is again economic and social in nature, as discussed above, economic and social factors (i.e., income level of displaced residents and unavailability of affordable replacement housing) can be used to determined the significance of any physical change (i.e., the demolition and resulting displacement). 68-9 PH

[2] See Association of Bay Area Governments, *Development without Displacement: Development with Diversity* (December 2009), p. 31 posted online at http://www.bayareavision.org/initiatives/dwd-final.pdf.

Moreover, any "environmental effects of a project [that] will cause substantial adverse effects on human beings, either directly or indirectly" mandates a finding of significance (see Title 14, Cal.Code of Regs, section 15065(a)(4). In this instance, the demolition will displace tenant households. Under any standard, displacement from one's home has a substantial adverse effect on a human being. 68-9 PH

As with Impact PH-2, an alternative determination of "Less than Significant with Mitigation Incorporated" is not yet justified. The EIR states that "CPMC would provide for the relocation of tenants needing assistance, in excess of that required by law" and that "[t]enants would be offered suitable units elsewhere under the oversight of the Mayor's Office of Housing and the Board of Supervisors" (see EIR, p. 4.3-43 to 4.3-44).

First, the EIR does not indicate whether CPMC has committed to any relocation plan as an environmental impact mitigation or whether CPMC has incorporated them into the Cathedral Hill project. And second, even if the CPMC had been incorporated them, as written the EIR does not provide sufficient detail to determine whether these proposed plans could sufficiently mitigate the impact. The relocation assistance proposal does not state what "law" the plan will exceed so there is no way to determine from the EIR even the basics of the relocation plan. Moreover, there is no more detail regarding the proposal regarding MOH and the Board of Supervisor's oversight of the re-housing of the displacement households (not to mention any discussion of a concrete agreement reached by MOH or the BOS that they have agreed to such oversight). 68-10 PH

As with PH-2, without actual, proposed mitigations, the public cannot assess the degree to which the project will reduce the impact of the displacement of the low-income tenant households.

Section 4.3, Impact PH-1 for Near-Term Projects/Cathedral Hill Campus (Population Growth): Determination of Significance Should Be "Potentially Significant"

The EIR should determine that impact PH-1 addressing population growth is "Potentially Significant." The present determination of "Less than Significant" is simply untenable, particularly in light of the data provided in the EIR itself.

Based upon table 4.3-9 of the EIR, the Cathedral Hill campus would account for a staggering 30% of SF's population growth between 2006 and 2015, translating into roughly 8% of SF's household growth during this same period. The fact that one project can account for a statistically significant portion of the City's population growth over a ten year period is in and of itself significant. 68-11 PH

In evaluating the specific near term impacts of the Cathedral Hill campus, the EIR offsets the growth induced by the Cathedral Hill campus with the unemployment created by the closure of the Pacific campus. This offset, according to the EIR, will reduce the above figures to 8% of the population growth and 2% of the household growth. Despite this, let me reiterate the above conclusion. The fact that one project can account for a statistically significant portion of the City's population growth over a ten year period must be significant.

The EIR further dismisses the impact of the growth induced by the Cathedral Hill campus by turning to irrelevant and misleading San Francisco housing data. First, the EIR suggests that the roughly seventeen 68-12 PH

thousand (17,000) vacant units in the City can more than account for the household growth induced by the Cathedral Hill campus. The vacancy data, however, is meaningless unless compared to the average historic vacancy rate in SF. Put simply, every real estate market has a relatively stable vacancy rate because of "natural" turnover. Vacancy rates can dip or rise based upon the market demand – but vacancy rates never actually go to "0." Without knowing how the 17,000 number compares to SF's historic vacancy rate, it is impossible to tell whether the SF real estate market, as is, can absorb the additional households created by the Cathedral Hill project.

68-12 PH

Second, the EIR suggests that SF is zoned to support development of up to additional 34,100 units over the 2009 – 2014 period (see EIR, p. 4.3-20) and therefore the City can easily absorb any additional population growth. The 34,100 number, however, constitutes "potential" but UNBUILT units. Put simply, these 34,100 units do not exist. "Someone" could build them. But until they are built, they cannot be relied upon as a housing resource to absorb population growth.

68-13 PH

Third, neither the vacancy rate analysis nor the "potential unit" analysis examines the "jobs and income housing fit." In short, the above two approaches fail to analyze whether the new households generated by the Cathedral Hill campus can actually afford to live in the existing vacant units or the unbuilt, but "zoned" units. Again put simply, the EIR fails to analyze whether the household growth induced by the Cathedral Hill campus will require construction of affordable housing in particular.

68-14 PH

Given this, the Planning Commission should amend the EIR to determine that the PH-1 impact is "Potentially Significant."

Finally, the project sponsor must propose a mitigation to address the potentially significant impact of the population growth induced by the CPMC project. Towards this end (and as with residential hotel units), the existing area land use controls provide ample guidance on what that mitigation must be. CPMC must comply with the Van Ness SUD residential to non-residential production requirements or substantially fulfill that requirement.

68-15 PH

Respectfully Submitted on Behalf of the Chinatown Community Development Center.

Sincerely,

Malcolm Yeung
Public Policy Manager
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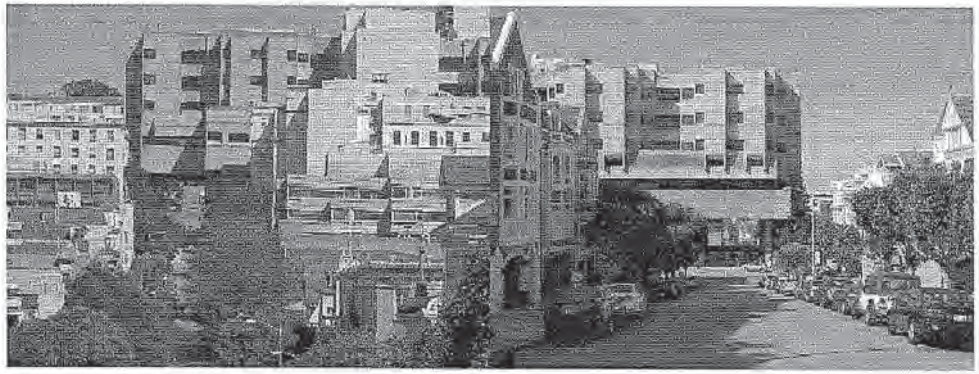
San Francisco, California 94133
myeung@chinatowncdc.org
415-984-2740

Ian Berke
<Ian@ianberke.com>
10/18/2010 03:03 PM

LETTER 69

To <bill.wycko@sfgov.org>
cc <chelsea.fordham@sfgov.org>, <devjani.jain@sfgov.org>, Paul Wermer <paulhwermer@speakeasy.net>, Greg Scott <greg.scott@us.pwc.com>
bcc
Subject Comments on the CPMC DEIR (2005.0555E)

CPMC Deir comments.doc



Ian Berke
2824 Clay Street
San Francisco, Ca 94115

18 October, 2010

Bill Wycko via e-mail
Environmental Review Office
SF Planning Department
1650 Mission St.
San Francisco, Ca 94103

Re: Comments on the CPMC DEIR (2005.0555E)

Dear Mr. Wycko:

The CPMC building at 2333 Buchanan St, built in the 1970's, was constructed across the Clay Street right of way, totally blocking the Clay Street view corridor. A concrete building in the Brutalist style, it present a huge industrial looking wall that is totally incompatible with the low rise residential neighborhood surrounding the hospital. This enormous 300,000 square foot building creates a visual wall 119 feet high, or about 9 stories, seen from Clay looking west, and 12 stories high when seen from Clay looking east. This is a historic residential neighborhood with mostly 3 and 4 story homes, only a few over 40 feet tall. The Buchanan building is massive, totally out of scale with nearby buildings, ugly and jarring, destructive of neighborhood character, and completely inappropriate in this setting. The attached photographs document this judgment.

69-1 AE

Ironically, this is the only building in the Buchanan/Webster Street complex that is not scheduled to be razed and rebuilt. The Clay Street view corridor needs to be reopened as part of the reconstruction process by removing the north eighty feet of 2333 Buchanan. The loss of square footage will be much less than might be expected, as only the top four floors of this building are used for offices, labs, or rooms. The base is simply used to support those upper floors, and have no other functional use. The removal of the north portion of 2333 Buchanan would serve to substantially improve the aesthetics of the hospital complex and greatly benefit a neighborhood that has long born a disproportionate burden from this massive CPMC complex.

The DEIR should not be approved without provisions for re-opening the Clay Street view corridor.

Very truly yours,

Ian Berke

cc: Paul Wermer, CPMC Neighbors Coalition
Greg Scott, Pacific Heights Residents Association

LETTER 70

Devyani Jain/CTYPLN/SFGOV
10/18/2010 12:32 PM

To Chelsea Fordham/CTYPLN/SFGOV@SFGOV
cc
bcc
Subject Fw: CPMC EIR Long Range Plan/Comments

DEVYANI JAIN, *Senior Planner*
Major Environmental Analysis

San Francisco Planning Department
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----- Forwarded by Devyani Jain/CTYPLN/SFGOV on 10/18/2010 12:07 PM -----

John Rahaim/CTYPLN/SFGOV
10/18/2010 11:55 AM

To Devyani Jain/CTYPLN/SFGOV@SFGOV
cc
Subject Fw: CPMC EIR Long Range Plan/Comments

John Rahaim
Planning Director
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----- Forwarded by John Rahaim/CTYPLN/SFGOV on 10/18/2010 11:55 AM -----

carylito@aol.com
10/18/2010 10:48 AM

To "gavin.newsom "@sfgov.orggavin.newsom@sfgov.org, rm@well.com, "c olague"@yahoo.comc.olague@yahoo.com, rodney@waxmuseum.complangsf@gmail.com, hs.commish@yahoo.com, mooreurban@speakeasy.net, wordweaver21@aol.com, john.rahaim@sfgov.org, ross.mirakarimi@sfgov.org, David.Chiu@sfgov.org
cc rehamaguchi@yahoo.com, smori@kimochi-inc.org
Subject CPMC EIR Long Range Plan/Comments

I am sending this email as a VP for the Japantown Task Force, whose mission is to preserve, and promote the cultural, historical and economic vitality of the oldest Japantown in this USA.
I fully support the comments sent in my the Better Neighborhood Planning Committee.

70-1 TR

I have been involved in this preservation process of our Japantown for over 10 years and wish to state that the CPMC EIR does not adequately address the parking/traffic impacts of their construction phase as well as when they actually open for business. Yes they are on a major transit corridor but there are many patients, employees and others who will need parking and the plans are inadequate.
This will impact parking resources in the nearby Japantown garage and street parking and thus, impact the accessibility for the commercial areas general everyday patronage. The economic vitality of this vital 100 plus year old community will be severely impacted negatively unless these issues are addressed;/amended in the plan.

70-1 TR

Thank you for your consideration,
Caryl Ito
VP Japantown Task Force

Letter 71

DANIEL BURNHAM COURT

October 12, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Formal Comments on the CPMC LRDP DEIR

Mr. Wycko:

The Daniel Burnham Court Master Owners Association and Homeowner's Association consists of 245 residential units and approximately 100,000 square feet of commercial space. Our residential population includes numerous ethnic backgrounds and socio-economic status, including quite a few children and elderly. Our commercial tenants include a number of medical offices that utilize highly sensitive equipment such as lasers for eye surgery and ultrasound technology.

Daniel Burnham Court is literally surrounded by CPMC's Cathedral Hill project. On the south side of our building is the main hospital site. On the north side of Daniel Burnham Court is the medical office building at 1375 Sutter. And across Van Ness diagonally from Daniel Burnham Court is the Medical Office Building.

Naturally our residents and tenants have a number of concerns both about what it will be like to be surrounded by this extraordinary construction project for the next five years as well as the long term impacts that the hospital and medical buildings will create for our community.

71-1 NO

We have been in discussions with CPMC and have expressed our reasonable and rational concerns about those anticipated impacts. We remain hopeful we can come to an agreement on what measures need to be taken to ensure that the development of the hospital campus is done responsibly. However, ultimately we look to both CPMC and our elected officials and government to ensure that the hospital's construction and operation are sensitive to the real and numerous impacts it will have on the environment, including its neighbors.

We have retained the services of consultants to review the draft EIR. Their letters are attached herein (summarized in the letter from Project Management Advisors, inc.). In short, we are respectfully requesting the impacts to the quality of life and work in the surrounding community be mitigated with curtailed work hours set to reasonable residential-sensitive and traffic-sensitive times of day, with additional conditions tied to intrusive construction operations related to noise, vibration, traffic and access. We have also suggested specific and practical traffic mitigations to significant impacts, where none were prescribed. Finally, we are requesting transparency and accountability through a robust communication program coupled with monitoring of the most intrusive physical impacts of noise, vibration, dust, and traffic (beyond that currently required in the draft). At the very

One Daniel Burnham Court, Suite 160-C • San Francisco, California 94109 • Telephone: 415 771-9910 Fax: 415 771-7452

least, CPMC should evidence that the project is in compliance with representations in the environmental review and that prescribed mitigation measures are working as anticipated.

71-1 CONST

Thank you very much for your consideration.

Sincerely,
Daniel Burnham Court Master Owner's Association

Helene M. Dellanini

Helene Dellanini
General Manager

Cc: Michela Allioto-Pier, Board of Supervisors
David Chiu, Board of Supervisors
Hisashi B. Sugaya, Planning Commissioner
Michael Antonini, Planning Commissioner

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Project Management Advisors, Inc.

October 12, 2010

Ms. Helene M. Dellanini
General Manager
Master Owner's Association, Homeowner's Association
One Daniel Burnham Court, Suite 160-C
San Francisco, California 94109

Re: Review of CPMC's Long Range Development Plan Draft EIR

Ms. Dellanini:

Project Management Advisors, Inc., along with subject matter expert consultants, Veneklasen Associates (acoustics), and Wilsey Ham (civil), have reviewed the CPMC LRDP DEIR on behalf of the Daniel Burnham Court Master Owner's Association (DBC) and have the following comments for submission to the City planning staff.

TR-4: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at 18 study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions.

71-2 TR

TR-4 Comments: Although the intersection of Franklin and Post was not predicted to drop to a Level of Service below acceptable thresholds, it is recommended that some measure of mitigation be prescribed to alleviate the additional trips at the intersection due to traffic related to the hospital. We recommend that a portion of the curbside area (50 ft) should become a dedicated right turn lane. Currently, vehicles are allowed to park in this area, except during peak PM traffic hours on weekdays.

The Cathedral Hill Campus Transportation Impact Study indicates that the hospital shuttle will generate 36 trips per hour, or 1.7 trips per minute. The proposed shuttle drop-off area is located immediately east of the one and only egress from the hospital's passenger drop off area and parking garage. All normal, non-emergency vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni lane that runs buses #2 and #3 is also adjacent to the proposed shuttle drop-off area and each bus route averages 10 minutes between buses of the same route number during peak periods. This equates to a combined average of one bus every five minutes. The combined traffic

71-3 TR

movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post during peak-hour traffic periods. Therefore, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is access from Geary. 71-3 TR

To verify accurate traffic modeling, as well as to hold CPMC accountable for validating its environmental analysis, findings, and the effectiveness of mitigation measures, the EIR should include a requirement for CPMC to perform traffic counts and LOS monitoring at Franklin and Post. If the LOS at that intersection is found to be worse than anticipated and below D, then additional mitigation measures should be imposed. 71-4 TR

TR-103: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at eight study intersections that would operate at LOS D or better under 2030 Cumulative plus Project conditions. 71-5 TR

TR-103 Comment: Same as comment for TR-4.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121: Implementation of the Two-way Post Street Variant (TWPSV) would result in significant impacts to various intersections.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121 Comment: Since this variant is an option and not part of the baseline project, and since it has been found to create numerous significant and unavoidable impacts, it does not appear to be environmentally superior to the baseline project as proposed and thus should not be adopted. 71-6 TR

TR-43: Implementation of the Cathedral Hill Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones.

TR-43 Comment: The length, slow moving nature, and wide turning radii, of the anticipated delivery trucks pulling in and out of the loading docks at Franklin was not analyzed for significant impacts to the flow of traffic on Franklin during peak traffic hours. We are concerned this will cause major delays and recommend that CPMC is restricted from having deliveries occur during peak traffic times. In addition, a 71-7 TR

traffic controller should be required to be stationed in the area to facilitate the safe entry and exit of such trucks at all times.

71-7 TR

TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network. (Significant and Unavoidable with Mitigation)

71-8 TR

According to page 2-40, construction of the interior improvements to CPMC's MOB at 1375 Sutter will occur coincident with the construction of the main hospital building and the MOB on Van Ness. However, trips from that part of the construction were not factored into the analysis of the overall construction traffic impact.

The intersection at Franklin and Post is reported to deteriorate from LOS B to LOS F during the five year construction phase, which is the largest deterioration among all of the intersections analyzed. However, TR-55 asks for a Transportation Management Plan in which CPMC identifies for themselves the best practices that might address construction traffic issues, without listing any tangible restrictions or modifications and without requiring proof from CPMC that such measures are working. We recommend the following additional mitigation measures:

71-9 TR

- In order to relieve the significant impacts of construction related traffic on all nearby areas, restrict the following construction operations to occur only during non-peak hours, 9 AM – 5 PM weekdays: concrete pours (staging/queuing of concrete trucks), material deliveries, excavation import/offhaul, fire proofing (staging of pump trucks) and demolition (staging of debris trucks).

- In order to relieve the significant impacts of construction related traffic on the heaviest hit intersection of Franklin and Post, the following activities should be restricted on Post during non-peak hours: staging/queuing of concrete trucks and demolition debris trucks, material deliveries, and excavation import/offhaul site access entry/exit. Displacement of trips would be spread out to intersections that, according to the DEIR, would be operating at or above LOS D. In addition, displacement would occur during non-peak hours.

- The DEIR reports that an average of 135 trucks per shift will be accessing the Cathedral Hill Campus during excavation. For a nine hour shift, this equates to an average of 15 trucks per hour. However, the construction site is planned to have room for parking only eight trucks. Therefore, it is highly likely that trucks will be queuing around the block and causing more traffic than anticipated in the analysis. Truck trips were considered but truck queuing was not. Therefore, in order to avoid queuing and a misrepresentation of the actual impacts in the DEIR per the study, the mitigation measure should require that all trucks accessing the site, for all operations, be controlled and staged at a remote location and dispatched to the site only when space onsite is available.

- CPMC plans on closing both the southern parking lane and Muni lane on Post. The Muni lane will be relocated to the northern normal traffic lane. In addition, CPMC plans on using the last remaining normal traffic lane as their truck route (135 trucks per shift). These changes to the transportation network will have a devastating impact to Post Street, evidence in part by the study's finding of a significant deterioration in LOS at Franklin and Post. In order to mitigate these impacts, construction vehicle traffic should be required to use the bus lane on Post that the Project already plans to take for its own uses, instead of using the normal traffic lanes.

- Given the anticipated congestion in the area of Franklin and Post (LOS B to F), CPMC should be required to station a flagman at the intersection to facilitate smooth traffic flow throughout the work day, even for operations that do not require flagmen per encroachment permits.

71-9 TR

Van Ness Tunnel: Given the levels of traffic volume on Van Ness that remain after 7 PM (Table 4.5-32), lane closure for construction of the tunnel should occur after 9 PM, when traffic volume is shown to decrease significantly.

71-10 TR

[Continued on next page]

NO-1: Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels (Significance Criteria 6a and 6d)

NO-1 Comments: We have noted several discrepancies in the analysis of short-term construction noise:

1. **Distance to Daniel Burnham Court:** The DEIR's study identified the property at 1 Daniel Burnham Court to be a candidate for a worst-case scenario and evaluated the noise impacts at that location, per CEQA. However, it evaluated noise levels there using a distance of 100 feet, when the distance of sensitive noise receptors (residential unit on Post) to an offending source (hoe-ramming the footing of the existing office building on Post), is approximately 75 feet away. Therefore, predicted noise levels reported at Daniel Burnham Court which were underestimated at 81 dBA should be reported as 82 dBA. On a logarithmic scale, this is a difference of

71-11 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham	Predicted Average Construction Noise Level at Daniel Burnham, adjusted for accurate distance from source (75')
81 dBA	82 dBA

2. **Maximum Noise Level and the SF Noise Ordinance:** Anticipated theoretical *average* noise levels were evaluated for significant impacts by comparison against the San Francisco Noise Ordinance criterion of 80 dBA at a distance of 100 feet from the source construction equipment. However, per section 2901(g) of the code, this criterion should be compared against *maximum* noise levels produced by construction equipment measured at such a distance. On a recent assignment, Veneklasen Associates noted maximum noise levels from construction equipment as on average 9 dBA higher than time-averaged levels. If this is also true for CPMC's construction site, then the predicted average noise level of 82 dBA at 75 feet (see above) would be equivalent to a maximum noise level of 91 dBA at 75 feet, which would be squarely out of compliance with the SF Noise Ordinance (adjusted to 81 dBA at 75').

71-12 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham, adjusted for distance (75')	Potential Predicted Maximum Noise Level at Daniel Burnham (75')	SF Noise Ordinance – Limit of Maximum Noise at 75'	Consequence
82 dBA	91 dBA	81 dBA	Project is out of compliance

3. **Significance Criterion:** The significance criterion ultimately used in the DEIR is compliance with the SF Noise Ordinance. However, the CEQA significance criterion 6d on page 38 defines an impact as being significant when the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. Industry practice considers this to be an increase of 5 dBA above ambient. Since noise level in dBA is in a logarithmic scale, an increase in 5 dBA is actually an increase of 40% in loudness or perceived sound volume. The predicted noise level at Daniel Burnham Court is 82 dBA (modified for 75' distance), while the ambient noise level was measured to be 66 dBA. This increase in 16 dBA results in an increase in loudness between 150-200%, or 4 times the ambient. Therefore, per CEQA, the project poses significant impacts to the environment that are required to be mitigated and monitored appropriately. 71-13 NO

Ambient average daytime noise level at Daniel Burnham	DEIR Predicted Average Noise Level at Daniel Burnham, adjusted for distance	Change in Loudness
66 dBA	82 dBA	150-200%

4. **Context for Understanding Significance- Interior Noise Levels:** Interior noise levels were not reviewed as part of the EIR, however, since patios constitute the only outdoor living space, interior noise levels are ultimately what sensitive receptors will experience. Understanding interior noise levels provides the context with which to understand the significance of the construction noise and how it will affect the daily life of nearby residents.

   Daytime: Daytime interior noise level criteria were provided in the DEIR from the World Health Organization as well as from the EPA (45 dBA). Consistent with those values, the San Francisco's General Plan provides daytime exterior noise criteria which can be translated into interior noise criteria between 35 and 44 dBA with windows open. Interior noise levels above these thresholds will interfere with speech communication and other daily living and working activities. Existing conditions at Daniel Burnham Court meet these criteria with windows closed. The predicted noise level inside Daniel Burnham Court due to construction is 56 dBA with windows closed, which again, is a 4x increase above ambient, but additionally is 2x above industry-wide acceptable interior noise levels. 71-14 NO

We are concerned that noise levels of 4x above the existing urban noise levels might cause the stress induced diseases listed on page 4.6-7, and also other issues such as headaches and the inability to concentrate.

Measured Ambient Daytime Average Noise Level at Interior Space in Daniel Burnham with windows closed	Predicted Average Construction Noise Level at Interior Space of Daniel Burnham with windows closed	Daytime Acceptable Average Noise Level Criterion	Significance
41 dBA	56 dBA	45 dBA	4x ambient; 2x+ acceptable levels; Interference with Speech Communication, with a concern about potential health affects

71-14 NO

Nighttime: For nighttime noise, ANSI S12.9 defines a method to calculate sleep disturbance given a noise level. The DEIR reported that CPMC plans to conduct a second shift (4 pm until midnight) for demolition, excavation, foundation, structural, concrete placement, and welding. Veneklasen calculated that given such activity, the probability of an individual awakening from the noise would be 50% with windows closed and 61% with windows open.

Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows open	Probability of Awakening	Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows closed	Probability of Awakening
72	61%	65	50%

Conclusion: Increased noise levels due to CPMC's construction must not be understood in context. The predicted noise levels established in the DEIR's study point to serious consequences such as sleep deprivation, difficulty hearing speech communication, a concern about potential health affects, and an overall degradation of the quality of life for neighboring residents.

Given the above concerns about the predicted noise levels at neighboring locations to the project site, we have the following recommendations:

General and M-NO-N1b - Community Liaison: CPMC should also be required to host a website during the construction phase and make available an up-to-date log of all submitted comments and concerns. Such log shall be updated daily with comments that are received through the website, the community liaison, or other means. Each logged comment shall have a response and progress update from CPMC's team on how they are addressing the issue. 71-15 NO

CPMC shall provide weekly construction progress bulletins in hard copy format to neighbors outlining construction activities that will generate traffic congestion, noise, dust, vibration, light after sunset, utility disruptions, mass transit and pedestrian route changes, etc. The weekly bulletin shall also contain information regarding impactful activities for the next six weeks.

M-NO-N1c – Monitoring and Additional Mitigation Measures: Under this measure CPMC would be required to monitor noise for one week prior to each major phase in construction. We recommend modifying this requirement to monitor for one week prior to each new potentially offensive activity within each phase. For instance, during demolition, measurements should be taken at the start of the building being taken down by excavators, and then at the start of hoe-ramming of the existing building foundations. Also, during excavation/earthwork operations, measurements should be taken at the start of excavation and offhaul and at the start of import and grading. 71-16 NO

Other mitigation measures that should be required include:

- The following noise-generating construction operations should be restricted from occurring before 9 AM and after 5 PM everyday: material deliveries, concrete pours, excavation, import/offhaul, grading, fire proofing, crane activities, jackhammering, hoe ramming and all demolition activities, and welding, sawing and pneumatic tools (prior to the building skin being installed). 71-17 NO

- The following noise-generating construction activities should be restricted from occurring on Post Street, due to the sensitive commercial and residential receptors: placement of generators, staging of concrete pumping activities, earthwork import/offhaul site access point, staging of fire proofing pump truck, crane picks, and demolition debris chutes.

- Noise monitoring results should be required to be submitted to Daniel Burnham Court and the City within 5 business of measurement, so that proper actions can be taken to mitigate offending construction operations. It should be clear in the EIR that the Project is required to suspend operations immediately when it finds that measured noise levels exceed the SF Noise Ordinance and any additional requirements that might be added to the EIR (noise levels before 9 AM or after 5 PM, etc.)

71-17 NO

Since it is not feasible to restrict noise-generating construction operations at all hours or from all property boundaries, and other on-site measures such as sound barriers will not work for sensitive receptors above the heights of such walls, the impacts associated with construction phase noise, given their predicted levels above ambient, should be considered Significant and Unavoidable, with onsite and/or conventional mitigations.

71-18 NO

NO-5 Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds. (Significance Criterion 6b)

NO-5 Comment: The DEIR predicts vibration levels at Daniel Burnham Court to be 78 VdB. However, Daniel Burnham Court contains medical uses that are sensitive to vibration, on the order reported in table 4.6-17, or 65 VdB. Therefore, vibration is anticipated to inhibit those sensitive medical uses from performing vital functions for their financial livelihood. Given this impact, we recommend CPMC be required to:

71-19 NO

- Coordinate its vibration-generating activities with the sensitive operations of the medical tenants at Daniel Burnham Court and other neighbors.

- Include in the prescribed Vibration Management Plan a requirement to monitor at Daniel Burnham Court, specifically at its property line, at the lowest residential level on the Post side of both towers, and at the nearest commercial use with sensitivity to vibration. CPMC shall monitor vibration continuously throughout demolition, excavation, foundations, and erection. Measurements shall be evaluated on a daily basis by a third party consultant and reported to the City and Daniel Burnham Court the following day. CPMC shall suspend operations that show vibration levels above 65 Vdb during hours agreed upon between CPMC and the collection of medical use facilities at Daniel Burnham Court (per the bullet above).

- To prevent vibration from interrupting the sleep of DBC residents, vibration generating activities such as the use of vibratory rollers, truck deliveries, etc shall not be conducted after 7 PM M-Sat.
- If vibration persists that prevents medical uses within Daniel Burnham Court from conducting work, CPMC should be required to provide individual instrument/equipment isolation, where feasible.

71-19 NO

AQ-2: Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants.

AQ-2 Comment: The DEIR's analysis of construction-related emissions did not consider the significant impacts related to toxic substances contained in the project's fill soil made air born by earthwork operations. Although BAAQMD best practices are required to a certain degree, they do not guarantee that air born dust will not migrate beyond project site boundaries. Section 4.16.1 reported that the Phase II ESA identified lead in the fill soil which would require disposal off-site as a hazardous waste. Lead-tainted air born dust particles exposed to nearby residents, including the elderly and children, throughout the 5 years of construction, must be evaluated and appropriate mitigation measures prescribed.

71-20 AQ

M-AQ-N1a: Although the DEIR has prescribed the BAAQMD's best practices for dust mitigation, unfortunately the practical reality on a construction site is that if the measures are not enforced on a daily basis then they are not effective. We recommend the following additional requirements:

- The BAAQMD's optional and additional measures should be made mandatory. Wheel washing and suspending operations during gusty winds are considered minimum best practices in the industry for controlling dust migration off site. In addition, all stock piles that are not in use for more than 2 days should be tarped and covered.

- The City shall assign an inspector to monitor the project during earthwork operations to enforce the required mitigation measures. CPMC should be required to reimburse the City for the direct costs associated with the onsite inspector.

71-21 AQ

Project Management Advisors, Inc.

- CPMC's Dust Management Plan shall include total particulate dust monitoring at its site boundary and adjacent residential property boundaries. Continuous measurements shall be taken throughout demolition until building erection. CPMC should be required to retain the services of a third party environmental consultant to conduct the testing and evaluation of data, as well as establish a threshold of particulate dust concentration consist with BAAQMD regulation and the toxicity of any hazardous substances (such as lead) found in the fill material. Results should be reported to the City on a weekly basis and construction operations found to generate dust above the concentration threshold shall be suspended until mitigations are made. 71-21 AQ

Safety – General: We were unable to locate an evaluation of the potential safety impacts the project would have to the surrounding area. Construction sites typically attract vandalism, theft, and other impacts to safety. CPMC should be required to provide 24 hour dedicated, manned security at the hospital, MOB, and 1375 construction sites and neighboring areas. 71-22 OTH

Also as a health safety concern, we were unable to locate discussion about CPMC's requirement to maintain a rodent and pest-free site, especially prior to construction while the existing buildings are vacant. If a sudden increase in pests is noted at neighboring properties, CPMC should be notified so that they can address the problem on their site and neighboring properties. 71-23 HZ

Sincerely,

PROJECT MANAGEMENT ADVISORS, INC.

Diane Floresca Smith
Senior Project Manager

Cc: J. Michael Tracy, PMA
Michael Sweet, McNutt Law Group

Encl:
Letter from Veneklasen Associates, 10/13/10
Letter from Wilsey Ham, 10/14/10

MEMORANDUM

WILSEY HAM
ENGINEERING ▪ PLANNING ▪ SURVEYING

Date	October 14, 2010	From	Jeff Peterson
To	Michael Sweet McNutt Law Group, LLP 188 The Embarcadero Suite 800 San Francisco, CA 94105	WH Job No.	635-058
Re	Review of CPMC EIR	Copies To	Diane Smith; Project Management Advisors

Wilsey Ham has performed a review of the traffic related information for the Cathedral Hill Campus (CHC) as described in the CPMC EIR. This review has been performed to understand the impacts of the project as they will affect the Daniel Burnham Court Owners Association, and to assess how the proposed mitigation measures will minimize the effect of those impacts on the neighborhood. Our comments are as follows:

Impact	Comment
TR-4	To make a right turn onto Post, northbound vehicles on Franklin currently make the turn from the easternmost through-lane, or from the curbside metered parking spaces that are also striped for a right turn lane. Parking is prohibited in these spaces from 4 pm – 6 pm on weekdays (and from 8 am – 10 am on Wednesdays for street sweeping). Due to the increase in northbound traffic approaching the hospital on Franklin, a portion of this curbside parking area should be a dedicated right-turn lane on Franklin to Post Street to help facilitate the flow of traffic. We recommend a length of approximately 50 feet.
TR-4	The proposed site plan for the Cathedral Hill Campus includes a curbside, shuttle drop-off area on Post Street west of Van Ness. The Cathedral Hill Campus Transportation Impact Study indicates that the shuttle traffic will result in 36 shuttle trips per hour, or approximately one shuttle every 1.7 minutes. The proposed drop-off area is located immediately east of the egress for the internal CHC drop-off and parking garage. All normal, non-emergency, vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni diamond

71-24 TR

71-25 TR

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lane is also adjacent to the proposed shuttle drop-off area which provides for bus routes #2 and #3. Each bus route averages 10 minutes between buses of the same route number during peak periods, which equates to a combined average of one bus every five minutes. The combined traffic movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post Street during peak-hour traffic periods. As a result of this anticipated congestion, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is accessed from Geary.

71-25 TR

We also recommend that a mitigation measure be included in the EIR requiring CPMC to perform traffic counts and LOS monitoring of the Post Street intersections 6-months after occupancy of the hospital. If the measured LOS at the intersections of Post/Franklin or Post/Geary have deteriorated to LOS E or F, the City of San Francisco should require additional traffic mitigation measures.

71-26 TR

TR-6, TR-7, TR-23, TR-8, TR-22, TR-23, TR-56, TR-104, TR-105, TR-106, TR-107, TR-108, TR-120, TR-121

The DEIR indicates that implementation of the Two-way Post Street Variant (TWPSV) would result in a number of significant impacts to traffic in the vicinity of the project, and states that "No feasible mitigation measures are available..." Due to the number of significant impacts that do not have feasible mitigations, and since the TWPSV is an optional feature that is not required for implementation of the project, it seems reasonable and appropriate that the TWPSV should not be approved as part of the project.

71-27 TR

TR-43

The mitigation measure for TR-55 also requires CPMC to coordinate temporary and permanent changes to the transportation network within the City of San Francisco. The proposed loading docks for the Cathedral Hill Hospital are located on Franklin Street. After completion of construction and during normal operations of the hospital, truck deliveries to these loading docks will continue to have an impact on the flow of traffic on Franklin Street. Therefore, the hours for truck deliveries to the hospital should be restricted to occur between 8 AM and 5 PM to minimize the traffic impacts to the project vicinity.

71-28 TR

TR-55

TR-55 states that the construction activities for the project will have a transportation impact on the project vicinity that will affect the transportation network. The mitigation measure requires the implementation of a Construction Transportation Management Plan (TMP) that contains a number of specific action items.

71-29 TR

The greatest impact from construction will be experienced on the streets immediately adjacent to the project. The intersection operating conditions for Franklin/Post are projected to deteriorate from LOS B to LOS F during the A.M. and P.M peak hours, which is the largest deterioration of all of the intersections analyzed. There are a number of construction operations that will contribute to this traffic impact such as large, slow moving trucks that require wide turning movements and obstruct more than one lane. In addition to construction work vehicles, material delivery trucks, and excavation import/offhaul trucks that were considered in the DEIR's evaluation, the construction operations will require staging and/or queuing of concrete pumping trucks, fire proofing pump trucks, demolition debris-carrying trucks, and various other operations. We request that MM TR-55 be amended to include further practical measures which will reduce the impact the construction operations will have to nearby traffic flow, including:

- Prohibit the following construction operations during the busiest commute hours of 6 am to 8 am, and from 5 pm to 8 pm on weekdays: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks.

- In order to relieve some of the impact on the intersection of Franklin and Post, prohibit the following activities from being conducted on Post during non-peak hours: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks. Displacement of trips to other intersections will be spread out to intersections that, according to the study, would be operating at their current LOS or at least above D. Also, displacement would occur during non-peak hours.

- Table 4.5-30 states that an average of 135 trucks per shift will travel to the Cathedral Hill Hospital site during the excavation phase (averaging 220 trips per day over two shifts). For the 9-hour daytime shift, this equates to 15 trucks per hour. In addition, the MOB will average another 50 trips per shift (100 per day). The EIR also states that the Cathedral Hill Hospital site would have room for 8 trucks to queue on site. Since a truck will arrive to the hospital site on the average of every three minutes during excavation, it is very evident that there will not be sufficient staging onsite. Therefore, the mitigation measure should require that all truck activity (concrete, material deliveries, import and offhaul, etc.) be controlled and staged at a remote location and dispatched to the site as-needed, and when space is available onsite to provide for a managed truck staging that

71-29 TR

avoids truck staging on the surrounding streets and facilitates the flow of local traffic.

- Since CPMC plans on closing the parking lanes and bus lanes on Post Street and Geary, construction vehicle traffic should be required to use the bus lanes on Post and Geary instead of using the normal traffic lanes. This will remove the slow moving construction traffic (and right turn movements) from the normal traffic lanes which will help minimize the significant and unavoidable impacts of construction on the local traffic.

- Given the anticipated congestion in the area (from LOS B to F), we recommend that at a minimum, CPMC provide a flagman to be stationed at the corner of Franklin and Post to facilitate all traffic movement during construction hours (not just for operations that require flagmen per encroachment permits).

71-29 TR

Construction of the Van Ness tunnel will require lane closures on Van Ness. To minimize the impact, these lane closures will be required to be performed at night. Currently, the lane closures are proposed to begin at 7 pm. However, in looking at the average midweek traffic volumes on Van Ness (Table 4.5-32), it can be seen that the traffic volumes for both the northbound and southbound directions remain very high during the 7 pm to 8 pm time period and drop modestly from 8 pm to 9 pm. Due to the continued high volume of traffic at this time of day, it is recommended that the lane closures begin no earlier than 9 pm to minimize the impacts to the neighborhood.

71-30 TR

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Veneklasen Associates
Consultants in Acoustics | AV | IT | Environmental Noise

October 13, 2010

McNutt Law Group LLP
188 The Embarcadero, Suite 800
San Francisco, California 94105

Attention: Michael Sweet

Subject: **CPMC Cathedral Hill Campus EIR**
Noise Section Review
VA Project No. 4710-001

Dear Michael:

Veneklasen Associates, Inc. (VA) has been contracted to review the noise section of the EIR developed for the CPMC Cathedral Hill campus, specifically with regard to the noise impact to the adjacent residential building, Daniel Burnham Court (DBC). We have reviewed section 4.6, Noise, dated July 21, 2010.

We have attempted where possible to translate the technical quantities of sound pressure level into the corresponding measures of approximate subjective loudness. See "Sound and the Human Ear", page 4.6-3 of the EIR, for additional information.

1. **Impact NO-1. Short-Term Construction Noise**

Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels.

1.1. Criteria

1.1.1. CEQA significance criterion 6a defines a significant impact if the project results in noise levels in excess of standards established in the San Francisco Noise Ordinance (SFNO). The relevant section of the SFNO is section 2907(a) of the City of San Francisco Police Code, which defines as unlawful noise from construction equipment "in excess of 80 dBA when measured at a distance of 100 feet from such equipment, or an equivalent sound level at some other convenient distance."

71-31 NO

The EIR interprets this criteria that the L_{eq} (i.e., the average noise level) of 80 dBA at the nearest receptor location. However, section 2901(g) defines noise level in as "the maximum continuous sound level or repetitive peak sound level, produced by a source or group of sources as measured with a sound level meter." This corresponds to the L_{max} at the receptor location. (Noise descriptors are defined on page 4.6-6 of the EIR.) Obviously the maximum noise level (L_{max}) will be louder than the average noise level (L_{eq}). For example, in a recent construction noise monitoring project performed by VA, the logged L_{max} was on average 9 dBA higher than the L_{eq} during earth-moving operations. It is not appropriate to utilize an L_{max} criteria SFNO as an L_{eq} criteria.

The closest receptor from the residential portion of DBC is less than 100 feet from the CPMC property line. Exact survey was not available, but from the plans in the EIR and aerial photos, the distance is approximately 75 feet. Assuming a point noise source (6 dB per doubling of distance), which is reasonable for nearby pieces of equipment, 80 dB at 100 feet corresponds to

82 dB at 75 feet. This corresponds to the "equivalent sound level at some other convenient distance" in the SFNO.

Therefore, the requirement of the SFNO, and therefore the requirement for the EIR per CEQA criteria 6a, as it relates to DBC, is that the L_{max} from powered construction equipment measured at the nearest exterior façade of DBC should not exceed 82 dBA. 71-31 NO

1.1.2. CEQA significance criteria 6d defines a significant impact if the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. This is not quantified in the EIR. The EIR does include in Table 4.6-20 a significance criteria of 3 or 5 dB LDN, but it is only applied to long-term noise increases. A similar criteria should be used for temporary noise impact as well, consistent with industry practice. Note that a 5 dB increase in noise level corresponds to a 30-40 percent increase in subjective loudness. As noted on page 4.6-5 of the EIR, "a noise-level increase of 3 dB or more is typically considered a substantial degradation of the existing noise environment." 71-32 NO

1.2. Analysis

1.2.1. The EIR Table 4.6-5 reports existing ambient noise levels on Post Street as LDN 70, daytime L_{eq} of 66 (on the 11th floor). Table 4.6-4 reports a short duration measurement at street level on Post Street where the L_{eq} was 68 dBA.

1.2.2. In the EIR, noise levels were calculated using the Federal Highway Administration's Roadway Construction Noise Model. This software calculates an L_{eq} based on the noise level and usage factors of the expected construction equipment, as reported in Table 4.6-21. The output of the RCNM model is that the L_{eq} will be 81 dBA at 100 feet. VA does not take exception to the method or the source noise levels used to generate this value. A noise level of L_{eq} 81 dBA at 100 feet is consistent with VA's expectations. This translates to approximately 82 dBA at 75 feet, which is 14–16 dBA louder than the existing condition (about 180–200 percent increase in subjective loudness). 71-33 NO

1.2.3. It is not possible to predict exactly how much the L_{max} will exceed the L_{eq} during construction. As mentioned above, in one construction project VA has measured recently, the L_{max} was 9 dB on average above the L_{eq}. If the CPMC construction is similar, the L_{max} will be around 90 dBA. This would be a substantial violation of the SFNO limit of 80 dBA. (A 10 dB difference would be perceived as approximately twice as loud.) 71-34 NO

1.2.4. The EIR states that the noisiest activity would be scheduled for the daytime of weekdays, and that quieter activity would take place at night and on Saturdays. Assuming an average hourly L_{eq} of 82 dBA from 7 am – 8 pm, and an L_{eq} of 75 dBA from 9 pm to midnight, the resultant LDN will be about 80, or 10 dBA higher than the existing condition. 71-35 NO

1.2.5. As discussed above, the EIR claim that the significance criteria is L_{eq} 80 dBA at 100 feet is not appropriate. The typical threshold is 5 dBA above the existing condition, or 75 LDN. The L_{eq} increase of about 15 dBA is a very large increase, corresponding to a subjective increase in loudness of 180–200 percent (i.e., 3 times as loud as the ambient).

1.2.6. Mitigation in EIR. The mitigation measures described in the EIR are typical for construction noise and VA takes no exceptions. However, we note that while some of the equipment and staging can be located away from DBC, for some portions of the construction, the noisiest 71-36 NO

equipment will have to operate near the Post property line. Also, while temporary construction barriers can be erected at some locations, the height of the DBC makes it impractical to shield most of the construction site from many of the residential units. Significant noise reductions will not be feasible for at least some portions of the construction program. Therefore, Impact NO-1 should be modified to indicate that *the impact will remain significant and unavoidable with mitigation* (considering only mitigation measures on construction operations). 71-36 NO

1.3. Interior Noise Levels.

1.3.1. The interior noise levels within the condominium units of DBC are a concern not addressed in the EIR. As discussed above, the exterior noise levels will be significant and unavoidable with mitigation. The units have small balconies, but the primary noise impact on the residents will be increase in interior noise levels. Further, the DBC units are not mechanically ventilated but rely on open windows.

1.3.2. VA performed noise measurements at the site to quantify the existing condition and to obtain data to aid in the analysis of future noise levels. VA measured the noise reduction from exterior to interior with both windows closed and open, as well as daytime exterior and interior levels and interior 24-hour noise levels. Measurement details are included in the Appendix. The summary results are presented in the following table for a unit facing Post Street. VA also has included the levels reported in Table 4.6-5 of the EIR. The "windows open" condition was measured with the window opened to the first detent, about 1 inch.

Table 1 – Existing Noise Levels at Residences

		Exterior (VA)	Exterior (EIR)	Windows closed	Windows open
Typical hourly L_{eq}	Day	67	66	41	47
	Night	61	63	36	41
L_{max}	Day	*	83	81	83
	Night	*	76	63	66
LDN		71	70	45	50

* - Not measured.

71-37 NO

1.3.3. Estimated future noise levels. Based on the predicted construction noise levels (see section 1.2.2 and 1.2.4 above), VA predicted the resultant interior noise level in the units.

Table 2 – Predicted Construction Noise Levels at Residences

		Exterior	Windows closed	Windows open
Typical hourly L_{eq}	Day	82	56	62
	Night	75	49	55
LDN		80	54	60

1.3.4. LDN Criteria and Evaluation. The EPA recommendation in Table 4.6-16 of the EIR is for the interior LDN to not exceed 45 dBA. This matches the California Building Code requirement (section 1207) for habitable rooms in multifamily construction projects. The existing noise level in Unit 211 with the windows closed meets the criteria. The predicted level with construction noise (Table 2) is LDN 54 with the windows closed, about twice as loud as the standard. There is

no separate requirement in the EIR for interior LDN, as the increase in interior LDN matches the increase in exterior LDN. As previously described, this increase in exterior LDN is significant and unavoidable. 71-37 NO

1.3.5. Daytime Noise Level Criteria. Several interior noise criteria are given in the EIR. The WHO recommendation in Table 4.6-2 is for an hourly Leq of 35 dBA during the day and 30 dBA at night.

The San Francisco General Plan has no specific recommendation for interior noise levels, but approximate standards can be inferred from the exterior noise level recommendations. Table 4.6-19 in the EIR indicates that residential uses are satisfactory (no special noise insulation requirements) up to an exterior noise level of LDN 60. Assuming a similar traffic distribution as at the DBC, this corresponds to a daytime exterior noise level of about 56 dBA. VA measured noise reductions between 14 and 21 dBA with windows open, depending on how widely the window was opened. A noise reduction of 12 dBA with windows open is a traditional industry rule-of-thumb (see, for example, County of Orange, California, General Plan, Land Use/Noise Compatibility Manual). Therefore, the General Plan recommendations correspond to a daytime interior noise level between 35 and 44 dBA with the windows open. 71-38 NO

This is in general agreement with VA's experience for offices and other spaces where speech communication is important. Typically, traffic noise levels in the low-40's dBA is considered acceptable.

Taking all of the above into account, a daytime interior noise level (hourly L_{eq}) of less than 45 dBA will be generally considered acceptable. As noise levels increase above 45 dBA, they will begin to interfere will speech communication and other daily living and working activities.

1.3.6. Daytime Noise Level Evaluation. The existing daytime interior noise level is 41 dBA with the windows closed and 47 with the windows open. Therefore, the recommended level is met with the windows closed and slightly exceeded with the windows open. The noise in the unit measured (Unit 211) is largely due to noise from traffic on Van Ness Avenue. Units that are further and/or shielded from Van Ness Avenue will have lower noise levels. 71-39 NO

With construction, the noise is predicted to increase by about 15 dBA, to 56 dBA with windows closed and 62 dBA with the windows open. Even with the windows closed, the construction noise will be more than 10 dBA higher than the recommended level (more than twice as loud). There is no specific discussion in the EIR for interior noise level, as it matches the increase in the exterior noise level.

1.3.7. Nighttime Noise Level Evaluation. Of all the potential noise impacts, sleep disturbance is probably the most severe, in terms of effects on the well being of the residents. This applies to construction activity extending past 10 pm. According to the EIR, construction activity is planned until midnight on weekdays. 71-40 NO

ANSI S12.9 Part 6 (2008), *Methods for Estimation of Awakenings Associated with Outdoor Noise Events Heard in Homes,* defines a method to calculate sleep disturbance given noise level. The standard allows computation of the probability that "a person of average sensitivity to awakening" will be awakened by a noise event. The method is based on Sound Exposure Level (SEL), which quantifies the effect of single noise events. Sound exposure includes both the noise level and duration of an event.

SEL's for the existing condition were calculated from the measurement data. For the windows closed condition, there were only two events logged during the night that exceeded SEL 60. Using the calculations in the ANSI standard, this corresponds to a probability of awakening of 4 percent. Naturally, the windows open condition had a greater number of events (four events with SEL over 60), corresponding to a probability of awakening of about 6 percent.

The EIR (page 4.6-45) indicates that a second shift (4 pm until midnight) will be employed during demolition and excavation, foundation and structural, concrete placement and finishing and pouring decks, and welding. Associated equipment, such as bulldozers, excavators, and dump trucks, may be operating near the Post Street property line. If an "event," such as a bulldozer scooping a load and dumping into a truck, has duration of 10 seconds, then the interior SEL (based on the levels in Table 4.6-21) would be about 65 (windows closed) and 72 (windows open). If there are 50 such events between 10 pm and midnight, the calculated probability of awakening is 50 percent (windows closed) and 61 percent (windows open). 71-40 NO

This procedure is imprecise, as it depends on identifying an "event" which may not be well defined when multiple pieces of equipment are operating simultaneously. Additionally, the calculations in the ANSI standard are based on averages over a large number of studies with many different noise sources, not just construction noise. Its usefulness is not in predicting an absolute number but in quantifying the order of magnitude of the increase in expected sleep disturbance. It is evident that the anticipated noise levels will result in sleep disturbance for a high percentage of the residents.

1.3.8. Mitigation. The EIR does not address interior noise. This is typical, because the increase in interior noise level compared to the background of course follows the increase in exterior noise level. In this project, however, the exterior noise levels per se are relatively unimportant, as there is little exterior living space on the DBC. What the occupants will be exposed to is the resultant interior noise level. With windows open, the interior noise level tracks the exterior noise level. The exterior noise level due to construction noise is significant and unavoidable even with mitigation (see section 1.2.5), and accordingly, the interior noise level with the windows open is significant and unavoidable even with mitigation (considering only mitigation measures on construction operations). 71-41 NO

In addition to the mitigation in the EIR, VA recommends that the following procedures be considered to reduce both exterior and interior noise levels.

1.3.8.1. Stage stationary equipment, in particular cranes, generators, air compressors, lifts, and pumps, away from the Post Street property line, as much as possible. The Post Street property line is less than 100 feet from DBC, whereas the midpoint of of the Franklin Street property line is 200 feet away, and the Geary Boulevard property line is over 300 feet away. For a given piece of equipment, a location on the Franklin or Geary sides of the project would result in a reduction in noise level of 9–12 dB, or about half as loud, compared with locating the same piece of equipment on the Post Street side. 71-42 NO

1.3.8.2. Locate materials and concrete delivery locations that are not near the Post Street property line. Develop truck routes so that entrances and exits for offhaul dump trucks, concrete and material delivery trucks, etc., are not on Post Street.

1.3.8.3. When necessary for noisy activity such as demolition and excavation to occur near the Post property line, restrict the hours to weekdays between 9 am and 5 pm.

1.3.8.4. Restrict nighttime activities after 8 pm to locations away from the property line. Enforce this by adding more stringent noise criteria for nighttime activity as part of the construction noise management plan. For example, the Noise Ordinance requirement that the equipment noise not exceed 80 dBA at 100 feet can be strengthened, so that the equipment noise cannot exceed 72 dBA at 100 feet after 8 pm.

71-42 NO

2. **Impact NO-3. Long-term Operational Noise**

Operation of stationary noise sources associated with the CPMC LRDP could expose onsite and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels.

2.1. Criteria. Section 2909(b) limits commercial noise to 8 dBA above the ambient, where the ambient is the minimum level measured, but not less than 35 dBA for interior locations. Additionally, section 2909(d) limits the interior noise level in bedrooms to 45 dBA at night, 55 dBA during the day, with the windows open.

The SM&W reports referenced in the EIR generally utilize an ambient of 58 dBA, with a resultant criteria of 66 dBA, which is approximately the same level as the daytime ambient (Leq). At this level, the noise from the mechanical equipment will be audible but would not be considered loud or intrusive to most people.

71-43 NO

2.2. VA has reviewed the SM&W reports referenced in the EIR, and the sound power data reported therein. VA takes no exception to the analysis in the SM&W reports, and the conclusions will be valid as long as the sound power levels of the equipment reported by the manufacturer are accurate. The loudest equipment in the review are the cooling towers; the noise level at DBC from the central plant cooling towers is about 62 dBA. This satisfies the City Noise Ordinance.

2.3. Additional mitigation. The noise level from the cooling towers is 5 dB below the daytime ambient, which should be acceptable. However, if the cooling towers operate at night, they may be at or slightly above the ambient noise level, particularly at the quieter locations of DBC shielded from Van Ness. At these locations, the cooling tower noise may cause annoyance with windows open.

Therefore, VA recommends that the screen around the cooling towers and other equipment should not be just visual, but should be solid (not louvered) so as to double as a sound barrier. Opening at the bottom of the screen for ventilation is acceptable as long as there is no direct line of sight from the cooling towers to all residential units of DBC.

71-44 NO

3. **Impact NO-5. Ground vibration**

Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

71-45 NO

3.1. Criteria. The criteria for ground vibration is given in the EIR Table 4.6-17, and sets limits of 65 VdB for sensitive uses such as some medical equipment, 72-80 VdB for residential. VA agrees with this criteria.

3.2. Table 4.6-35 in the EIR predicts modeled ground vibration levels from construction to be 78 VdB at DBC. VA takes no exceptions to methodology. 71-46 NO

3.3. The mitigation in EIR involves scheduling and location of vibration generating equipment. VA agrees that this is the only feasible mitigation. VA agrees that the impact will remain *significant and unavoidable with mitigation.* 71-47 NO

3.4. Additional mitigation. The EIR assumes only residential use at DBC; however, there are some medical offices in the retail levels of DBC. Medical offices, especially those with optical equipment, would qualify as sensitive uses, with a recommended criterion of 65 VdB. The impact to these uses is significantly more severe than to the residences. The construction management plan in the mitigation should include the following additional measures:

3.4.1. Perform vibration level measurements at the sensitive locations before construction. Monitor levels during construction.

3.4.2. If, as predicted, the vibration exceeds the level required for the equipment use, attempt to identify the source of the vibration. 71-48 NO

3.4.3. Depending on the use required by the medical offices, require additional restrictions on the construction. The construction should be required to schedule and coordinate the use of equipment that generates the highest vibration levels (vibratory rollers, hoe rams) with the operation of vibration-sensitive uses in the medical offices.

3.4.4. If scheduling and coordination is not sufficient to prevent vibration levels in the offices from exceeding the criteria, install vibration isolation tables and mounts for the sensitive equipment in the medical offices.

Please do not hesitate to call if you have any questions.

Respectively submitted,
Veneklasen Associates, Inc.

Wayland Dong
Senior Associate

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Appendix – Description of Noise Measurements

1.1.1. Measurements were performed in Unit 211, with is on the Post Street side of the eastern tower. The unit is approximately five floors above street level and has exposure to traffic noise from Van Ness. VA measured the existing interior noise level in the unit in the living room of Unit 211, which faces Post Street and has exposure to traffic noise from Van Ness Avenue. The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the living/dining room area. The living room had 2 horizontal sliding windows, approximately 5 x 6 feet in size. The glass was dual glazed, 1/8" – 3/8" airspace – 1/8". There was a sliding glass door on the west façade that did not appear to contribute significantly to the overall level, as it was shielded from Van Ness (the primary noise source). The door was dual glazed, 3/16" – 5/8" airspace – 3/16".

		Unit 211 Living Room Windows closed
Median hourly Leq	Day	41
	Night	36
Overall Leq	Day	44
	Night	37
Lmax	Day	81
	Night	63

71-49 NO

1.1.1. VA also measured in one of the bedrooms in 211, in which the window is on a west-facing wall and is therefore shielded from traffic noise from Van Ness. It is also about 20 feet farther back from Post Street than the living room windows. The daytime Leq exterior noise level at this location was 5 dB lower than at the living room. VA measured the noise level in this room with the window open to the first detent (about 1 inch). The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the bedroom. The bedroom had a single horizontal sliding window of the same size and construction as those in the living room.

		Unit 211 Bedroom Windows open
Median hourly Leq	Day	42
	Night	37
Overall Leq	Day	43
	Night	37
Lmax	Day	83
	Night	66

1.1.2. VA also measured the noise reduction across the existing façade with windows both open and closed. with both windows open and windows closed. Measurements were performed by simultaneously measuring the noise levels on the interior and exterior of the facade under test. Both high time resolution (1 second intervals) and 1 minute intervals were used for this

71-49 NO

measurement , with consistent results. Both the living room and bedroom windows were measured, with consistent results. The following table shows the measured A-weighted noise reduction.

	Windows open 9"	Windows open 1"	Windows closed
Noise reduction	17	21	28

Letter 72

"Diane Floresca Smith "
<dianes@pmainc.com>
10/18/2010 11:06 AM

To <devyani.jain@sfgov.org>, <chelsea.fordham@sfgov.org>
cc <Catherine.Stefani@sfgov.org>, <bill@careyco.com>, <judson.true@sfgov.org>, "Michael Sweet" <msweet@ml-sf.com>, "J. Michael Tracy"
bcc
Subject CPMC LRDP DEIR - Formal Comments from Daniel Burnham Court

Hi Devyani—

I am sending a copy of our comment letter electronically in addition to the hard copy that has been sent to the Planning office, c/o Bill. Thanks again to you and Bill for meeting with us and we look forward to discussing our letter in greater detail with you.

Regards,
Diane

Diane Smith, LEED AP
Senior Project Manager | PROJECT MANAGEMENT ADVISORS, INC.
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Daniel Burnham Formal DEIR Comments w attchm 101810.pdf

Letter 72

DANIEL
BURNHAM
COURT

October 12, 2010

Mr. Bill Wycko
Environmental Review Officer
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: Formal Comments on the CPMC LRDP DEIR

Mr. Wycko:

The Daniel Burnham Court Master Owners Association and Homeowner's Association consists of 245 residential units and approximately 100,000 square feet of commercial space. Our residential population includes numerous ethnic backgrounds and socio-economic status, including quite a few children and elderly. Our commercial tenants include a number of medical offices that utilize highly sensitive equipment such as lasers for eye surgery and ultrasound technology.

Daniel Burnham Court is literally surrounded by CPMC's Cathedral Hill project. On the south side of our building is the main hospital site. On the north side of Daniel Burnham Court is the medical office building at 1375 Sutter. And across Van Ness diagonally from Daniel Burnham Court is the Medical Office Building.

Naturally our residents and tenants have a number of concerns both about what it will be like to be surrounded by this extraordinary construction project for the next five years as well as the long term impacts that the hospital and medical buildings will create for our community.

72-1 NO

We have been in discussions with CPMC and have expressed our reasonable and rational concerns about those anticipated impacts. We remain hopeful we can come to an agreement on what measures need to be taken to ensure that the development of the hospital campus is done responsibly. However, ultimately we look to both CPMC and our elected officials and government to ensure that the hospital's construction and operation are sensitive to the real and numerous impacts it will have on the environment, including its neighbors.

We have retained the services of consultants to review the draft EIR. Their letters are attached herein (summarized in the letter from Project Management Advisors, inc.). In short, we are respectfully requesting the impacts to the quality of life and work in the surrounding community be mitigated with curtailed work hours set to reasonable residential-sensitive and traffic-sensitive times of day, with additional conditions tied to intrusive construction operations related to noise, vibration, traffic and access. We have also suggested specific and practical traffic mitigations to significant impacts, where none were prescribed. Finally, we are requesting transparency and accountability through a robust communication program coupled with monitoring of the most intrusive physical impacts of noise, vibration, dust, and traffic (beyond that currently required in the draft). At the very

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least, CPMC should evidence that the project is in compliance with representations in the environmental review and that prescribed mitigation measures are working as anticipated.

72-1 CONST

Thank you very much for your consideration.

Sincerely,
Daniel Burnham Court Master Owner's Association

Helene M. Dellanini

Helene Dellanini
General Manager

Cc: Michela Allioto-Pier, Board of Supervisors
David Chiu, Board of Supervisors
Hisashi B. Sugaya, Planning Commissioner
Michael Antonini, Planning Commissioner

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Project Management Advisors, Inc.

October 12, 2010

Ms. Helene M. Dellanini
General Manager
Master Owner's Association, Homeowner's Association
One Daniel Burnham Court, Suite 160-C
San Francisco, California 94109

Re: Review of CPMC's Long Range Development Plan Draft EIR

Ms. Dellanini:

Project Management Advisors, Inc., along with subject matter expert consultants, Veneklasen Associates (acoustics), and Wilsey Ham (civil), have reviewed the CPMC LRDP DEIR on behalf of the Daniel Burnham Court Master Owner's Association (DBC) and have the following comments for submission to the City planning staff.

TR-4: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at 18 study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions.

72-2 TR

TR-4 Comments: Although the intersection of Franklin and Post was not predicted to drop to a Level of Service below acceptable thresholds, it is recommended that some measure of mitigation be prescribed to alleviate the additional trips at the intersection due to traffic related to the hospital. We recommend that a portion of the curbside area (50 ft) should become a dedicated right turn lane. Currently, vehicles are allowed to park in this area, except during peak PM traffic hours on weekdays.

The Cathedral Hill Campus Transportation Impact Study indicates that the hospital shuttle will generate 36 trips per hour, or 1.7 trips per minute. The proposed shuttle drop-off area is located immediately east of the one and only egress from the hospital's passenger drop off area and parking garage. All normal, non-emergency vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni lane that runs buses #2 and #3 is also adjacent to the proposed shuttle drop-off area and each bus route averages 10 minutes between buses of the same route number during peak periods. This equates to a combined average of one bus every five minutes. The combined traffic

72-3 TR

movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post during peak-hour traffic periods. Therefore, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is access from Geary.

72-3 TR

To verify accurate traffic modeling, as well as to hold CPMC accountable for validating its environmental analysis, findings, and the effectiveness of mitigation measures, the EIR should include a requirement for CPMC to perform traffic counts and LOS monitoring at Franklin and Post. If the LOS at that intersection is found to be worse than anticipated and below D, then additional mitigation measures should be imposed.

72-4 TR

TR-103: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at eight study intersections that would operate at LOS D or better under 2030 Cumulative plus Project conditions.

72-5 TR

TR-103 Comment: Same as comment for TR-4.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121: Implementation of the Two-way Post Street Variant (TWPSV) would result in significant impacts to various intersections.

TR-6, 7, 8, 22, 23, 24, 56, 104, 105, 106, 107, 108, 120, 121 Comment: Since this variant is an option and not part of the baseline project, and since it has been found to create numerous significant and unavoidable impacts, it does not appear to be environmentally superior to the baseline project as proposed and thus should not be adopted.

72-6 TR

TR-43: Implementation of the Cathedral Hill Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones.

TR-43 Comment: The length, slow moving nature, and wide turning radii, of the anticipated delivery trucks pulling in and out of the loading docks at Franklin was not analyzed for significant impacts to the flow of traffic on Franklin during peak traffic hours. We are concerned this will cause major delays and recommend that CPMC is restricted from having deliveries occur during peak traffic times. In addition, a

72-7 TR

traffic controller should be required to be stationed in the area to facilitate the safe entry and exit of such trucks at all times.

72-7 TR

TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network. (Significant and Unavoidable with Mitigation)

72-8 TR

According to page 2-40, construction of the interior improvements to CPMC's MOB at 1375 Sutter will occur coincident with the construction of the main hospital building and the MOB on Van Ness. However, trips from that part of the construction were not factored into the analysis of the overall construction traffic impact.

The intersection at Franklin and Post is reported to deteriorate from LOS B to LOS F during the five year construction phase, which is the largest deterioration among all of the intersections analyzed. However, TR-55 asks for a Transportation Management Plan in which CPMC identifies for themselves the best practices that might address construction traffic issues, without listing any tangible restrictions or modifications and without requiring proof from CPMC that such measures are working. We recommend the following additional mitigation measures:

- In order to relieve the significant impacts of construction related traffic on all nearby areas, restrict the following construction operations to occur only during non-peak hours, 9 AM – 5 PM weekdays: concrete pours (staging/queuing of concrete trucks), material deliveries, excavation import/offhaul, fire proofing (staging of pump trucks) and demolition (staging of debris trucks).

72-9 TR

- In order to relieve the significant impacts of construction related traffic on the heaviest hit intersection of Franklin and Post, the following activities should be restricted on Post during non-peak hours: staging/queuing of concrete trucks and demolition debris trucks, material deliveries, and excavation import/offhaul site access entry/exit. Displacement of trips would be spread out to intersections that, according to the DEIR, would be operating at or above LOS D. In addition, displacement would occur during non-peak hours.

- The DEIR reports that an average of 135 trucks per shift will be accessing the Cathedral Hill Campus during excavation. For a nine hour shift, this equates to an average of 15 trucks per hour. However, the construction site is planned to have room for parking only eight trucks. Therefore, it is highly likely that trucks will be queuing around the block and causing more traffic than anticipated in the analysis. Truck trips were considered but truck queuing was not. Therefore, in order to avoid queuing and a misrepresentation of the actual impacts in the DEIR per the study, the mitigation measure should require that all trucks accessing the site, for all operations, be controlled and staged at a remote location and dispatched to the site only when space onsite is available.

- CPMC plans on closing both the southern parking lane and Muni lane on Post. The Muni lane will be relocated to the northern normal traffic lane. In addition, CPMC plans on using the last remaining normal traffic lane as their truck route (135 trucks per shift). These changes to the transportation network will have a devastating impact to Post Street, evidence in part by the study's finding of a significant deterioration in LOS at Franklin and Post. In order to mitigate these impacts, construction vehicle traffic should be required to use the bus lane on Post that the Project already plans to take for its own uses, instead of using the normal traffic lanes.

- Given the anticipated congestion in the area of Franklin and Post (LOS B to F), CPMC should be required to station a flagman at the intersection to facilitate smooth traffic flow throughout the work day, even for operations that do not require flagmen per encroachment permits.

72-9 TR

Van Ness Tunnel: Given the levels of traffic volume on Van Ness that remain after 7 PM (Table 4.5-32), lane closure for construction of the tunnel should occur after 9 PM, when traffic volume is shown to decrease significantly.

72-10 TR

[Continued on next page]

NO-1: Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels (Significance Criteria 6a and 6d)

NO-1 Comments: We have noted several discrepancies in the analysis of short-term construction noise:

1. **Distance to Daniel Burnham Court:** The DEIR's study identified the property at 1 Daniel Burnham Court to be a candidate for a worst-case scenario and evaluated the noise impacts at that location, per CEQA. However, it evaluated noise levels there using a distance of 100 feet, when the distance of sensitive noise receptors (residential unit on Post) to an offending source (hoe-ramming the footing of the existing office building on Post), is approximately 75 feet away. Therefore, predicted noise levels reported at Daniel Burnham Court which were underestimated at 81 dBA should be reported as 82 dBA. On a logarithmic scale, this is a difference of

72-11 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham	Predicted Average Construction Noise Level at Daniel Burnham, adjusted for accurate distance from source (75')
81 dBA	82 dBA

2. **Maximum Noise Level and the SF Noise Ordinance:** Anticipated theoretical *average* noise levels were evaluated for significant impacts by comparison against the San Francisco Noise Ordinance criterion of 80 dBA at a distance of 100 feet from the source construction equipment. However, per section 2901(g) of the code, this criterion should be compared against *maximum* noise levels produced by construction equipment measured at such a distance. On a recent assignment, Veneklasen Associates noted maximum noise levels from construction equipment as on average 9 dBA higher than time-averaged levels. If this is also true for CPMC's construction site, then the predicted average noise level of 82 dBA at 75 feet (see above) would be equivalent to a maximum noise level of 91 dBA at 75 feet, which would be squarely out of compliance with the SF Noise Ordinance (adjusted to 81 dBA at 75').

72-12 NO

DEIR Predicted Average Construction Noise Level at Daniel Burnham, adjusted for distance (75')	Potential Predicted Maximum Noise Level at Daniel Burnham (75')	SF Noise Ordinance – Limit of Maximum Noise at 75'	Consequence
82 dBA	91 dBA	81 dBA	Project is out of compliance

3. **Significance Criterion:** The significance criterion ultimately used in the DEIR is compliance with the SF Noise Ordinance. However, the CEQA significance criterion 6d on page 38 defines an impact as being significant when the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. Industry practice considers this to be an increase of 5 dBA above ambient. Since noise level in dBA is in a logarithmic scale, an increase in 5 dBA is actually an increase of 40% in loudness or perceived sound volume. The predicted noise level at Daniel Burnham Court is 82 dBA (modified for 75' distance), while the ambient noise level was measured to be 66 dBA. This increase in 16 dBA results in an increase in loudness between 150-200%, or 4 times the ambient. Therefore, per CEQA, the project poses significant impacts to the environment that are required to be mitigated and monitored appropriately.

72-13 NO

Ambient average daytime noise level at Daniel Burnham	DEIR Predicted Average Noise Level at Daniel Burnham, adjusted for distance	Change in Loudness
66 dBA	82 dBA	150-200%

4. **Context for Understanding Significance- Interior Noise Levels:** Interior noise levels were not reviewed as part of the EIR, however, since patios constitute the only outdoor living space, interior noise levels are ultimately what sensitive receptors will experience. Understanding interior noise levels provides the context with which to understand the significance of the construction noise and how it will affect the daily life of nearby residents.

   Daytime: Daytime interior noise level criteria were provided in the DEIR from the World Health Organization as well as from the EPA (45 dBA). Consistent with those values, the San Francisco's General Plan provides daytime exterior noise criteria which can be translated into interior noise criteria between 35 and 44 dBA with windows open. Interior noise levels above these thresholds will interfere with speech communication and other daily living and working activities. Existing conditions at Daniel Burnham Court meet these criteria with windows closed. The predicted noise level inside Daniel Burnham Court due to construction is 56 dBA with windows closed, which again, is a 4x increase above ambient, but additionally is 2x above industry-wide acceptable interior noise levels.

72-14 NO

We are concerned that noise levels of 4x above the existing urban noise levels might cause the stress induced diseases listed on page 4.6-7, and also other issues such as headaches and the inability to concentrate.

Measured Ambient Daytime Average Noise Level at Interior Space in Daniel Burnham with windows closed	Predicted Average Construction Noise Level at Interior Space of Daniel Burnham with windows closed	Daytime Acceptable Average Noise Level Criterion	Significance
41 dBA	56 dBA	45 dBA	4x ambient; 2x+ acceptable levels; Interference with Speech Communication, with a concern about potential health affects

72-14 NO

Nighttime: For nighttime noise, ANSI S12.9 defines a method to calculate sleep disturbance given a noise level. The DEIR reported that CPMC plans to conduct a second shift (4 pm until midnight) for demolition, excavation, foundation, structural, concrete placement, and welding. Veneklasen calculated that given such activity, the probability of an individual awakening from the noise would be 50% with windows closed and 61% with windows open.

Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows open	Probability of Awakening	Predicted Construction Related Nighttime Sound Exposure Level (SEL) at Daniel Burnham, windows closed	Probability of Awakening
72	61%	65	50%

Conclusion: Increased noise levels due to CPMC's construction must not be understood in context. The predicted noise levels established in the DEIR's study point to serious consequences such as sleep deprivation, difficulty hearing speech communication, a concern about potential health affects, and an overall degradation of the quality of life for neighboring residents.

Given the above concerns about the predicted noise levels at neighboring locations to the project site, we have the following recommendations:

General and M-NO-N1b - Community Liaison: CPMC should also be required to host a website during the construction phase and make available an up-to-date log of all submitted comments and concerns. Such log shall be updated daily with comments that are received through the website, the community liaison, or other means. Each logged comment shall have a response and progress update from CPMC's team on how they are addressing the issue. 72-15 NO

CPMC shall provide weekly construction progress bulletins in hard copy format to neighbors outlining construction activities that will generate traffic congestion, noise, dust, vibration, light after sunset, utility disruptions, mass transit and pedestrian route changes, etc. The weekly bulletin shall also contain information regarding impactful activities for the next six weeks.

M-NO-N1c – Monitoring and Additional Mitigation Measures: Under this measure CPMC would be required to monitor noise for one week prior to each major phase in construction. We recommend modifying this requirement to monitor for one week prior to each new potentially offensive activity within each phase. For instance, during demolition, measurements should be taken at the start of the building being taken down by excavators, and then at the start of hoe-ramming of the existing building foundations. Also, during excavation/earthwork operations, measurements should be taken at the start of excavation and offhaul and at the start of import and grading. 72-16 NO

Other mitigation measures that should be required include:

- The following noise-generating construction operations should be restricted from occurring before 9 AM and after 5 PM everyday: material deliveries, concrete pours, excavation, import/offhaul, grading, fire proofing, crane activities, jackhammering, hoe ramming and all demolition activities, and welding, sawing and pneumatic tools (prior to the building skin being installed). 72-17 NO

- The following noise-generating construction activities should be restricted from occurring on Post Street, due to the sensitive commercial and residential receptors: placement of generators, staging of concrete pumping activities, earthwork import/offhaul site access point, staging of fire proofing pump truck, crane picks, and demolition debris chutes.

- Noise monitoring results should be required to be submitted to Daniel Burnham Court and the City within 5 business of measurement, so that proper actions can be taken to mitigate offending construction operations. It should be clear in the EIR that the Project is required to suspend operations immediately when it finds that measured noise levels exceed the SF Noise Ordinance and any additional requirements that might be added to the EIR (noise levels before 9 AM or after 5 PM, etc.)

72-17 NO

Since it is not feasible to restrict noise-generating construction operations at all hours or from all property boundaries, and other on-site measures such as sound barriers will not work for sensitive receptors above the heights of such walls, the impacts associated with construction phase noise, given their predicted levels above ambient, should be considered Significant and Unavoidable, with onsite and/or conventional mitigations.

72-18 NO

NO-5 Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds. (Significance Criterion 6b)

NO-5 Comment: The DEIR predicts vibration levels at Daniel Burnham Court to be 78 VdB. However, Daniel Burnham Court contains medical uses that are sensitive to vibration, on the order reported in table 4.6-17, or 65 VdB. Therefore, vibration is anticipated to inhibit those sensitive medical uses from performing vital functions for their financial livelihood. Given this impact, we recommend CPMC be required to:

- Coordinate its vibration-generating activities with the sensitive operations of the medical tenants at Daniel Burnham Court and other neighbors.

72-19 NO

- Include in the prescribed Vibration Management Plan a requirement to monitor at Daniel Burnham Court, specifically at its property line, at the lowest residential level on the Post side of both towers, and at the nearest commercial use with sensitivity to vibration. CPMC shall monitor vibration continuously throughout demolition, excavation, foundations, and erection. Measurements shall be evaluated on a daily basis by a third party consultant and reported to the City and Daniel Burnham Court the following day. CPMC shall suspend operations that show vibration levels above 65 Vdb during hours agreed upon between CPMC and the collection of medical use facilities at Daniel Burnham Court (per the bullet above).

- To prevent vibration from interrupting the sleep of DBC residents, vibration generating activities such as the use of vibratory rollers, truck deliveries, etc shall not be conducted after 7 PM M-Sat.
- If vibration persists that prevents medical uses within Daniel Burnham Court from conducting work, CPMC should be required to provide individual instrument/equipment isolation, where feasible.

72-19 NO

AQ-2: Construction activities associated with the LRDP would expose sensitive receptors to substantial concentrations of toxic air contaminants.

AQ-2 Comment: The DEIR's analysis of construction-related emissions did not consider the significant impacts related to toxic substances contained in the project's fill soil made air born by earthwork operations. Although BAAQMD best practices are required to a certain degree, they do not guarantee that air born dust will not migrate beyond project site boundaries. Section 4.16.1 reported that the Phase II ESA identified lead in the fill soil which would require disposal off-site as a hazardous waste. Lead-tainted air born dust particles exposed to nearby residents, including the elderly and children, throughout the 5 years of construction, must be evaluated and appropriate mitigation measures prescribed.

72-20 AQ

M-AQ-N1a: Although the DEIR has prescribed the BAAQMD's best practices for dust mitigation, unfortunately the practical reality on a construction site is that if the measures are not enforced on a daily basis then they are not effective. We recommend the following additional requirements:

- The BAAQMD's optional and additional measures should be made mandatory. Wheel washing and suspending operations during gusty winds are considered minimum best practices in the industry for controlling dust migration off site. In addition, all stock piles that are not in use for more than 2 days should be tarped and covered.

- The City shall assign an inspector to monitor the project during earthwork operations to enforce the required mitigation measures. CPMC should be required to reimburse the City for the direct costs associated with the onsite inspector.

72-21 AQ

- CPMC's Dust Management Plan shall include total particulate dust monitoring at its site boundary and adjacent residential property boundaries. Continuous measurements shall be taken throughout demolition until building erection. CPMC should be required to retain the services of a third party environmental consultant to conduct the testing and evaluation of data, as well as establish a threshold of particulate dust concentration consist with BAAQMD regulation and the toxicity of any hazardous substances (such as lead) found in the fill material. Results should be reported to the City on a weekly basis and construction operations found to generate dust above the concentration threshold shall be suspended until mitigations are made.

72-21 AQ

Safety – General: We were unable to locate an evaluation of the potential safety impacts the project would have to the surrounding area. Construction sites typically attract vandalism, theft, and other impacts to safety. CPMC should be required to provide 24 hour dedicated, manned security at the hospital, MOB, and 1375 construction sites and neighboring areas.

72-22 OTH

Also as a health safety concern, we were unable to locate discussion about CPMC's requirement to maintain a rodent and pest-free site, especially prior to construction while the existing buildings are vacant. If a sudden increase in pests is noted at neighboring properties, CPMC should be notified so that they can address the problem on their site and neighboring properties.

72-23 HZ

Sincerely,

PROJECT MANAGEMENT ADVISORS, INC.

Diane Floresca Smith
Senior Project Manager

Cc: J. Michael Tracy, PMA
Michael Sweet, McNutt Law Group

Encl:
Letter from Veneklasen Associates, 10/13/10
Letter from Wilsey Ham, 10/14/10

MEMORANDUM

WILSEY HAM
ENGINEERING ■ PLANNING ■ SURVEYING

Date	October 14, 2010	From	Jeff Peterson
To	Michael Sweet McNutt Law Group, LLP 188 The Embarcadero Suite 800 San Francisco, CA 94105	WH Job No.	635-058
Re	Review of CPMC EIR	Copies To	Diane Smith; Project Management Advisors

Wilsey Ham has performed a review of the traffic related information for the Cathedral Hill Campus (CHC) as described in the CPMC EIR. This review has been performed to understand the impacts of the project as they will affect the Daniel Burnham Court Owners Association, and to assess how the proposed mitigation measures will minimize the effect of those impacts on the neighborhood. Our comments are as follows:

Impact	Comment
TR-4	To make a right turn onto Post, northbound vehicles on Franklin currently make the turn from the easternmost through-lane, or from the curbside metered parking spaces that are also striped for a right turn lane. Parking is prohibited in these spaces from 4 pm – 6 pm on weekdays (and from 8 am – 10 am on Wednesdays for street sweeping). Due to the increase in northbound traffic approaching the hospital on Franklin, a portion of this curbside parking area should be a dedicated right-turn lane on Franklin to Post Street to help facilitate the flow of traffic. We recommend a length of approximately 50 feet.
TR-4	The proposed site plan for the Cathedral Hill Campus includes a curbside, shuttle drop-off area on Post Street west of Van Ness. The Cathedral Hill Campus Transportation Impact Study indicates that the shuttle traffic will result in 36 shuttle trips per hour, or approximately one shuttle every 1.7 minutes. The proposed drop-off area is located immediately east of the egress for the internal CHC drop-off and parking garage. All normal, non-emergency, vehicular traffic exiting the hospital will be required to turn right onto Post in essentially the same location that the shuttle drop-off traffic will transition from the traffic lane into the shuttle drop-off. A Muni diamond

72-24 TR

72-25 TR

lane is also adjacent to the proposed shuttle drop-off area which provides for bus routes #2 and #3. Each bus route averages 10 minutes between buses of the same route number during peak periods, which equates to a combined average of one bus every five minutes. The combined traffic movements of the bus traffic, shuttle traffic and egress traffic from the hospital will add significant congestion on Post Street during peak-hour traffic periods. As a result of this anticipated congestion, it is recommended that the shuttle drop-off be relocated from Post and combined with the main internal shuttle drop-off area that is accessed from Geary.

72-25 TR

We also recommend that a mitigation measure be included in the EIR requiring CPMC to perform traffic counts and LOS monitoring of the Post Street intersections 6-months after occupancy of the hospital. If the measured LOS at the intersections of Post/Franklin or Post/Geary have deteriorated to LOS E or F, the City of San Francisco should require additional traffic mitigation measures.

72-26 TR

TR-6, TR-7, TR-23, TR-8, TR-22, TR-23, TR-56, TR-104, TR-105, TR-106, TR-107, TR-108, TR-120, TR-121

The DEIR indicates that implementation of the Two-way Post Street Variant (TWPSV) would result in a number of significant impacts to traffic in the vicinity of the project, and states that "No feasible mitigation measures are available..." Due to the number of significant impacts that do not have feasible mitigations, and since the TWPSV is an optional feature that is not required for implementation of the project, it seems reasonable and appropriate that the TWPSV should not be approved as part of the project.

72-27 TR

TR-43

The mitigation measure for TR-55 also requires CPMC to coordinate temporary and permanent changes to the transportation network within the City of San Francisco. The proposed loading docks for the Cathedral Hill Hospital are located on Franklin Street. After completion of construction and during normal operations of the hospital, truck deliveries to these loading docks will continue to have an impact on the flow of traffic on Franklin Street. Therefore, the hours for truck deliveries to the hospital should be restricted to occur between 8 AM and 5 PM to minimize the traffic impacts to the project vicinity.

72-28 TR

TR-55

TR-55 states that the construction activities for the project will have a transportation impact on the project vicinity that will affect the transportation network. The mitigation measure requires the implementation of a Construction Transportation Management Plan (TMP) that contains a number of specific action items.

72-29 TR

The greatest impact from construction will be experienced on the streets immediately adjacent to the project. The intersection operating conditions for Franklin/Post are projected to deteriorate from LOS B to LOS F during the A.M. and P.M peak hours, which is the largest deterioration of all of the intersections analyzed. There are a number of construction operations that will contribute to this traffic impact such as large, slow moving trucks that require wide turning movements and obstruct more than one lane. In addition to construction work vehicles, material delivery trucks, and excavation import/offhaul trucks that were considered in the DEIR's evaluation, the construction operations will require staging and/or queuing of concrete pumping trucks, fire proofing pump trucks, demolition debris-carrying trucks, and various other operations. We request that MM TR-55 be amended to include further practical measures which will reduce the impact the construction operations will have to nearby traffic flow, including:

- Prohibit the following construction operations during the busiest commute hours of 6 am to 8 am, and from 5 pm to 8 pm on weekdays: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks.

- In order to relieve some of the impact on the intersection of Franklin and Post, prohibit the following activities from being conducted on Post during non-peak hours: staging/queuing of concrete trucks, material deliveries, excavation import/offhaul, and staging of fire proofing pumps and demolition debris trucks. Displacement of trips to other intersections will be spread out to intersections that, according to the study, would be operating at their current LOS or at least above D. Also, displacement would occur during non-peak hours.

- Table 4.5-30 states that an average of 135 trucks per shift will travel to the Cathedral Hill Hospital site during the excavation phase (averaging 220 trips per day over two shifts). For the 9-hour daytime shift, this equates to 15 trucks per hour. In addition, the MOB will average another 50 trips per shift (100 per day). The EIR also states that the Cathedral Hill Hospital site would have room for 8 trucks to queue on site. Since a truck will arrive to the hospital site on the average of every three minutes during excavation, it is very evident that there will not be sufficient staging onsite. Therefore, the mitigation measure should require that all truck activity (concrete, material deliveries, import and offhaul, etc.) be controlled and staged at a remote location and dispatched to the site as-needed, and when space is available onsite to provide for a managed truck staging that

72-29 TR

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avoids truck staging on the surrounding streets and facilitates the flow of local traffic.

- Since CPMC plans on closing the parking lanes and bus lanes on Post Street and Geary, construction vehicle traffic should be required to use the bus lanes on Post and Geary instead of using the normal traffic lanes. This will remove the slow moving construction traffic (and right turn movements) from the normal traffic lanes which will help minimize the significant and unavoidable impacts of construction on the local traffic.

- Given the anticipated congestion in the area (from LOS B to F), we recommend that at a minimum, CPMC provide a flagman to be stationed at the corner of Franklin and Post to facilitate all traffic movement during construction hours (not just for operations that require flagmen per encroachment permits).

72-29 TR

Construction of the Van Ness tunnel will require lane closures on Van Ness. To minimize the impact, these lane closures will be required to be performed at night. Currently, the lane closures are proposed to begin at 7 pm. However, in looking at the average midweek traffic volumes on Van Ness (Table 4.5-32), it can be seen that the traffic volumes for both the northbound and southbound directions remain very high during the 7 pm to 8 pm time period and drop modestly from 8 pm to 9 pm. Due to the continued high volume of traffic at this time of day, it is recommended that the lane closures begin no earlier than 9 pm to minimize the impacts to the neighborhood.

72-30 TR

Veneklasen Associates
Consultants in Acoustics | AV | IT | Environmental Noise

October 13, 2010

McNutt Law Group LLP
188 The Embarcadero, Suite 800
San Francisco, California 94105

Attention: Michael Sweet

Subject: **CPMC Cathedral Hill Campus EIR**
Noise Section Review
VA Project No. 4710-001

Dear Michael:

Veneklasen Associates, Inc. (VA) has been contracted to review the noise section of the EIR developed for the CPMC Cathedral Hill campus, specifically with regard to the noise impact to the adjacent residential building, Daniel Burnham Court (DBC). We have reviewed section 4.6, Noise, dated July 21, 2010.

We have attempted where possible to translate the technical quantities of sound pressure level into the corresponding measures of approximate subjective loudness. See "Sound and the Human Ear", page 4.6-3 of the EIR, for additional information.

1. **Impact NO-1. Short-Term Construction Noise**

Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels.

1.1. Criteria

1.1.1. CEQA significance criterion 6a defines a significant impact if the project results in noise levels in excess of standards established in the San Francisco Noise Ordinance (SFNO). The relevant section of the SFNO is section 2907(a) of the City of San Francisco Police Code, which defines as unlawful noise from construction equipment "in excess of 80 dBA when measured at a distance of 100 feet from such equipment, or an equivalent sound level at some other convenient distance."

72-31 NO

The EIR interprets this criteria that the L_{eq} (i.e., the average noise level) of 80 dBA at the nearest receptor location. However, section 2901(g) defines noise level in as "the maximum continuous sound level or repetitive peak sound level, produced by a source or group of sources as measured with a sound level meter." This corresponds to the L_{max} at the receptor location. (Noise descriptors are defined on page 4.6-6 of the EIR.) Obviously the maximum noise level (L_{max}) will be louder than the average noise level (L_{eq}). For example, in a recent construction noise monitoring project performed by VA, the logged L_{max} was on average 9 dBA higher than the L_{eq} during earth-moving operations. It is not appropriate to utilize an L_{max} criteria SFNO as an L_{eq} criteria.

The closest receptor from the residential portion of DBC is less than 100 feet from the CPMC property line. Exact survey was not available, but from the plans in the EIR and aerial photos, the distance is approximately 75 feet. Assuming a point noise source (6 dB per doubling of distance), which is reasonable for nearby pieces of equipment, 80 dB at 100 feet corresponds to

82 dB at 75 feet. This corresponds to the "equivalent sound level at some other convenient distance" in the SFNO.

Therefore, the requirement of the SFNO, and therefore the requirement for the EIR per CEQA criteria 6a, as it relates to DBC, is that the L_{max} from powered construction equipment measured at the nearest exterior façade of DBC should not exceed 82 dBA.

72-31 NO

1.1.2. CEQA significance criteria 6d defines a significant impact if the project results in a substantial temporary increase in ambient noise in the project vicinity above levels existing without the project. This is not quantified in the EIR. The EIR does include in Table 4.6-20 a significance criteria of 3 or 5 dB LDN, but it is only applied to long-term noise increases. A similar criteria should be used for temporary noise impact as well, consistent with industry practice. Note that a 5 dB increase in noise level corresponds to a 30-40 percent increase in subjective loudness. As noted on page 4.6-5 of the EIR, "a noise-level increase of 3 dB or more is typically considered a substantial degradation of the existing noise environment."

72-32 NO

1.2. Analysis

1.2.1. The EIR Table 4.6-5 reports existing ambient noise levels on Post Street as LDN 70, daytime L_{eq} of 66 (on the 11th floor). Table 4.6-4 reports a short duration measurement at street level on Post Street where the L_{eq} was 68 dBA.

1.2.2. In the EIR, noise levels were calculated using the Federal Highway Administration's Roadway Construction Noise Model. This software calculates an L_{eq} based on the noise level and usage factors of the expected construction equipment, as reported in Table 4.6-21. The output of the RCNM model is that the L_{eq} will be 81 dBA at 100 feet. VA does not take exception to the method or the source noise levels used to generate this value. A noise level of L_{eq} 81 dBA at 100 feet is consistent with VA's expectations. This translates to approximately 82 dBA at 75 feet, which is 14–16 dBA louder than the existing condition (about 180–200 percent increase in subjective loudness).

72-33 NO

1.2.3. It is not possible to predict exactly how much the L_{max} will exceed the L_{eq} during construction. As mentioned above, in one construction project VA has measured recently, the L_{max} was 9 dB on average above the L_{eq}. If the CPMC construction is similar, the L_{max} will be around 90 dBA. This would be a substantial violation of the SFNO limit of 80 dBA. (A 10 dB difference would be perceived as approximately twice as loud.)

72-34 NO

1.2.4. The EIR states that the noisiest activity would be scheduled for the daytime of weekdays, and that quieter activity would take place at night and on Saturdays. Assuming an average hourly L_{eq} of 82 dBA from 7 am – 8 pm, and an L_{eq} of 75 dBA from 9 pm to midnight, the resultant LDN will be about 80, or 10 dBA higher than the existing condition.

72-35 NO

1.2.5. As discussed above, the EIR claim that the significance criteria is L_{eq} 80 dBA at 100 feet is not appropriate. The typical threshold is 5 dBA above the existing condition, or 75 LDN. The L_{eq} increase of about 15 dBA is a very large increase, corresponding to a subjective increase in loudness of 180–200 percent (i.e., 3 times as loud as the ambient).

1.2.6. Mitigation in EIR. The mitigation measures described in the EIR are typical for construction noise and VA takes no exceptions. However, we note that while some of the equipment and staging can be located away from DBC, for some portions of the construction, the noisiest

72-36 NO

equipment will have to operate near the Post property line. Also, while temporary construction barriers can be erected at some locations, the height of the DBC makes it impractical to shield most of the construction site from many of the residential units. Significant noise reductions will not be feasible for at least some portions of the construction program. Therefore, Impact NO-1 should be modified to indicate that *the impact will remain significant and unavoidable with mitigation* (considering only mitigation measures on construction operations). 72-36 NO

1.3. Interior Noise Levels.

1.3.1. The interior noise levels within the condominium units of DBC are a concern not addressed in the EIR. As discussed above, the exterior noise levels will be significant and unavoidable with mitigation. The units have small balconies, but the primary noise impact on the residents will be increase in interior noise levels. Further, the DBC units are not mechanically ventilated but rely on open windows.

1.3.2. VA performed noise measurements at the site to quantify the existing condition and to obtain data to aid in the analysis of future noise levels. VA measured the noise reduction from exterior to interior with both windows closed and open, as well as daytime exterior and interior levels and interior 24-hour noise levels. Measurement details are included in the Appendix. The summary results are presented in the following table for a unit facing Post Street. VA also has included the levels reported in Table 4.6-5 of the EIR. The "windows open" condition was measured with the window opened to the first detent, about 1 inch.

Table 1 – Existing Noise Levels at Residences

		Exterior (VA)	Exterior (EIR)	Windows closed	Windows open
Typical hourly L_{eq}	Day	67	66	41	47
	Night	61	63	36	41
L_{max}	Day	*	83	81	83
	Night	*	76	63	66
LDN		71	70	45	50

* - Not measured.

72-37 NO

1.3.3. Estimated future noise levels. Based on the predicted construction noise levels (see section 1.2.2 and 1.2.4 above), VA predicted the resultant interior noise level in the units.

Table 2 – Predicted Construction Noise Levels at Residences

		Exterior	Windows closed	Windows open
Typical hourly L_{eq}	Day	82	56	62
	Night	75	49	55
LDN		80	54	60

1.3.4. LDN Criteria and Evaluation. The EPA recommendation in Table 4.6-16 of the EIR is for the interior LDN to not exceed 45 dBA. This matches the California Building Code requirement (section 1207) for habitable rooms in multifamily construction projects. The existing noise level in Unit 211 with the windows closed meets the criteria. The predicted level with construction noise (Table 2) is LDN 54 with the windows closed, about twice as loud as the standard. There is

no separate requirement in the EIR for interior LDN, as the increase in interior LDN matches the increase in exterior LDN. As previously described, this increase in exterior LDN is significant and unavoidable. 72-37 NO

1.3.5. Daytime Noise Level Criteria. Several interior noise criteria are given in the EIR. The WHO recommendation in Table 4.6-2 is for an hourly Leq of 35 dBA during the day and 30 dBA at night.

The San Francisco General Plan has no specific recommendation for interior noise levels, but approximate standards can be inferred from the exterior noise level recommendations. Table 4.6-19 in the EIR indicates that residential uses are satisfactory (no special noise insulation requirements) up to an exterior noise level of LDN 60. Assuming a similar traffic distribution as at the DBC, this corresponds to a daytime exterior noise level of about 56 dBA. VA measured noise reductions between 14 and 21 dBA with windows open, depending on how widely the window was opened. A noise reduction of 12 dBA with windows open is a traditional industry rule-of-thumb (see, for example, County of Orange, California, General Plan, Land Use/Noise Compatibility Manual). Therefore, the General Plan recommendations correspond to a daytime interior noise level between 35 and 44 dBA with the windows open. 72-38 NO

This is in general agreement with VA's experience for offices and other spaces where speech communication is important. Typically, traffic noise levels in the low-40's dBA is considered acceptable.

Taking all of the above into account, a daytime interior noise level (hourly L_{eq}) of less than 45 dBA will be generally considered acceptable. As noise levels increase above 45 dBA, they will begin to interfere will speech communication and other daily living and working activities.

1.3.6. Daytime Noise Level Evaluation. The existing daytime interior noise level is 41 dBA with the windows closed and 47 with the windows open. Therefore, the recommended level is met with the windows closed and slightly exceeded with the windows open. The noise in the unit measured (Unit 211) is largely due to noise from traffic on Van Ness Avenue. Units that are further and/or shielded from Van Ness Avenue will have lower noise levels. 72-39 NO

With construction, the noise is predicted to increase by about 15 dBA, to 56 dBA with windows closed and 62 dBA with the windows open. Even with the windows closed, the construction noise will be more than 10 dBA higher than the recommended level (more than twice as loud). There is no specific discussion in the EIR for interior noise level, as it matches the increase in the exterior noise level.

1.3.7. Nighttime Noise Level Evaluation. Of all the potential noise impacts, sleep disturbance is probably the most severe, in terms of effects on the well being of the residents. This applies to construction activity extending past 10 pm. According to the EIR, construction activity is planned until midnight on weekdays. 72-40 NO

ANSI S12.9 Part 6 (2008), *Methods for Estimation of Awakenings Associated with Outdoor Noise Events Heard in Homes,* defines a method to calculate sleep disturbance given noise level. The standard allows computation of the probability that "a person of average sensitivity to awakening" will be awakened by a noise event. The method is based on Sound Exposure Level (SEL), which quantifies the effect of single noise events. Sound exposure includes both the noise level and duration of an event.

SEL's for the existing condition were calculated from the measurement data. For the windows closed condition, there were only two events logged during the night that exceeded SEL 60. Using the calculations in the ANSI standard, this corresponds to a probability of awakening of 4 percent. Naturally, the windows open condition had a greater number of events (four events with SEL over 60), corresponding to a probability of awakening of about 6 percent.

The EIR (page 4.6-45) indicates that a second shift (4 pm until midnight) will be employed during demolition and excavation, foundation and structural, concrete placement and finishing and pouring decks, and welding. Associated equipment, such as bulldozers, excavators, and dump trucks, may be operating near the Post Street property line. If an "event," such as a bulldozer scooping a load and dumping into a truck, has duration of 10 seconds, then the interior SEL (based on the levels in Table 4.6-21) would be about 65 (windows closed) and 72 (windows open). If there are 50 such events between 10 pm and midnight, the calculated probability of awakening is 50 percent (windows closed) and 61 percent (windows open).

72-40 NO

This procedure is imprecise, as it depends on identifying an "event" which may not be well defined when multiple pieces of equipment are operating simultaneously. Additionally, the calculations in the ANSI standard are based on averages over a large number of studies with many different noise sources, not just construction noise. Its usefulness is not in predicting an absolute number but in quantifying the order of magnitude of the increase in expected sleep disturbance. It is evident that the anticipated noise levels will result in sleep disturbance for a high percentage of the residents.

1.3.8. Mitigation. The EIR does not address interior noise. This is typical, because the increase in interior noise level compared to the background of course follows the increase in exterior noise level. In this project, however, the exterior noise levels per se are relatively unimportant, as there is little exterior living space on the DBC. What the occupants will be exposed to is the resultant interior noise level. With windows open, the interior noise level tracks the exterior noise level. The exterior noise level due to construction noise is significant and unavoidable even with mitigation (see section 1.2.5), and accordingly, the interior noise level with the windows open is significant and unavoidable even with mitigation (considering only mitigation measures on construction operations).

72-41 NO

In addition to the mitigation in the EIR, VA recommends that the following procedures be considered to reduce both exterior and interior noise levels.

1.3.8.1. Stage stationary equipment, in particular cranes, generators, air compressors, lifts, and pumps, away from the Post Street property line, as much as possible. The Post Street property line is less than 100 feet from DBC, whereas the midpoint of of the Franklin Street property line is 200 feet away, and the Geary Boulevard property line is over 300 feet away. For a given piece of equipment, a location on the Franklin or Geary sides of the project would result in a reduction in noise level of 9–12 dB, or about half as loud, compared with locating the same piece of equipment on the Post Street side.

72-42 NO

1.3.8.2. Locate materials and concrete delivery locations that are not near the Post Street property line. Develop truck routes so that entrances and exits for offhaul dump trucks, concrete and material delivery trucks, etc., are not on Post Street.

1.3.8.3. When necessary for noisy activity such as demolition and excavation to occur near the Post property line, restrict the hours to weekdays between 9 am and 5 pm.

1.3.8.4. Restrict nighttime activities after 8 pm to locations away from the property line. Enforce this by adding more stringent noise criteria for nighttime activity as part of the construction noise management plan. For example, the Noise Ordinance requirement that the equipment noise not exceed 80 dBA at 100 feet can be strengthened, so that the equipment noise cannot exceed 72 dBA at 100 feet after 8 pm.

72-42 NO

2. **Impact NO-3. Long-term Operational Noise**

Operation of stationary noise sources associated with the CPMC LRDP could expose onsite and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels.

2.1. Criteria. Section 2909(b) limits commercial noise to 8 dBA above the ambient, where the ambient is the minimum level measured, but not less than 35 dBA for interior locations. Additionally, section 2909(d) limits the interior noise level in bedrooms to 45 dBA at night, 55 dBA during the day, with the windows open.

72-43 NO

The SM&W reports referenced in the EIR generally utilize an ambient of 58 dBA, with a resultant criteria of 66 dBA, which is approximately the same level as the daytime ambient (Leq). At this level, the noise from the mechanical equipment will be audible but would not be considered loud or intrusive to most people.

2.2. VA has reviewed the SM&W reports referenced in the EIR, and the sound power data reported therein. VA takes no exception to the analysis in the SM&W reports, and the conclusions will be valid as long as the sound power levels of the equipment reported by the manufacturer are accurate. The loudest equipment in the review are the cooling towers; the noise level at DBC from the central plant cooling towers is about 62 dBA. This satisfies the City Noise Ordinance.

2.3. Additional mitigation. The noise level from the cooling towers is 5 dB below the daytime ambient, which should be acceptable. However, if the cooling towers operate at night, they may be at or slightly above the ambient noise level, particularly at the quieter locations of DBC shielded from Van Ness. At these locations, the cooling tower noise may cause annoyance with windows open.

72-44 NO

Therefore, VA recommends that the screen around the cooling towers and other equipment should not be just visual, but should be solid (not louvered) so as to double as a sound barrier. Opening at the bottom of the screen for ventilation is acceptable as long as there is no direct line of sight from the cooling towers to all residential units of DBC.

3. **Impact NO-5. Ground vibration**

Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

72-45 NO

3.1. Criteria. The criteria for ground vibration is given in the EIR Table 4.6-17, and sets limits of 65 VdB for sensitive uses such as some medical equipment, 72-80 VdB for residential. VA agrees with this criteria.

3.2. Table 4.6-35 in the EIR predicts modeled ground vibration levels from construction to be 78 VdB at DBC. VA takes no exceptions to methodology. 72-46 NO

3.3. The mitigation in EIR involves scheduling and location of vibration generating equipment. VA agrees that this is the only feasible mitigation. VA agrees that the impact will remain *significant and unavoidable with mitigation.* 72-47 NO

3.4. Additional mitigation. The EIR assumes only residential use at DBC; however, there are some medical offices in the retail levels of DBC. Medical offices, especially those with optical equipment, would qualify as sensitive uses, with a recommended criterion of 65 VdB. The impact to these uses is significantly more severe than to the residences. The construction management plan in the mitigation should include the following additional measures:

3.4.1. Perform vibration level measurements at the sensitive locations before construction. Monitor levels during construction.

3.4.2. If, as predicted, the vibration exceeds the level required for the equipment use, attempt to identify the source of the vibration. 72-48 NO

3.4.3. Depending on the use required by the medical offices, require additional restrictions on the construction. The construction should be required to schedule and coordinate the use of equipment that generates the highest vibration levels (vibratory rollers, hoe rams) with the operation of vibration-sensitive uses in the medical offices.

3.4.4. If scheduling and coordination is not sufficient to prevent vibration levels in the offices from exceeding the criteria, install vibration isolation tables and mounts for the sensitive equipment in the medical offices.

Please do not hesitate to call if you have any questions.

Respectively submitted,
Veneklasen Associates, Inc.

Wayland Dong
Senior Associate

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Appendix – Description of Noise Measurements

1.1.1. Measurements were performed in Unit 211, with is on the Post Street side of the eastern tower. The unit is approximately five floors above street level and has exposure to traffic noise from Van Ness. VA measured the existing interior noise level in the unit in the living room of Unit 211, which faces Post Street and has exposure to traffic noise from Van Ness Avenue. The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the living/dining room area. The living room had 2 horizontal sliding windows, approximately 5 x 6 feet in size. The glass was dual glazed, 1/8" – 3/8" airspace – 1/8". There was a sliding glass door on the west façade that did not appear to contribute significantly to the overall level, as it was shielded from Van Ness (the primary noise source). The door was dual glazed, 3/16" – 5/8" airspace – 3/16".

		Unit 211 Living Room Windows closed
Median hourly Leq	Day	41
	Night	36
Overall Leq	Day	44
	Night	37
Lmax	Day	81
	Night	63

72-49 NO

1.1.1. VA also measured in one of the bedrooms in 211, in which the window is on a west-facing wall and is therefore shielded from traffic noise from Van Ness. It is also about 20 feet farther back from Post Street than the living room windows. The daytime Leq exterior noise level at this location was 5 dB lower than at the living room. VA measured the noise level in this room with the window open to the first detent (about 1 inch). The results are shown in the following tables. The LDN was 45.

Measurements were performed with a Bruel & Kjaer type 2260 sound level meter mounted at 5 feet above finish floor at the approximate center of the bedroom. The bedroom had a single horizontal sliding window of the same size and construction as those in the living room.

		Unit 211 Bedroom Windows open
Median hourly Leq	Day	42
	Night	37
Overall Leq	Day	43
	Night	37
Lmax	Day	83
	Night	66

1.1.2. VA also measured the noise reduction across the existing façade with windows both open and closed. with both windows open and windows closed. Measurements were performed by simultaneously measuring the noise levels on the interior and exterior of the facade under test. Both high time resolution (1 second intervals) and 1 minute intervals were used for this

72-49 NO

measurement , with consistent results. Both the living room and bedroom windows were measured, with consistent results. The following table shows the measured A-weighted noise reduction.

	Windows open 9"	Windows open 1"	Windows closed
Noise reduction	17	21	28

Letter 73

1132 Broderick St.
San Francisco, CA 94115
October 18, 2010

San Francisco Planning Department
Attention: Mr. Bill Wycko
1650 Mission Street, Suite 400
San Francisco, CA 94103

Re: EIR–CPMC Long Range Development Plan

Dear Mr. Wycko,

The EIR for the CPMC project is inadequate. The proposed Cathedral Hill Hospital is too large and it's environmental impacts too great. It is clear from the EIR that it isn't possible to mitigate the thousands of additional car trips to and from the Cathedral Hill buildings that will affect the intersections in the mid NE of the city. On the streets surrounding the proposed Cathedral Hill buildings cars and trucks will be trying to enter and exit the buildings and add to the gridlock. The EIR acknowledges some of these problems, referring to some as "significant and unavoidable" without proposing mitigations, others are called "less than significant". Major bus routes on Van Ness (Hwy 101) and Geary (major bus and car route to downtown) will be gridlocked. Pedestrian safety isn't even addressed. In case of a disaster cars and buses will be unable to get to the hospital and the rest of the traffic won't be able to get around the hospital. 73-1a TR 73-1b TR 73-1c TR

The EIR discusses Alternate 3A, which reduces the Cathedral Hill hospital building by a third and increases the size at St. Luke's by adding the children's clinics. This will reduce the number of cars and trucks by a third. The families and children would not be crossing the dangerous streets. The EIR indicates that this is the environmentally preferred option but then goes on to say that it is rejected by CPMC. 73-2 ALT3A

I believe that Alternative 3A is the best way to go. I urge the City to require CPMC to redesign the plan to stay within the existing zoning restrictions.

Sincerely,

Merle Easton

Merle Easton, AIA